

Health Security and Health Diplomacy: Leadership Imperatives 2020 – 2030

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Political Spectrum

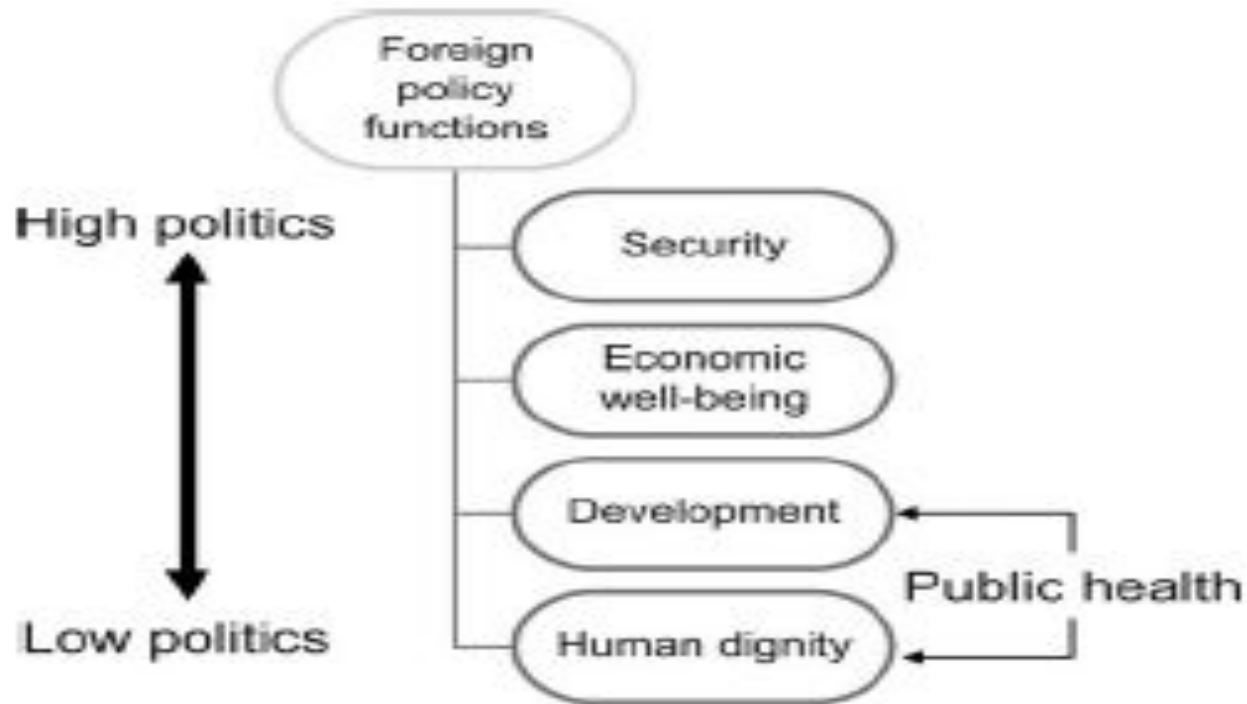


Fig. 1: Traditional hierarchy of foreign policy governance functions.

‘Smart global health’ has become part of the high political agenda....

Irish Aid and Diplomacy in the Twenty-first Century: Optimising Enlightened Self-Interest, Supranational Priorities and Foreign Policy Impact

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and

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ABSTRACT

Irish Aid, Ireland's overseas representative and international development presence, is undergoing a period of rapid evolution, reflecting parallel changes in corresponding government ministries and aid agencies in Europe, the United States and other high-income donor countries. Common to this political, governmental and structural evolution is an increased integration between development and diplomacy, which forms a key cornerstone of twenty-first-century 'enlightened self-interest' approaches to foreign affairs. We propose that an 'enlightened self-interest' paradigm would not only enhance Ireland's capacity for the simultaneous pursuit of both diplomatic and development objectives, but also result in an 'enlightened *mutuality* of interests' benefitting both donors and recipients, in keeping with Ireland's distinguished history in this regard.

Using the 'enlightened self-interest' framework as a lens, we consider a range of contemporary themes related to the integration of development, diplomacy, trade and broader foreign affairs issues in the Irish context, such as security and international relations. These include (1) Ireland's past implicit 'diplomatic development' achievements and leadership, which provide a historical and current context for the 'global health diplomacy' paradigm; (2) measures for making integration of different dimensions of foreign policy a more explicit and transparent endeavour; and (3) efforts to identify where in Ireland's foreign affairs architecture such synergies may be found, developed and enhanced. Finally, (4) we consider those capacities required by governments, in Ireland and elsewhere, to operationalise 'diplomatic development' programmes.

What is Health Security?

“Fears of the transnational spread of communicable diseases from countries with poor public health are among the leading concerns of the developed world.”

- Global public health investments necessary both to security and to ensure international disease outbreak containment
- Selection of public health interventions increasingly mindful of downstream



What is Health Diplomacy?

- The pursuit of global health while attempting to optimize collateral outcomes re: international relations, security, diplomacy, world peace
- Global health programs can be successful not just in epidemiological terms but also (invisibly) in terms of conflict resolution -- bilateral support....
- Related efforts include WHO 'Health as

Table 1. Diplomatic criteria for global health programmes.

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- 1 *Neutrality*: The selection of culturally, religiously and socially appropriate interventions (Kevany, 2012; Kevany, Hatfield, et al., 2012; Kevany, Khumalo-Sakutukwa, et al., 2012), encompassing vigilance around possible unanticipated consequences of global health programmes on recipient societies, cultures and religions (Adams, Novotny, & Leslie, 2008)
 - 2 *Visibility*: Appropriate programmatic branding to generate positive associations between international presence, health outcomes, and donor prestige (Alesina & Dollar, 1998), thereby ensuring that (1) international contributions are clearly visible (CSIS, 2010; The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011) and (2) programmatic achievements are conveyed to both local and national leaders (CSIS, 2010)
 - 3 *Sustainability*: Provision for programme sustainability (Jaffe, 2013) or (as a minimum acceptable standard) transferability (Lyman & Wittels, 2010) in order (1) to mitigate risks of international relations tensions consequent on programme termination and (2) to ensure a 'forward-looking commitment' in programme design, selection and implementation (CSIS, 2011)
 - 4 *Adaptability*: Delivery of global health programmes that are responsive to locally identified health and non-health priorities, in a manner adaptable to circumstantial demands beyond the intervention protocol (Kevany, 2012), including, where appropriate, recipient-led programme design and resource allocation decisions (Global Health Initiative, 2012)
 - 5 *Effectiveness*: The selection, wherever possible, of global health interventions with proven primary health outcome effectiveness and cost-effectiveness in order to ensure recipient countries, communities and individuals are provided with optimal health benefits under

Table 2 Diplomatic Assessment Results

Classification	Sub-classification 1	Sub-classification 2	Sub-classification 3	Sub-classification 4	Score	Rating
Neutrality	<i>Cultural</i>	<i>Social</i>	<i>Religious</i>	<i>Other</i>		
Neutrality Score	-1	-1	-2	2	-1	POTENTIAL MODERATE THREAT
Visibility	<i>Appropriate Branding</i>	<i>Safety & Security</i>	<i>National Linkages</i>	<i>Visibility through Communications</i>		
Visibility Score	2	1	1	2	2	HIGHLY ADVANTAGEOUS
Sustainability	<i>Sustainability</i>	<i>Transferability</i>	<i>Intervention Type</i>	<i>Forward-Looking Commitments</i>		
Sustainability Score	-2	1	2	2	1	MODERATELY ADVANTAGEOUS
Effectiveness	<i>Effectiveness</i>	<i>Constrained Budgets</i>	<i>Cost-Effectiveness</i>	<i>Academic Evidence</i>		
Effectiveness Score	2	-1	-2	2	0	NEUTRAL
Adaptability	<i>Responsiveness to Health Needs</i>	<i>Responsiveness to Non-Health Needs</i>	<i>Recipient-Led Program Design</i>	<i>Recipient-Led Resource Allocation</i>		
Adaptability Score	1	2	2	2	2	HIGHLY ADVANTAGEOUS
Accountability	<i>Contributions to M&E Systems</i>	<i>Production of Verifiable Results</i>	<i>Presentation of Health & Non-Health Achievements</i>	<i>Combating Corruption and Increasing Transparency</i>		
Accountability Score	2	2	1	-1	1	MODERATELY ADVANTAGEOUS
Partnerships	<i>Reference to Standards of International Interaction</i>	<i>Building International Alliances</i>	<i>Interaction Coordinating Initiatives</i>	<i>Sub-National Partnerships</i>		

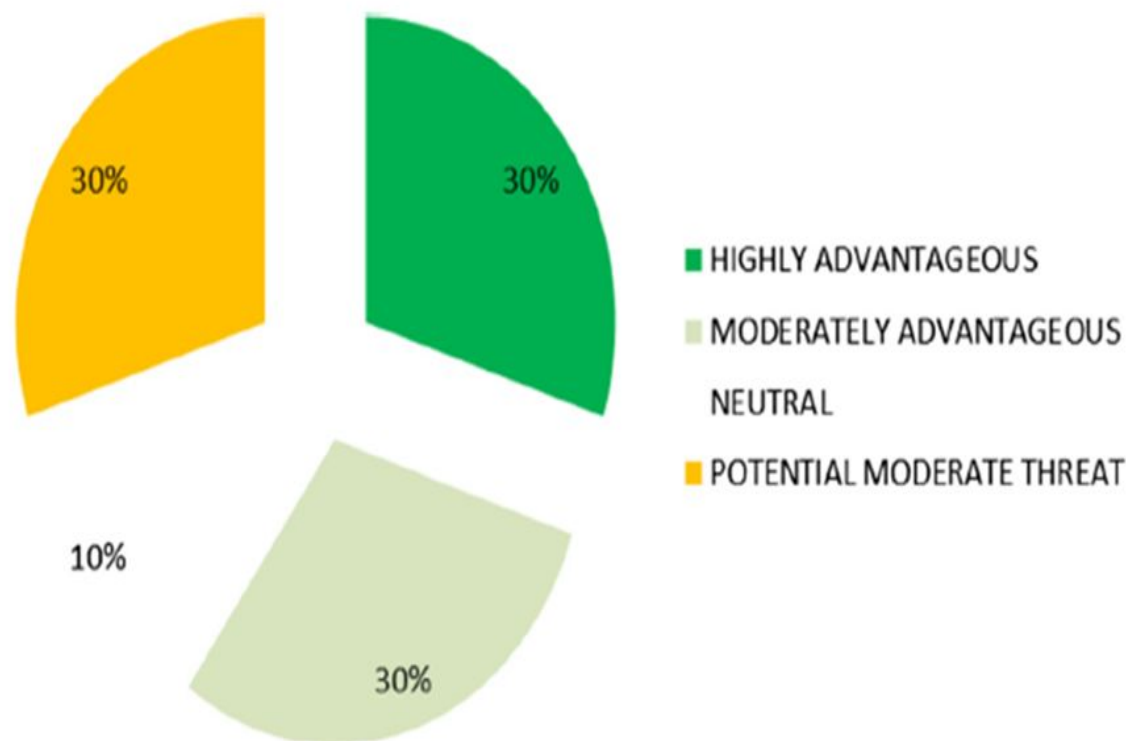


Fig. 1 Diplomatic Advantages & Threats of Selected HIV/AIDS Initiatives

and delivery on a *prima facie* rather than a *post-hoc* basis may significantly strengthen intervention design and delivery [39] in this regard.

assurances and planning regarding funding sustainability (under the “sustainability” classification), limited or no *prima facie* use of health and non-health cost-effectiveness findings (under the “effectiveness” classification, and as

GHD and GHS

- Tools of global health diplomacy are essential to positive working spaces for GHS negotiations
- Also for emergency short-term responses to function in ways acceptable to all stakeholders
- If not manage with principles of diplomacy and international relations





Leadership & Optimal Responses

- Good existing international relations and lines of communications are vital
- GHS can be also used to improve IR in previously-uneasy situations
- Coordination between security, political, diplomatic, health representatives
- Careful consideration of governance and authority in each situation
“Never let a good crisis go to waste.....”



U.S. Navy Hospital Corpsman talks with students from Andalas Primary School during subject matter expert exchange held at Andalas Social Health Clinic, during Pacific Partnership 2016, August 26, 2016 (Royal Australian Air Force/David Cotton)

Applying Smart Power via Global Health Engagement

By Sebastian Kevany and Michael Baker

The U.S. military is entering a period of dramatic redirection and restructuring at a time of

opportunities to shift toward innovative forms of international intervention and conflict resolution by the U.S. military

fundamentalism highlight an increasing need for the United States and other world powers to harmonize and align

Collaborative Governance

- Tensions between humanitarian, military, national, international GHS governance
- Little time to conduct negotiations in crisis situations; health and media pressures
- Protocols already in place, though no two situations are ever quite the

The American Response to Ebola

TO THE EDITOR:

Re "Empty Clinics Called Misstep in Ebola Effort" (front page, April 12):

I take issue with your article's portrayal of both the scope and the logic of the United States effort to contain Ebola in Liberia. While you focus on military-built Ebola clinics, the full American response was far more comprehensive and supported exactly the early community-based activities you credit with stopping the epidemic.

In particular, Liberia's network of safe-burial teams — a critical early intervention — was funded almost entirely by the United States.

We provided volumes of personal protective equipment, funded and trained medical workers, deployed laboratories, supported epidemiological surveillance and disease tracing, and started a large-scale social messaging campaign to inform Liberians about practices to protect themselves against infection.

As this approach began to yield rapid progress, we adjusted our clinic construction plans accordingly, leveraging the intentional scalability and flexibility of our Ebola-clinic strategy. These decisions were made in close consultation with the Liberian government and were the right approach to stop Ebola in West Africa and help prevent the epidemic from spreading to other regions.

JEREMY KONYNDYK

Director, Office of Foreign
Disaster Assistance, U.S.A.I.D.
Washington

TO THE EDITOR:

Your article did not discuss the alternatives the United States could have taken to deliver medical care months before the Ebola treatment centers actually arrived.

Last Aug. 25, I gave Sierra Leone's ambassador in Washington two memos suggesting that his government ask the United States for Army field hospitals and the Cuban government for doctors. Five days later, Sierra Leone made both requests, and on Sept. 2, Doctors Without Borders endorsed the concept of military field hospitals.

In early September, President Obama announced that he was sending Army engineers to Liberia to build Ebola treat-

ments in controlling the West African Ebola outbreak may have been poorly allocated and structured. This perspective risks shortsightedness.

First, the United States' efforts to use military forces for humanitarian ends represent a critical, positive paradigm shift in the post-Iraq and Afghanistan era. As Sun Tzu ("The Art of War") teaches us, unoccupied armies become restless, and may provoke the very conflicts they seek to resolve.

Second, these clinics will remain as long-term infrastructure contributions to the Liberian medical system long after emergency efforts have ended.

Third, and most important, the outcome of investments in global health cannot be measured alone in lives saved. The crucial significance of international good will and humanitarianism extends far beyond the medical into international relations, foreign policy and global solidarity.

In this sense, even a flawed response is better than no response at all. Such



EROS DERVISHI

"global health diplomacy," though imperfect, is nonetheless to be welcomed and supported, not least for the added rationale it generates for international development funding.

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“with the increasing involvement of military and other non-traditional actors in the health security realm, such as in the 2014 West Africa Ebola outbreak, systems of interaction and coordination that are led jointly by health and non-health professionals are also required.”



Conclusions

- Important to raise awareness of the world's increasingly cross-cutting response to global health concerns – ‘barefoot health diplomacy’
- Need for generation of joint health security and diplomatic leadership at the national level in Ireland (EU alignment, progressive policies)
- Final caveat: risks of health security being manipulated as pathways for



PUBLISHING AGREEMENT

AGREEMENT made this 31st day of October, 2018, by and between Elsevier Inc. with offices at 50 Hampshire St., 5th Floor, Cambridge, MA 02139, USA (the "Publisher"), and

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(the "Author").

WHEREAS, the Work (defined below) will be composed of a number of chapters or articles (the "Contributions") written by a number or a group of contributors (the "Contributors"); and

NOW, THEREFORE, the parties agree to the publication by the Publisher of that certain work tentatively entitled **BAREFOOT GLOBAL HEALTH DIPLOMACY: A HANDBOOK FOR PRACTITIONERS**, as more fully described below upon the terms and conditions set forth below:

1. Manuscript Delivery

- a. Delivery obligations. The Author will deliver to the Publisher on or before December 1, 2019, time being of the essence, a final complete manuscript in the English language, in the format and with all deliverables noted on Annex 1 (the "Work") in form and content consistent with the