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Global Health Diplomacy and the Security of Nations Beyond COVID-19

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In an increasingly globalized world, health challenges can no longer afford being solved by the health sector alone. Recently, COVID-19 has shown that contagions have an innate ability to transcend national borders and alter life faster than any other menace known to humankind. Microscopic forces can travel just as far, if not further than viral videos, seismic shockwaves, economic meltdowns, and even the ramifications of conflict and war. Over the past decades, the securitization of health had been claimed to be ‘a permanent feature of public health governance in the 21st century (Fidler, 2007), but when it comes to diseases, the simplistic classifications of an outdated system of reactionary policies and practices— both domestic and foreign, hard and soft, or high and low — simply no longer apply. In order to address the burden of global disease properly, we must first recalibrate the mechanisms that define international cooperation and influence international relations.

When people fall sick, societies, economies and nations ultimately ail. Like other threats, global health tribulations require meticulous diplomatic and political negotiation. Unfortunately, despite calls from international health specialists, healthcare has long been treated as a less important political priority. Despite widely available literature, and the precedent of global health catastrophes, healthcare continues to be treated as a mere “soft” issue in the framework of international and domestic politics alike. International relations have long been defined by numerical variables, where national interests are attached to economical values and reinforced with multilateral agreements to protect an economic interest. This restricted perspective frequently prioritized issues it viewed as being “big enough” over issues it deemed to be “secondary”.

It is now abundantly clear that the proliferation of global health threats can significantly increase the “hard” ramifications on national economies and further undermine the security and wellbeing of nations. While collective security frameworks had been realized in the past, they often described international legal agreements that protect states against the actions of other states, and made little mention (if any) of defending against the rampant spread of emerging diseases that cannot be fought with tanks nor bullets. As a result, observers watch in dismay as nations come together for wars faster than they collaborate for cures.

In 2007, foreign ministers of seven countries issued the *Oslo Declaration* – identifying global health as a pressing foreign policy issue of our time. But the fact remains that these were only seven governments out of 195 countries in the world. Respectively, these nations were: Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand. Although experts continue to reflect on the relationship between global health and implications for practitioners, there is little in available literature to advance knowledge with respect to what countries are doing to develop and manage policy at the interface of the fields of health and foreign affairs (Kickbusch, 2013). Consequently, the very definition of diplomacy has frequently been limited to it being the art and practice of conducting government level negotiations to mediate relations or resolve conflict.

It is usually understood as the conduct of international relations through the intervention of ministerial diplomats who engage in government-level discussions to resolve “hard power” issues pertaining to economy, trade, war and peace for example. While embassies worldwide seem to prioritize cultural, economic, military and trade attaches, the majority of embassies in today’s world do not have health attachés – meaning, nations do not spend a great deal of

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time (if any) discussing bilateral efforts to curb the incidence of disease nor do they strategize in developing protective frameworks that could guard against global health threats in the future. For example, in 2014, the United States Department of Health and Human Services had commissioned nine Health Attachés and four Country Representatives to thirteen countries only. The HHS continues to receive more requests for Health Attaches than it can support (HHS, 2016). Similarly, only seven of the 130 countries represented in Washington DC, have employed specifically named Health Attachés or Representatives (Brown et al, 2014).

Indeed, the increase in national and international health funding over the last two decades has been associated with exciting improvements all over the world. For example, life expectancy has increased in virtually all countries and particularly the poorest, most of whom have significantly reduced the gap with the richer world (CGHD, 2020). However, most nations have relied on a reactionary approach to international health security instead of a proactive one. Wherein governments frequently appear to wait for a disease to emerge first, and then begin to contemplate how to deal with it later – this usually means that the disease goes on to be listed under some international aid package, scheduled for delivery at some point in the relative future. International observers frequently warn that in many instances, the efforts this money eventually pays for are largely uncoordinated on the ground and directed mostly at specific high-profile diseases rather than at public health in general (Garrett, 2007).

This humdrum approach that seems to only throw money at problems instead of exploring new preemptive solutions has shown how the lives of thousands of people are needlessly compromised before any practical, or even a semi-workable solution is implemented. Despite the progress made so far on a number of global health issues, achievement of many of the United Nations Sustainable Development Goals (SDGs) by 2030 remains doubtful. In order to meet the SDGs, the pace of progress on many health-related indicators worldwide will need to accelerate substantially until 2030 (IHME, 2018). It is difficult to see how this pace can be increased without adding more specialized diplomats and opening additional channels of international communication.

In recognizing the importance and complexity of global health, nations must begin exploring new diplomatic paradigms and give a boost to Health Attachés. After all, when it comes to limiting the spread of diseases like COVID-19, one of the main challenges is the lack of robust political communication channels. The amount of red tape that global health specialists find themselves having to navigate in order to send or receive valuable health information in a timely manner, through an outdated knowledge sharing system, delays the global response to emerging communicable diseases and amplifies the vulnerabilities that come with them. With more Health Attachés in the employ of embassies around the world, these professionals would inspire a new model for international partnerships and multilateral health security frameworks by developing more elaborate information systems. In turn, health trends along with other valuable thematic indicators can be collected, categorized and identified well before a new disease spreads beyond control, benefiting both nations in the process.

The triad of data collection, synthesis and dissemination is fundamental to the process of developing quick and efficient responses to pandemics. This is especially critical when dealing with viruses, where the window of opportunity to limit the viral spread relies heavily on the availability of enough and translating this data to protective actions is ever so short. Healthcare intelligence, coupled with strategic coordination frameworks and scientific collaboration mechanisms will all be needed if nations hope to contain diseases like COVID-19 in the future. Evidently, there is a direct relationship between the health of nations and their security. For example, in 2013, nearly 60 percent of all polio cases worldwide were the result of an international spread (Wilder-Smith, 2015). More recently, COVID-19 exposed how multifaceted global economies can be taken hostage by a mere microorganism.

Since the practice of tackling a disease ought to begin well before a new one emerges, a new type of health diplomat is needed – one who can better harness and rationalize information to frequently equip decision makers with vital data and furnish plausible preparedness strategies. Beyond international humanitarian conferences that pledge aid every year, there is still room to better prepare for the international health crises in the future – and that is through preemptive health diplomacy, capacity building and comprehensive data management. Investing in more collaborative mechanisms will safeguard against emerging threats in the future. It is unacceptable for lessons to be learned only after a pathogen, or any other malady for that matter, had first extinguished the lives of thousands upon thousands of people and obliterated the livelihoods of millions more.

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Substantiating international health regulations through post-modern health diplomacy, increasing the number of Health Attachés worldwide, building more sophisticated bilateral health data apparatuses among nations and creating long term data partnerships between governments (and civic society organizations), would deliver new solutions to emerging global health problems. These are the type of solutions that can better anticipate, control and contain a global health threat before the world falls short, yet again, and tries to catch up later.

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