

# Global Health Diplomacy

## *La diplomacia de la salud global*

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### **Abstract**

According to the author, global health ranks high on the list of global threats and challenges, although people are surprised to learn that health is part of the daily work of the agencies of the United Nations, albeit a somewhat invisible aspect. He describes the main threats to global health and the connection between health and diplomacy in his article, followed by a brief explanation of the global health governance with the Sustainable Development Goals and the International Health Regulations; also he reflects on the health, and the training and professional practice of diplomacy.



### **Resumen**

Para el autor, la salud global tiene un lugar central en el recuento de los retos y las amenazas globales, aunque a mucha gente le llama la atención que en el trabajo de todo el Sistema de las Naciones Unidas la salud haya formado parte cotidiana de su trabajo, si bien un tanto invisible. En su artículo, describe las principales amenazas a la salud global y la relación de la salud con la diplomacia. Asimismo, explica brevemente la gobernanza global de la salud y su relación con los Objetivos de Desarrollo Sostenible y el Reglamento Sanitario Internacional; también reflexiona sobre la salud y la formación y la práctica profesional de la diplomacia.



### **Keywords**

Global health, diplomacy, global health governance, pandemic, SDGs, IHR



### **Palabras clave**

Salud global, diplomacia, gobernanza global de salud, pandemia, ODS, RSI

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## Introduction

For many people interested in international affairs, both in Mexico and beyond our borders, both professionals and non-professionals, it is always a revelation of sorts to discover that public health is not just the purview of the World Health Organization (WHO), but takes up a large chunk of the global agenda. People are surprised to learn that health is part of the daily work of the agencies of the United Nations, albeit a somewhat invisible aspect. For the most part, professional diplomatic corps have not considered health a priority, reason why their members have not received training in this field. Likewise, according to the logic of the worlds of foreign policy and multilateralism, there is no way health could possibly compete in importance or appeal with the “big” geopolitical issues of peace and international security, nuclear weapons, climate change, international cooperation and development, and other such matters of grave concern. Discussions on non-communicable diseases, AIDS, antimicrobial resistance, influenza and, of course, pandemics, were the domain of health ministry staff and “experts,” not professional diplomats or internationalists.

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\* English translation by Alison Stewart.

Yet in December 2019, the SARS-CoV-2 virus that causes COVID-19 reared its head and proceeded to take the world by storm. Two years later, 15 million people have lost their lives, millions more have slipped over the poverty line and our children bear the scars of the resulting pandemic, especially in the most impoverished sectors of society. The list of impacts is endless and we continue to deal with the ramifications, not least an economic recession of epic proportions.

I would, however, like to think that this tragedy that indubitably forced us to learn many lessons has also taught foreign policy experts, diplomats and members of the foreign service that health is not a local, but a global issue; that viruses and diseases have no regard for borders and that it is not *just* health that is at stake. On the contrary, health is equated with development, economic growth and opportunities or the lack thereof; it means stability and international and national security or the lack thereof. A solid global public health system is a promise of prosperity for all, but a fragile, inefficient and inequitable one is a guarantee of collective failure.

## Global health and threats thereto

I will focus on describing five of the main threats to global health, as identified by the WHO.

### *Pandemics, primarily COVID-19 and influenza*

The COVID-19 pandemic is probably the health crisis that, tragically, requires the least explanation. No matter the country or region of the world, its level of development or purchasing power, the culture or ethnic group we belong to, the vast majority of the 8 billion-odd people who live on this Earth were affected in one way or another by the pandemic. The extent of the devastation is still hard to calculate, but a death toll of over 15 million is poignant evidence of the damage caused. Neither should we forget the pandemic caused by the AH1N1 flu virus, which reached Mexico in 2009.

### *Chronic or non-communicable diseases*

Chronic or non-communicable diseases like cancer, diabetes, heart and respiratory diseases, among others, are by far the leading cause of death worldwide. Of the 60 million-plus people who die every year, 41 million—over 70%—die from chronic diseases, of which 1.7 million are under the age of 30, and 15 million are between 30 and 69, which means almost 17 million of these deaths are premature.

One out of every three adults in the world lives with one or more chronic diseases. This creates a complex reality of immeasurable consequences: aside from the loss of quality of life these diseases entail, they are the main cause of disability and loss of productivity, not to mention the additional burden on States and their health systems of having to care for millions of sick people of working age, often for prolonged periods of time. If the current trend in chronic diseases continues, these are expected to have an economic impact of USD 30 trillion in the 2011-2030 period.

### *Air pollution and climate change*

According to data furnished by a series of organizations, the WHO included, air pollution causes some seven million deaths a year. In fact, nine out of ten people breathe air with pollutants of some kind. Likewise, it is estimated that climate change will claim another 250 000 lives a year (malaria, malnutrition, diarrhea, among other diseases) as of 2030.

### *Antimicrobial resistance*

A growing number of bacteria, viruses, fungi and parasites have become resistant to antibiotics, antivirals and other antimicrobial drugs for a variety of reasons related to the way we have used them. As a result, infections caused by microorganisms that were easy to cure or were routinely treated until relatively recently are becoming unmanageable and in some cases, fatal. Antimicrobial resistance already kills some 1.2 million people a year and if this upward curve is not reverted, the number of deaths could reach 10 million a year by 2050. It would not be an exaggeration to say that this phenomenon is setting us back 100 years in terms of healthcare.

### *Fragile, vulnerable habitats*

Some 1.6 billion people—20% of the world population—live in places ravaged by prolonged crises, such as violence, famine, drought and displacement, and where health systems are extremely weak or non-existent. The natural consequences of this are very poor quality of life, sickness and premature death.

### **Global health and diplomacy**

Health protection is primarily a public obligation of a moral and ethical bent, not to mention a human right, but this is not the angle I want to examine in this article. As I said previously, health is more than *just* health—what is at stake is not just people’s lives, which are intrinsically important, but the prosperity, or lack thereof, of society at large and that of every country, individually and collectively.

When we speak of health, we are basically speaking of human capital. Weak health translates into an enormous loss of productive capital. A society with poor health conditions is not only unable to create wealth, but becomes a net burden for the increasingly fewer people who can. During the COVID-19 pandemic, we heard the slogan “no one is safe until everyone is safe” repeated. Rhetorical as it may sound, this phrase contains a fundamental truth: diseases and the conditions that cause them are not self-contained within a given geography, society or country, but are linked to broader cross-border, regional and global phenomena. In fact, health is a direct expression of phenomena and realities that have become globalized. Once again, I return to the examples of the AH1N1 flu virus and the COVID-19 pandemic, whose repercussions we are still dealing with. The individual efforts of countries to contain these viruses depended, and continue to depend, on the efficacy of the measures taken by other countries, where the failures and limitations of one undermine the successes of the other.

Naturally, there are immense asymmetries and inequalities between nations and individuals, and just as their capacities differ, so do their vulnerabilities. Evidently, wealthy countries have healthier, better-protected

societies, while less developed ones, including those in the middle-income bracket, bear the brunt of the risks. But while these disparities may exacerbate the impact for some and reduce it for others, we are all exposed to the same threats: the weaknesses of one become the weaknesses of the other.

Clearly, there is a strategic aspect to health protection—some might even add a national and international security facet—, because health risks have multiple causes (lifestyle, air pollution, diverse pathogens, poverty, weak health systems, among others), most of which are of a transnational nature, while their consequences are equally transnational, diverse and far-reaching (premature death, loss of human capital, increased burden on health systems, loss of economic growth and development potential or, in more extreme cases, paralysis and recession). Over time, the international community has developed an extensive system of rules and regulations that govern the conduct of all States regarding health, especially in the case of events that could potentially become international threats.

A great many interests, be they economic, political, ideological, security—or trade—related and, of course, geopolitical, are vested in global health, interests that are not always aligned, but that often compete with one another. When it comes to health, the views and interests of countries frequently differ on a fundamental level, not as regards the concept of health itself or the obligation of States to provide healthcare (except perhaps for the United States on the issue of universal health coverage), but on its political, economic and strategic implications, precisely for the aforementioned reasons. Consequently, the negotiation and drafting of rules of common conduct for global health are extremely complex, highly political processes that require a great deal of expert knowledge and diplomatic skill.

## Global health governance

It was precisely such diplomatic savior-faire that went into the negotiation of two instruments in force that I will use to illustrate global health governance:

## *The Sustainable Development Goals*

The Sustainable Development Goals (SDGs) are, in essence, the roadmap we have charted to secure the future of generations to come. Nothing more and nothing less. There are 17 SDGs in all that refer to areas or sectors where drastic change and tough, comprehensive public policies are required, in the understanding that these need to be approached as a whole, because each goal shores up the other 16 and none makes sense or can be fully effective without the others.

Of the 17 SDGs, three are either related to or have a direct impact on health: SDG 3, “ensure healthy lives and promote well-being for all at all ages”; SDG 2, “end hunger, achieve food security and improved nutrition and promote sustainable agriculture”; and SDG 6, “ensure availability and sustainable management of water and sanitation for all.” Like all the other SDGs, these three have a series of targets, such as reducing child mortality, deaths caused by pollution, deaths and injuries from traffic accidents, eradicating hunger and ensuring the most impoverished have access to safe, nutritious food, ending malnutrition, especially in children under five, protecting and restoring water-related ecosystems, improving the treatment of water and increasing the amount of water recycled and reused.

These are examples of just how central health is to the agenda and the extent to which guaranteeing it depends on other essential sectors. Simple as all this may sound, the SDGs are, I repeat, the product of intense and very lengthy top-level negotiations.

## *The International Health Regulations*

The International Health Regulations (IHR) are an instrument of law adopted by the WHO in 2005 and that is binding on all Member States. The main function of these regulations is to define the capacities countries should have to manage and control serious public health events that are of potential international concern, and protect people by preventing and controlling the spread of diseases. In short, the IHR are the legal pillar that shores up national and international architecture for the prevention and, where applicable, control of the spread of diseases in ways that are “commensurate with and restricted to public health risks, and which avoid unnecessary

interference with international traffic and trade” (IHR, Article 2). Basically, we are dealing with a matter of international health security.

The shortcomings, defects and limitations of the IHR, a lack of incentives to enforce them when diseases break out and begin to spread, weak or non-existent national capacities and health systems in less developed countries, a lack of simple mechanisms for the manufacture, distribution and access to medicines, vaccines, diagnostic kits and other supplies at fair, reasonable prices, not just in countries with higher purchasing power or production capacities, but especially more vulnerable ones... these are just a few of the long list of factors that caused millions of unnecessary deaths and hundreds of billions of dollars in economic losses during the pandemic.

Recriminations, mistrust, political interests and needs aside—or perhaps in response to the above—, WHO Member States decided to embark on two very important and extremely complex processes, which I will proceed to describe so as to underscore the highly political nature of these negotiations and the need for skilled, professional diplomats with technical know-how.

## Pandemic prevention, preparedness and response accord

In December 2021, the World Health Assembly approved the decision to negotiate an instrument, possibly a convention, on pandemics. The “Zero Draft” submitted by the WHO aims for “a world where pandemics are effectively controlled to protect present and future generations from pandemics and their devastating consequences, and to advance the enjoyment of the highest attainable standard of health for all peoples, on the basis of equity, human rights and solidarity, with a view to achieving universal health coverage.” The convention will seek greater equality and effectiveness in the prevention, preparedness and response to pandemics through close national and international cooperation.

If this instrument is to result in a coherent, effective system with the obligations, commitments and tools to ensure all countries have the individual and collective capacity to control the impact and devastating effects of pandemics, and if it is to drum up sufficient support to encourage



all governments to sign, ratify and enforce it, it must include and address the following highly complex political, economic and technical issues, among other aspects:

- Guarantee universal access to vaccines, medicines, diagnostic kits, medical devices, etc.
- Protect the supply chains of the above.
- Ensure the response to pandemics is commensurate to the public health risk so as to avoid unnecessarily affecting international trade.
- Procure the financing needed to strengthen or develop more solid health systems in countries with limited resources.

These objectives sound relatively straightforward, yet they harbor conflicting interests that pose formidable obstacles to the negotiation process, the success of which, in my view, remains to be seen.

## Review of the International Health Regulations

In March 2022, the World Health Assembly decided that the IHR needed to be reviewed in order to strengthen existing global architecture for the management and timely response to health emergencies of international concern in general. This review of the IHR entails the same complexities as the draft pandemic instrument. To be successful, it will have to:

- Strengthen the capacities of health systems.
- Make sure “no one is left behind,” for example, by introducing universal health coverage and similar measures.
- Correctly align IHR incentives so that compliance with the obligation to immediately report health emergencies and share technical information on a timely basis does not translate into unfair and unnecessary restrictions on trade and tourism for countries that comply with this obligation.
- Ensure all scientific information available on the health emergency is shared.
- Ensure the system operates in accordance with the principles of transparency, accountability and inclusion.

- Guarantee equal access to vaccines, medicines, diagnostic kits and medical devices.

## Final reflections

I have chosen to describe the previous two processes because of their unquestionable importance to the protection of global public health, the central role they play in the economy and international security, and because they illustrate the complex web of interests behind them that speak to—or claim to speak to—scientific truths and technical and technological solutions. The greatest challenge, or perhaps the art, lies in figuring out how to coordinate these or finding harmonious ways for them to coexist that are useful to everyone, or better yet, redefining them through dialogue and negotiation, with a view to coming up with a genuine, overarching solution.

Professional diplomats most certainly have the ability to negotiate and imagine ways of fitting together all the pieces of this intricate puzzle, but that is not the point and can sometimes even be counterproductive. What we really need to do is train them, not just in the traditional skills of the diplomat, which will always be essential, but in public policy, which makes up a large part of foreign policy.

Incidentally, I am not making a value judgment as to whether the different interests and views on health are right or wrong. Morals and ethics should always be part of the equation and, in the case of diplomats, demarcate the contours and limits of their work, but in negotiations like these, it is important to understand that the very diverse and, I repeat, often conflicting political, economic, geopolitical and business interests that come into play are all essentially legitimate.

I would like to think that these reflections are enough to at least spark an interest in global health or, ideally, convince my readers that it is at the very core of the global challenges and threats we face, that it is not merely a “technical matter,” but a highly political issue related to foreign policy, one that requires well-trained diplomats with excellent negotiating skills who fully understand what is at stake when we speak of health or, should I say, the absence of health.