



Shaping the Health and Foreign Policy Framework; Lessons Learned for Global Health Diplomacy in Iran

Sougang Tourani¹, Mohammad Salimi², Seyed Masood Mousavi^{3*}

¹ Department of Health Care Management, School of Health management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran

² Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

³ Health Management and Economics Research Center, Iran University of Medical Sciences, Tehran, Iran

ARTICLE INFO

Article History:

Received: 27 Oct 2016

Revised: 18 Dec 2016

Accepted: 22 Feb 2017

***Corresponding Author:**

Seyed Masood Mousavi
School of Health
Management and Information
Sciences, Iran University of
Medical Sciences, Shahid
Yasemi St., Vali-e-Asr Ave
(Near Mellat Park).

Email:

m.mousavihp93@gmail.com

Tel:

+98-21-88794301

ABSTRACT

Background: Today, peace and stability of health diplomacy in the Eastern Mediterranean region is faced with many challenges. In spite of extensive ignorance on health consequences in other fields and priorities of foreign policy, but foreign policy can be applied to improve health particularly in international health negotiations.

Methods: To conduct this non-systematic review, articles relevant with the topic were selected from published texts and credible databases for investigation. Databases included Medline, web of science, Google scholar, Springer, PubMed, and all news websites.

Results: Since issues of health are getting more political, having political view and mastering negotiation techniques is necessary. One of these conditions is multilateral negotiations, in which non-governmental organizations, advocacy groups, foundations, research centers, and private sectors get together to affect the present representatives of the member countries' decision making about health topics and also to be part of the negotiation process. On the other hand, the international commitments of the Millennium Development goals, has put the health issue in a special position in international discussions. Further, epidemic growth of emerging diseases (such as AIDS, hepatitis, and influenza), immigration, and the sanctions have their impacts on the health sector, especially medicines and equipment, its serious impact on public health is also considered as an undeniable threat.

Conclusion: In order to have effective application, health policy principles should be coordinated with other forms of diplomacy and also be placed at the top of all key stakeholders' affairs including the Ministry of Health and other organizations effective on the health. Thus, to achieve the Millennium Development Goals and to escape from the problems based on the objectives of Vision 2025; this approach will solve many problems.

Keywords: Global Health, Diplomacy, Health Diplomacy

Citation

This paper should be cited as: Tourani S, Salimi M, Mousavi SM. **Shaping the Health and Foreign Policy Framework; Lessons Learned for Global Health Diplomacy in Iran.** Evidence Based Health Policy, Management & Economics. 2017; 1(1): 53-61.

Copyright: ©2017 The Author(s); Published by Shahid Sadoughi University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Introduction

Health diplomacy and global health problem have been considered substantially in recent years. But they will be faced with many budget challenges in the future. In order to achieve the Millennium Development Goals by 2025, a common interaction between global health and foreign policies seems necessary to reach a common understanding (1). Establishing civil administrations in the World Health Organization (WHO) and its responsibility to global health is a symbol of increased attention to the concept of global health (2). Development of universities and academic centers' activities to publish articles on global health and health diplomacy, especially since 1970, is a clear indication of this issue's importance. This is so that international cooperation in the field of health topics has an older background, since 19th century.

On the other hand, issues of security, economy, and social justice are from the most important issues raised from the international negotiations' agenda; health is an integral part of all these concepts. For example, in the case of diseases spread, including epidemic of emerging and old diseases, security of community is threatened so that the role of institutions acting in relation with security is very bold with the field of health (3).

Effects of globalization on public health have created a new form of diplomacy to move towards the changing prospect of political and international relationships in the past years. In recent years, countries have tried to exploit health diplomacy to increase their power and interests; they also aimed to exclude the cross-border challenges that undermine global stability (4,5). Diplomacy is the practice or art of conducting international relations through negotiation, dialogue, treaties, etc. In its traditional sense, countries have been the only actors of diplomacy, but its new form includes informal and non-governmental actors additionally. In fact, the so-called New Diplomacy is describing change in foreign policy. In this framework, health diplomacy by bringing together the fields of public health, international relations,

politic making, law, management, and economic focuses on negotiations (6).

Two main approaches can be distinguished in health diplomacy. The first approach considers health as a tool in the hands of diplomacy through which the foreign policy objectives are followed. In this approach health is considered as a punitive tool (such as sanctions) or incentive (financial and non-financial assistance). The second approach, however, tries to use the capacities of diplomacy to improve the health status and challenges facing it, such as providing health requirements or diplomatic support in international organizations and treaties. In fact, health is a common global concern and subject of transnational communications in this approach (4).

Challenges, such as organized terrorism, wars, political tensions, disasters, as well as man-made and natural disasters, all have endangered local people's health. Changes in weather and climate as well as environmental challenges not only have engaged the governments, but also affected the private sector. Global participation and cooperation is required to overcome these challenges and to achieve the sustainable development goals of the millennium. Existence of long borders between Iran and its neighbors has multiplied sensitivity in most cases, which correspondingly pronounces the necessity of cooperation in the field of health (7). Health problems not confined to the boundaries of a particular country that spread out in geographic regions or even in the whole world can be regarded as crises that require diplomacy at the level of health. SARS outbreak in 2003, followed by influenza type AH1N1 that had widely involved most countries were examples of health diplomacy need (5).

Numerous researches have been conducted in the field of health diplomacy and its application. The role of Japan in AIDS discussions, tuberculosis in G8 group (8), proposing establishment of a regional health trustee in Africa (9), the role of South American Nations Union in health issue (10), and cooperation of Department of State and Health in health



diplomacy (1,11), are among researches that to some extents have pointed out the health diplomacy concepts and applications. What is considered crucial nowadays is that global health has been widely emphasized.

Now the question is about its orientation for the future. This retrospective study presents the concept of health diplomacy and its two-way interaction with the world health that leads to some consequences in public health in Iran. In this article arguments applied by advanced governments to pay more attention to global health issues in foreign political negotiations are focused. So, this study aimed to use effective health diplomacy methods to improve health outcomes in Iran by taking advantage of these arguments and using the present techniques and capacities. The current research contains why to use this concept, the intermediate relationship between health diplomacy in foreign policy and health issues, and finally health diplomacy applications.

Materials and Methods

This non-systematic review was conducted to describe the concept of health diplomacy and its relationship to global health in terms of its effects on health outcomes in 2016. The study was conducted in valid virtual websites and databases such as Medline, web of science, Google scholar, Springer, pub med, and all local news sites. For this purpose, confirmed researches and reports on the basis of this concept were extracted by using the following key words: global health, health diplomacy, and international health negotiation.

Primarily based on literature review, experiences of different countries in the field of health diplomacy were extracted. Then, to analyze the commonalities and differences of these experiences and information, a few key questions over the issue were designed. The questions investigated by researchers included: What is the global health diplomacy? Does the promotion of health have relationship with a proper foreign policy? What arguments are there from countries in relation to international control of the diseases, public health emergency situation, and new methods of

deploying this approach? Finally, by taking the obtained information into account, researchers will analyze the proceedings and current status of health diplomacy strategy in Iran. They also will give recommendations to improve it with regard to economic, political, and regional situations.

Results

1. Why health diplomacy?

A set of factors contribute at the confluence of global health, health diplomacy, and foreign policy. Global health challenges such as high prevalence of HIV and hepatitis, as well as epidemics of infectious diseases such as swine flu and etc. have put global health diplomacy at the center of attention. Global health diplomacy which previously had low priority today has changed to a serious alarm and is thus placed on the agenda setting of international health politicians.

In fact, national security and foreign policy interests met here, and health diplomacy approach was considered in a new form and context, in better words disparities in different aspects of health and the Millennium Development Goals (MDG), have opened a new path for charities and organizations like these to intervene and help achievement of this policy in the field of health (12,13) Looking at the evolution of global health, it can be concluded that global health is a cross-spectral concept which was in interaction and relationship with owners in agriculture, education, environment, and international trade organizations (FTC) sectors. Each of these sections have impact on the ultimate indicators of people's health. Meanwhile, the role of strong political leaders such as George Bush, Hillary Clinton, and David Cameron in the field of global health diplomacy cannot be denied in recent years (14,15). The concept of health diplomacy is portrayed in Figure 1.

2. Global health and foreign policy, the role of health diplomacy

Experts believe that global health diplomacy has been derived from global health and foreign policy objectives. On the other hand, global health advocates have introduced global health



diplomacy as a special opportunity to raise global health status. In other words, significant issues in the field of health are placed in priority through health diplomacy with more attention to the way of resources' allocation. For example, the general director of World Health Organization has indicated that health diplomacy is a new issue of global health. Many foreign policy experts state the way of supporting health programs in achieving political objectives through using "soft power and act" as well as "enlightened self-interest" (16). According to the studies and opinions of experts in this field, in the case of not applying health diplomacy approach in the related topics the following consequences can be observed (17-19).

1. Consolidation of drug and vaccine ownership instead of trying to facilitate access to vaccines and medications.
2. Promoting use of substances harmful for people's health (such as tobacco, alcohol, junk food, etc.) refers to international laws of health.
3. Using fake vaccination programs in support of counter-terrorism actions and public confidence deprivation, which in turn endanger people's health.

Figure 2 shows health diplomacy pyramid as a tool of soft power (6).

Dual goals (health and policy) power sources (doctors and knowledge) + field variables (crisis of help and peace) = health diplomacy pyramid.

Examples of countries' cooperation in relation to international control of diseases:

Epidemic of SARS was controlled with cooperation of countries in the world and formation of an international network of disease diagnosis within 12 weeks. On the one hand, in control and prevention of diseases, interaction among the World Health Organization, United Nations, and Organization of Islamic Cooperations can be mentioned. One of the most influential people in this field, is Mr. Bill Gates who has allocated a significant charity source in Africa for control and eradication of diseases by vaccines (20). In another example, diplomatic and official

series of actors in the field of foreign policies can be mentioned to control outbreak of H5N1 disease or avian influenza which was in epidemic status in Indonesia in 2006. It can be noted that the issue was removed from the red status with negotiation (21). Briefly, with establishment of Global Health Diplomacy new office and by interaction of the World Health Organization and Ministry of Foreign Affairs as well as participation of dedicated ambassadors from different countries in implementation process, promotion of global health outcomes can be observed (6).

One of the positions of health diplomacy exploitation is the public health emergency status. This status is an official statement stated by the WHO in 2014 on the basis of International Health Regulation that is announced at the time of crises that can endanger public health on a global level. After announcement of this statement the 194 WHO members are required to apply all their facilities and forces to manage and prevent from continuance of the crisis (22). The public health emergency has been declared in Iran three times:

- At the time of pandemic flu in 2009
- At the time of polio return after its global eradication in May 2014
- In September 2014, for epidemic of Ebola in West Africa

With reference to the above examples and through a brief analysis, key stakeholders and actors in implementation of this policy (health policy) can be mentioned. Meanwhile, role of non-governmental organizations (such as private companies, charities, NGOs and civil society groups) is much more significant. To do this, creation of public and private engagement networks with media involvement makes implementation of this approach (GHD) more dynamic in the national and international level (4). In Table 1, for example a set of actions included in the format of health diplomacy concept are expressed (5).

Table 1. Example of Global Health Diplomacy activity types



- Official international bilateral and multilateral negotiations
 - Negotiations on the WHO tobacco control convention
- Multilateral diplomacy
 - Creation of Global Fund to fight against AIDS, Tuberculosis, and Malaria
 - Family planning meeting in London in 2012
- Interactions between health players of a country with other players in other countries
 - Support of America’s staffs in inclusion of family planning services in Ghana’s national health insurance program
 - USA’s ambassador contact for more financing on Malawi children survival programs

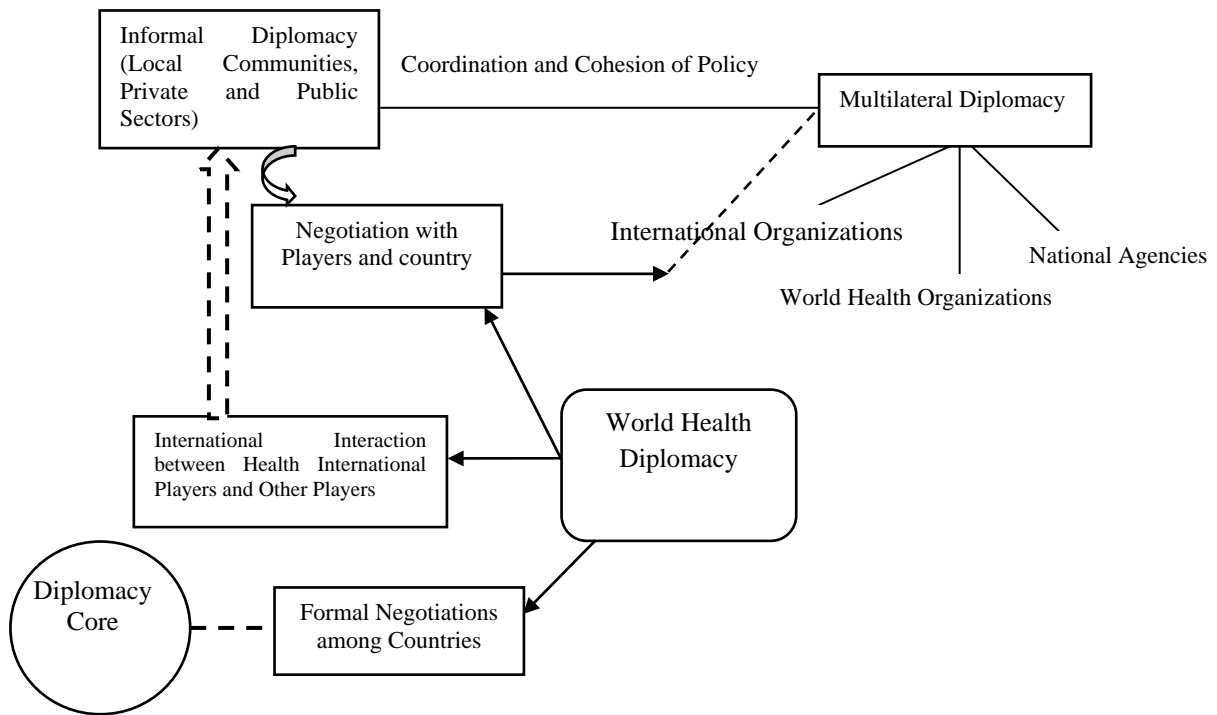


Figure 1. Conceptual pattern of health diplomacy

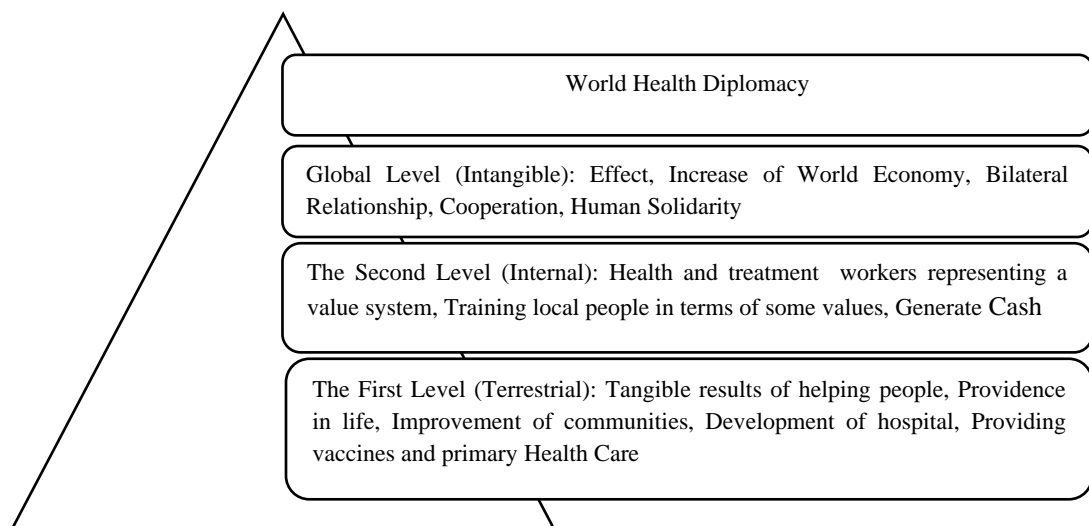


Figure 2. Health diplomacy pyramid



Discussion

Global health is a growing challenge in health diplomacy. Perhaps the key question in this context is how to implement this strategy by observance of justice in the light of health indices. Type A flu epidemic experience showed that countries should have more cooperation in diseases of international importance. By complete readiness of countries to confront diseases with international spread risk, it is meant that disease should be detected, diagnosed, and treated spontaneously and other countries of the world need to be informed about it (21).

New health regulations have recommended that in all countries to implement international health regulations, systems should be defined based on training human resources and special laboratories should be established for diagnosis of international diseases (22). Health diplomacy efforts in achieving the strategic priorities of public health should make governments more determined in composition of foreign policy statements and health subjects in foreign policy decisions (4).

Group Five, is a very good example of health diplomacy to develop cooperation among countries. This group consists of Iran, Afghanistan, Pakistan, Iraq, and the World Health Organization. By taking into account the widespread prevalence of infectious diseases, such as Ebola and influenza in the international community it can be said that poverty, injustice, and factors affecting health can increase morbidity and diseases; control of such problems needs global cooperation.

Health-oriented cooperation programs among developing countries, that has been named South-South cooperation is one of the prominent examples for this type of diplomacy. Health can act as the introduction and complementary of foreign policy and plays its critical role as a component integrated with it. In opposition with environmental health threats, common and coordinated actions by several neighboring countries will certainly be the most effective method.

Existence of long borders between Islamic Republic of Iran and its neighbors, has multiplied sensitivity of most above issues. Because of this, these cases turn our attention to the fact that health diplomacy with neighboring countries is not a choice but a necessity (7,23). Issues such as climate changes, population migration, economic instability, infectious diseases, and etc have led to changes in foreign policy and as a result a change in diplomacy. Therefore, a wider range of issues has been placed on the agenda of new diplomacy so that the new approach of diplomacy in the 21st century is to focus on global health (24).

In this regard, many developed countries have obviously defended use of global health as a means to develop foreign policy and referred to it as the smart power. Countries of group eight have paid unprecedented attention to health issues over the past decade, even leaders of these governments have participated in the meetings such as the International AIDS Conference or International Workshop of flu control. In the Oslo statement, also, the foreign ministers of seven countries emphasized on the need of close relation between global health and foreign policy. In general, in today's world, it is believed that the close interaction between foreign policy and public health is appropriate and within the framework of mutual interests (25).

In many countries an official at the level of general director or deputy minister has been appointed in foreign affairs to expand health diplomacy. Thus, taking the same action in Iran's ministry of foreign affairs, in addition to providing opportunity for the Health Ministry to enter this realm, provides new diplomacy opportunities for foreign affairs (6). In better words, if they previously said "Healthy human is the center of development" today it must be said that "Healthy human is the center and product of development" this is under the shadow of correct diplomacy in the health field (5,16,17,20,26,27).

Lack of relevant documents and reports in Iran can be pointed out as the study limitations, and also referring to the related experiences and studies



was not possible due to the lack of sufficient and dominant experiences at the ministry level.

Conclusion

Effects of globalization on public health have created a new form of diplomacy to move toward the changing prospect of politics and international relations. In recent years, countries have tried to benefit from health diplomacy in order to increase their power, advance their interests, and of course, exclude the cross-border challenges that undermine global stability.

Therefore, much broader range of issues has been put on the agenda of the new diplomacy so that a new approach of diplomacy is focusing on global health in the 21st century. In this framework, health diplomacy by bringing together fields of public health, international relations, policy making, law, management, and economics focuses on discussions that forms and manages environmental policies to improve public health status. This concept pursues two main objectives; the first to develop a systematic and proactive approach to identify the current and future fundamental changes that endanger the public health in the world, and the second to create a capacity among member countries to support collective action to use the opportunities and reduce health risks.

In response to this crisis and international

beneficiaries' concern, applying principles of global health diplomacy in the form of HIV prevention and other emerging diseases as well as controlling human behaviors seems an appropriate approach according to the existing laws. For this purpose, principles of health diplomacy to have effective use, should be coordinated with other forms of diplomacy and be placed on top of all key stakeholders' affairs including the Ministry of Health and other organizations that are effective on the health. Thus, in order to achieve the Millennium Development Goals, escape from problems, and according to the goal of Vision 2025, the need to solve many problems through this approach will solve a lot of problems.

Conflicts of interest

The authors had no conflicts of interest.

Acknowledgments

The authors would like to thank the professors who planted the idea into my mind.

Authors' contributions

Mousavi SM designed research; Torani S, Salimi M and Mousavi SM; Mousavi SM, Salimi M wrote the paper. Mousavi SM had primary responsibility for final content All authors read and approved the final manuscript.

References

- 1) Michaud J, Kates J. Global health diplomacy: advancing foreign policy and global health interests. *Global Health: Science and Practice*. 2013; 1(1): 24-8. doi: 10.9745/GHSP-D-12-00048.
- 2) Pibulsonggram N, Amorim C, Douste-Blazy P, Wirayuda H, Støre JG, Gadio CT. Oslo ministerial declaration—global health: a pressing foreign policy issue of our time. *Lancet*. 2007; 369(9570): 1373-8. doi: 10.1016/S0140-6736(07)60498-X.
- 3) Kickbusch I, Novotny TE, Drager N, Silberschmidt G, Alcazar S. Global health diplomacy: training across disciplines. *Bulletin of the World Health Organization*. 2007; 85(12): 971-3.
- 4) Drager N, Fidler DP. Foreign policy, trade and health: at the cutting edge of global health diplomacy. *Bulletin of the World Health Organization*. 2007; 85(3): 161-244.
- 5) KatzR, Kornblet S, Arnold G, Lief E, Fischer JE. Defining health diplomacy: changing demands in the era of globalization. *Milbank Quarterly*. 2011; 89(3): 503-23. doi: 10.1111/j.1468-0009.2011.00637.x.



- 6) Grix J, Brannagan PM, Houlihan B. Interrogating states' soft power strategies: a case study of sports mega-events in Brazil and the UK. *Global Society*. 2015; 29(3): 463-79.
- 7) Pezeshkian M. The fourth meeting of health diplomacy in the Eastern Mediterranean regional office in Cairo. Available from URL: <http://drpezeshkian.ir/component/content/article/21-content-silder/1506>. Last Access: April 15, 2015. [In Persian]
- 8) Abe S. Japan's strategy for global health diplomacy: why it matters. *The Lancet*. 2013; 382(9896): 915-6. doi: 10.1016/S0140-6736 (13) 61639-6.
- 9) Penfold ED, Fourie P. Regional health governance: A suggested agenda for Southern African health diplomacy. *Global Social Policy*. 2015; 15(3): 278-95. doi: 10.1177/1468018115599817.
- 10) Herrero MB, Tussie D. UNASUR Health: A quiet revolution in health diplomacy in South America. *Global Social Policy*. 2015; 15 (3): 261-77. doi: 0.1177/1468018115599818.
- 11) Labonté R, Gagnon ML. Framing health and foreign policy: lessons for global health diplomacy. *Globalization and Health*. 2010; 6(14): 1-19. doi: 10.1186/1744-8603-6-14.
- 12) Elbe S. Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security. *International Studies Quarterly*. 2006; 50(1): 119-44.
- 13) Feldbaum H, Patel P, Sondorp E, Lee K. Global health and national security: the need for critical engagement. *Medicine, Conflict and Survival*. 2006; 22(3): 192-8. doi: 10.1080/13623690600772501.
- 14) Faid M. Tackling cross-sectoral challenges to advance health as part of foreign policy. Available from URL: <http://www.fni.no/doc&pdf/FNI-R0212.pdf>. Last Access: Oct 5, 2012.
- 15) Merson M, Page K. The dramatic expansion of university Engagement in global health: implications for US policy: a report of the CSIS Global Health Policy Center. USA, Washington: CSIS; 2009. 18.
- 16) Chan M, Store JG, Kouchner B. Foreign policy and global public health: working together towards common goals. *Bulletin of the World Health Organization*. 2008; 86(7): 498-9 .PMCID: PMC2647489.
- 17) Maleewongz U, Eksaengsri A, Paothong P. Impact on access to medicines from TRIPS-Plus: a case study of Thai-US FTA. *Southeast Asian J Trop Med Public Health*. 2010; 41(3): 667-77. PMID: 20578557.
- 18) UNDP U. The potential impact of free trade agreements on public health. Available from URL:http://www.unaids.org/sites/.../JC2349_Issue_Brief_Free-Trade-Agreements_en_0.pdf. Last Access: May 3, 2012.
- 19) Walsh D. Fallout of Bin Laden raid: aid groups in Pakistan are suspect. *New York Times*. Available from URL: <http://www.nytimes.com/.../bin-laden-raid-fallout-aid-groups-in-pakistan-are-suspect.html>. Last Access: May 2, 2012.
- 20) Kaufmann JR, Feldbaum H. Diplomacy and the Polio Immunization Boycott in Northern Nigeria. *Health Affairs*. 2009; 28(4): 1091-1101. doi: 10.1377/hlthaff.28.4.1091.
- 21) Irwin R. Indonesia, H5N1, and global health diplomacy. *Global Health Governance*. 2010; 3(2): 1-21.
- 22) World Health Organization. Alert, response, and capacity building under the International Health Regulations (IHR). *World Health Organization Website*. Available from URL: <http://www.who.int/ihr/about/en/>. Last Access: June 23, 2014.
- 23) Morakabati Y. Deterrents to tourism development in Iran. *International Journal of Tourism Research*. 2011; 13(2): 103-23. doi: 10.1002/jtr.1882.
- 24) Brown MD, Mackey TK, Shapiro CN, Kolker J, Novotny TE. Bridging public health and Foreign affairs: the Tradecraft of global health diplomacy and the role of health attachés. *Sci Diplomacy*. 2014; 3(3). 1-12.
- 25) Kirton J, Guebert J. Canada's G8 global health diplomacy: Lessons for 2010. *Canadian Foreign Policy Journal*. 2009; 15(3): 85-105. doi: 10.1080/11926422.2009.9673493.



26) Kickbusch I, Silberschmidt G, Buss P. Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. Bulletin of the World Health Organization. 2007; 85(3): 230-2.

27) Kevin S. Global health diplomacy, 'smart power', and the new world order. Global Public Health. 2014; 9(7): 787-807.doi: 10.1080/17441692.2014.921219.