



**ROLE OF DIPLOMACY IN ACHIEVING GLOBAL HEALTH SECURITY: A CASE
STUDY OF THE EAST AFRICA COMMUNITY**

NAME: RUTH NDENINGOMBOLA MOGAMBI

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DECLARATION

This research project is my original work and has not been presented for a degree in any other university.

Signature..........

Date..........

RUTH NDENINGOMBOLA MOGAMBI

REG.NO. R50/75170/2014

This research project has been submitted for examinations with my approval as the university supervisor.

Signed..........

Date..........

DR STEPHEN HANDA

DEPARTMENT OF DIPLOMACY AND INTERNATIONAL STUDIES

UNIVERSITY OF NAIROBI

DEDICATION

This project is dedicated to my family, who have been nothing but supportive and patient during my education years.

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LIST OF ABBREVIATIONS AND ACRONYMS

GHD	Global Health Diplomacy
WHO	World Health Organization
UNSC	United Nations Security Council
PHEIC	Public Health Emergency of an International Concern
IHR	International Health Regulations
MDGs	Millennium Development Goals
EU	European Union
AU	African Union
ASEAN	Association of the Southeast Asian Nations
SDGs	Sustainable Development Goals
PEPFAR	President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

DEFINATION OF TERMS

Health Security	Health safety is defined that comprises activities and procedures that are implemented across sovereign borders to reduce public healthcare crises and ensure healthcare quality.
Diplomacy	Diplomacy is a well-established method of influencing the actions and conduct of foreign governments and peoples through communication, negotiation and other non-violent means.
Global Health Security	Global health security is the activity of both state and non state actors which entails reducing collective susceptibility to global public health dangers, both immediate and gradual.

ABSTRACT

The general objective of this study was to examine the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa. The specific objectives were to examine the role of international diplomacy in achieving global health security, to investigate the role of diplomatic policies and regulations on health security in East Africa, and to evaluate the diplomatic challenges compromising health security outcomes in East Africa. This study adopted systematic review because it targets a wide scope of data. This proposal targeted a wide scope of study population including, NGOs like UNICEF, Community health workers, the Ministry of Health in East Africa Community countries. The reason for selecting them is because they have wide a versed knowledge in relation to the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa. This study used both stratified and purposive sampling techniques so that biasness is limited while at the same time ensuring comprehensive and credible data is collected from the study population. Stratification ensures that the correct demographic aspects are considered and balanced while choosing the people to sample from the study population. This research used a questionnaire for respondents who can read and write comfortably in English while face to face interviews were used for respondents who may not be comfortable reading and writing in English or may who may prefer face to face interviews over questionnaires. The data collected was processed into a form that can be analyzed by descriptive Statistical analysis through Microsoft Excel and SPSS version 23. The processing involved cleaning and coding of the qualitative raw data. Coding helps with transforming the data into quantitative format so that qualitative analysis can be done. Descriptive statistics were used to analyze the information on health status within the sample of the study population. Analyzed data was presented using graphs and pie charts. The study found that majority (78%) of the respondents indicated that health diplomacy is important in the wellbeing of the people in various nations while 22% were of the contrary opinion. The study found that majority (75%) of the respondents indicated that existing public policy and regulation approaches in Africa influenced health security which depicted that existing public policy and regulation approaches in Africa influenced health security. The study found that 49% of the respondents indicated to a great extent that diplomatic challenges influenced health security. The study concluded that majority of the respondents indicated that health diplomacy is important in the wellbeing of the people in various nations. The study also concluded that to a great extent that international diplomacy has promoted health security. Global health has become more multidimensional, with ties between health and other disciplines including international commerce and proprietary rights, agriculture, schools, and the environmental becoming more prevalent. According to the study, governments must respond to health demands and develop comprehensive measures to integrate the two prominent society's in a way that is responsive to a rapidly changing global environment.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter presents a detailed description of the background information of the study and also describes the problem of the research. It also describes the objectives, the scope of the study, the limitation and the delimitation as well as the justification of the research proposal. The chapter also delves on literature review about the subjects of international relations, diplomatic policies and the challenges facing the international community with regards to health diplomacy

1.2 Background to the Problem

Global health diplomacy has been carried out since the 19th Century through many international sanitary conferences, it was the Oslo Ministerial Meeting in 2006 that marked a turning point by gathering some WHO Members States' Ministers of Foreign Affairs under the Initiative on Global Health and Foreign Policy. Through the Oslo Declaration stated after the Meetings, Ministers of Foreign Affairs affirmed their engagement and committed to work in close cooperation in order to fight against global diseases, to promote health within societies, to broaden health in their foreign policy agenda and to strengthen global health security. Following this Declaration, WHO General Assembly adopted a comprehensive note on the close relation and coherence between foreign policy and health in 2009 highlighting the urgent need to bring together foreign policy makers and health experts in order to draw common goals within the view to bring global sustainable solutions against global health issues¹.

While giving some recommendations for Member States' foreign policy makers in order to better understand the necessity to include health issues in foreign policy agenda, the report also

¹ House, Chatham. "Global health diplomacy: A way forward in international affairs—inaugural conference of the Global Health Diplomacy Network, June 28–29, 2011."

finds out seven important key challenges that show the importance of relating and acting in common on global health and foreign policy. WHO has organized many intra and extra continental activities on health diplomacy through its regional offices with health and foreign policy experts. One of this was the Seminar on Health Diplomacy held on Cairo, Egypt, in 2014, with the participations of experts on health and foreign policies, including personnel from Embassies and Ministries, as well as nongovernmental and international organizations. So many similar activities have been organized all around the world by WHO offices in order to broaden the diplomats and health experts' visions and horizons. WHO believes that integrating health issues in foreign policy agenda is also a major duty that will enhance the capacity building of global health security by focusing on common and communicable diseases, care, prevention and research and monitoring? Efforts of WHO are successful within the view of enhancing global health diplomacy but not enough; much more is needed to be done in the upcoming years, considering that health issues are taking a biggest part in UN priority objectives².

Global health is a collaborative trans-national research and action for promoting health for all³. From the perspective of the definition, global health is concerned about health of all the people living in the world regardless of where they come from, their gender, age, political affiliations, race, ethnic background or beliefs. Global health is therefore concerned with all strategies which are formulated to improve health of all people. The strategies thus include population-wide or individual level health care actions regardless of which sector the actions fall. This explains why global health integrates international trade, agriculture, environment, education,

² Mackey, Tim K. "The Ebola outbreak: catalyzing a "shift" in global health governance?" BMC Infectious Diseases 16, no. 1 (2016): 1-12.

³ Ibid

and intellectual property rights⁴. This explains why global health is a permanent agenda of the World Health Organization (WHO) and the United Nations Security Council (UNSC).

Global health diplomacy plays important role of pooling together factors which shape the global health security such as public health, management, law, international affairs and economics. These elements all have a role in securing the global health. There exists a close association between global health and foreign policy and thus the indispensable need for reliable global health diplomacy. In simple terms, GHD refers to the international diplomatic activities which tackle the issues of global health security within the foreign policy context. Globalization is however presenting yet a drastically changing terrain due to international affairs and politics. There is a growing fear of cross-border diseases, shifting geo-political associations, and bio-terrorism. These factors are linked to health, human rights, trade, intellectual and thus the complexity of international relations⁵.

To enhance the progress of global health security, supportive actors such as European Union (EU), African Union (AU) and the Association of the Southeast Asian Nations (ASEAN) are putting up frameworks at their regional levels to underscore the agenda of health. Generally, diplomatic negotiations have helped address health questions. It is globally appreciated that closer collaboration between foreign policy and the health communities can contribute to the betterment of health citizens. Diplomacy has had significant effects in advocating and promoting health security in many parts of the world. One of the major roles of diplomacy is bringing critical stakeholders together to discuss matters of global health. Diplomacy for example brings together Scientists, Health Attaches and medical health experts on whom the

⁴ Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. *A guide to global health diplomacy*. No. BOOK. Graduate Institute of International and Development Studies, Global Health Centre, 2021.

⁵ Brown, Matthew, Craig Shapiro, Alicia Livinski, Thomas E. Novotny, and Jimmy Kolker. "Intersection of diplomacy and public health: The role of health attaches in the United States government's global engagement." In *141st APHA Annual Meeting (November 2–November 6, 2013)*. 2013.

world depends for innovative and state of the art interventions for the ever-evolving disease profile.

According to Tunkin⁶, global health diplomacy is the reason behind better health security and population health outcomes in all the countries who participate to improve global health situation. Additionally, improve relations between participating states and the increased commitment to improve health is attributed to global health diplomacy. Moreover, GHD is lauded for fair outcomes which support the goals of poverty reduction and increased equity. These outcomes are realized because health diplomacy involves political process involving the probing and balancing of international political interests, economic interests and ethical values at the same time. There can never be successful health diplomacy without building of international relationship on a political foundation.

Health diplomacy is therefore a critical tool through which obscure health issues in small underdeveloped and developing countries can be fronted as part of global health concern. Through diplomacy, foreign policy can serve the goals of global health. Advocacy of GHD and civil society have significantly helped to penetrate subject of human health in many negotiations, some of which have been concluded, and some of which are still underway within the foreign policy landscape. This underscores why the subject of health remains a constant agenda in meetings of G-7, G-8, G-20, and Group of 77. Additionally, the same agenda is a major subject in regular summit meetings and the cost of the multilateral ad hoc conferences in which new UN-based health institutions have been established. Other strategies such as new organizational forms, alliances, global funds and initiatives have been founded through the diplomatic negotiations to optimize global health results.

⁶ Tunkin, Grigory. "Vienna convention on diplomatic relations." *Int Aff* 7, no. 6 (1961): 51-6.

Two important health negotiations took place within the WHO in the recent decade, and the FCTC was signed shortly after (2003)⁷ as well as the redesigned IHR (2005 were approved)⁸. Senior ambassadors presided over and led these negotiations (such as the IHR revision⁵⁴). Health is a top priority for the United Nations, as evidenced by the Sustainable Development Goals (SDGs) and, most recently, a high-level UN summit on non-communicable disease prevention and control. Most health-related talks, particularly at the United Nations, are conducted through diplomatic channels.

China and the United States have repeatedly demonstrated their commitment to complement each other's strengths to global health diplomacy. The enthusiasms for supporting health by both countries can be intellectualised under a constructivist perspective or a realist perspective based on the prevailing circumstances. China has continuously implemented more of a horizontal approach to health aid and places more efforts to invest on infrastructure and health systems, while the U.S. takes a more vertical approach focusing on the managing specific diseases. China is increasingly going in for multilateral initiatives, although with caution on its sovereignty to multilateral organizations. Through health diplomacy, both countries continue to contribute substantial bilateral aid to improve global health security in various parts of the world including East Africa⁹. Global health diplomacy has the potential to address a wide range of health issues across the world; however, research is necessary on *why* global health diplomacy should increasingly be pursued, *what* each country is doing to contribute and continue to benefit from health diplomacy, and *how* each country is handling their global health agendas.

⁷ Novotny, Thomas E., and Vincanne Adams. "Global health diplomacy: a call for a new field of teaching and research." *San Francisco Medicine* 80, no. 3 (2007): 22-23.

⁸ The World Bank (2011). *The World Development Report 2011: Conflict, Security, and Development*. Accessed through: <http://wdr2011.worldbank.org/fulltext>

⁹ Kickbusch, Ilona. "21st century health diplomacy: a new relationship between foreign policy and health." In *21st Century global health diplomacy*, pp. 1-40. 2013.

Cuba and Venezuela are two countries that have successfully used public diplomacy to promote and safeguard their security and national interests both within their own borders and worldwide. In their instance, public diplomacy refers to the government's use of culture, aid, media, and exchange programs to influence how citizens in other nations perceive them. Both countries have employed a neoliberal globalisation analysis, as well as a dialogue of unity, solidarity, and mutual interest, to forge a bond with other countries with comparable health agendas¹⁰. They use culture, ideas, art, and other tactics to communicate their stories of globalisation's inequity and unfairness, which have the capacity to change public perceptions and build symbolic capital¹¹.

Thailand and Indonesia, for example, have used diplomacy to aggressively pursue gains from global health diplomacy (on virus sharing). Brazil, on the other hand, has considered improving global health a key goal of its foreign policy, and has long sought to expand its global influence through a proactive south-south cooperation strategy that includes health as a key component¹². Brazil's "structural cooperation in health" focuses on health determinants. This explains why the country contends that compulsory licensing of drugs is required for health to take precedence over trade on global platforms. Following that, the country has taken the lead in diplomatic negotiations on antiretroviral medicine (ARV) access, the FCTC implementation, and counterfeit and phony medicines and medical products. The country establishes ties between domestic politics, conventions, and experiences, as well as its global talks, through diplomacy. Supporting a human-rights-based approach to health and including civil society in

¹⁰ Bustamante, Michael J., and Julia E. Sweig. "Buena Vista solidarity and the axis of aid: Cuban and Venezuelan public diplomacy." *The Annals of the American Academy of Political and Social Science* 616, no. 1 (2008): 223-256.

¹¹ Loewenson, R., M. Modisenyane, and M. Pearcey. "African perspectives in global health diplomacy." *Journal of health diplomacy* 1, no. 2 (2014).

¹² Gagnon, Michelle Leona. *Global health diplomacy: Understanding how and why health is integrated into foreign policy*. University of Ottawa (Canada), 2012.

policymaking, bringing attention to upstream determinants of health (or "causes of the causes"), and a need for policy consistency across sectors on economics are some of the ways the ties are made^{13 14}.

East Africa is not left out in the testimonies of effectiveness of health diplomacy. Kenya, South Sudan, Tanzania are among the counties in which The President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund for AIDS, Tuberculosis, and Malaria, the United States Agency for International Development (USAID), the Departments of Defense and Health and Human Services, and Project Acceptance are all part of the President's Emergency Plan for AIDS Relief (PEPFAR)¹⁵. The interventions have for instance led to increased awareness about prevention and management of HIV among local communities in these countries. The funding and the non-funding intervention have been considered very important in the increased longevity of life among HIV positive populations, acceptance, overcoming stigma and promotion of healthy behaviors among local populations¹⁶. Despite the concerted efforts to improve global health security, many parts of the world including east Africa are still characterized with prevalence of preventable diseases and deaths resulting from health insecurity. There is therefore incumbent need to conduct research on the role of diplomacy in achieving health security in East Africa. This is the central focus on this research proposal.

¹³ Ibid

¹⁴ Global Health Strategies Initiatives (GHSi). *Shifting Paradigm: How BRICS are Reshaping Global Health and Development*. Global Health Strategies Initiatives, 2012.

¹⁵ Kevany, Sebastian. "Diplomatic advantages and threats in global health program selection, design, delivery and implementation: development and application of the Kevany Riposte." *Globalization and health* 11, no. 1 (2015): 1-10.

¹⁶ Walensky, Rochelle P., and Daniel R. Kuritzkes. "The impact of the President's Emergency Plan for AIDS Relief (PEPFAR) beyond HIV and why it remains essential." *Clinical Infectious Diseases* 50, no. 2 (2010): 272-275.

1.3 Statement of Problem

In the present contemporary international system, the increasing interconnectedness has created a new environment whereby global concerns are interlinked from one region to the other. The interconnectivity brought by globalization has made the world connected in various ways leading to the spread of various concerns like health complications. Global pandemics have increased from one region to the other, demanding more regional cooperation and integration in addressing the issues. Health problems like pandemics continue to jeopardize the smooth operations of nation states thereby making health diplomacy has been advanced by various actors to promote harmonized ways of addressing the concerns.

Despite the collective challenges that are facing the health sector globally, cooperation on strategies of addressing the concerns haven't been agreed even after many rounds of meetings. There has been minimal cooperation in health diplomacy by states as each nation focus more on their self-interest, health problem transcends national borders and nation states have the obligation to harmonize policies for addressing the health problems. Encouraging the interaction of state and non-state participants to position health issues more prominently in foreign policy decision-making however, the collective cooperation continues to be hindered by contradictions among actors. This study therefore seeks to examine the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa.

1.4. Research Questions

1. What is the role of international diplomacy in achieving global health security?
2. What is the role of diplomatic policies and regulations on health security in East Africa?
3. What are the diplomatic challenges compromising health security outcomes in East Africa?

1.5 Objectives

1.5.1 General Objectives

The general objective of this study was to examine the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa.

1.5.2 Specific objectives

The specific objectives of the study were spelt below

1. To examine the practice of Global Health diplomacy in East Africa
2. To investigate the role of diplomatic policies and regulations on health security in East Africa
3. To evaluate the challenges affecting the practice of global health diplomacy in East Africa

1.6 Justification of the Research

1.6.1 Policy Justification

Policy recommendations resulting from this study may help policymakers respond more effectively to diplomacy and global health security concerns, and it is believed that this study is justified from that standpoint. Given the importance of the subject matter on a national and worldwide level, the study's contribution will hopefully be useful to decision-makers.

1.6.2 Academic Justification

The literature evaluation has a knowledge deficit, especially when it comes to the connections between strategic national interest and health security. As a result, it is said that additional research is needed to critically study this vital symbiotic interaction in order to add to the body of knowledge. This research will contribute to the international community's search for a long-

term solution to the issue of diplomacy in achieving global health security in the twenty-first century, particularly in developing countries.

1.7 Literature Review

This section presents literature review in relation to the study objectives. The first section discusses literature on the role of international diplomacy in achieving global health security, section two discusses the role of diplomatic policies and regulations on health security in East Africa, while section three evaluates the diplomatic challenges compromising health security outcomes in East Africa.

1.7.1 The Practice of Global Health diplomacy in East Africa

Among the nations which have had the longest history of health diplomacy is the United States (US). The US for instance took part in the negotiations which bore the International Sanitary Convention. US first participated in 1866 and the formation of PAHO is actually attributed to US's participation in multilateral negotiation. The country has also had a long history of bilateral negotiation for example in 1929, the US entered into a bilateral treaty with Canada. The treaty among other things, promoted the quarantining of each country's trade ships when entering adjacent waters. The quarantine was aimed at preventing bilateral spread of diseases between the two countries. By 1954, US's foreign health aid to developing countries had reached \$40 million. The initiative was double edged, at one end it aimed at improving the States diplomatic relation with the countries while on the other end it aimed at improving the health of those countries¹⁷.

Important to note however is that the intervention followed diplomatic negotiations. In the broader sense therefore, diplomacy led to the improvement of health in those developing

¹⁷ U.S. Department of Health, Education, and Welfare (1954). United States Participation in International Health. U.S. Government Printing Office, Washington, D.C

countries while at the same time improved diplomatic relations between the US and those countries. Then then President of the United State, J.F Kennedy noted that reaching out to other countries with foreign aid is a sure way of advancing the interest of the US on supporting foreign policy goals including global health. The president remarked to the Congress “Collapse of existing political and social structures” in developing countries which would “invite the advance of totalitarianism into every weak and unstable are” and would thus endanger US. Security and prosperity”¹⁸

The U.S. Department of State issued its first international strategy on HIV/AIDS in 1995. The strategy recognized that “HIV/AIDS should be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an international problem with political, social and economic impact which not only negatively affect the US but other countries as well”¹⁹. In 1996, former President Bill Clinton's administration declared HIV to be a national security threat, and shortly after that, in 2000, former President Bill Clinton's administration declared HIV to be a national security threat²⁰.U US diplomats are also leading the charge to have the UN Security Council declare HIV/AIDS to be a global health security threat²¹. Additionally, to concerns about HIV/AIDS, the US expressed concern about the security, economic, and health implications of emerging infectious diseases of the time, such as SARS and pandemic influenza, which led to the developing links between global health and US foreign policy²².

Growing interest on global health saw WHO inaugurate the Global Health Diplomacy Network (GHDN) in June 2011. The inauguration of brought together 190 diplomats comprising of

¹⁸ Kennedy, John F. "Special Message to the Congress on Foreign Aid." *March 22*, no. 1961 (1961): 1961-1963.

¹⁹ State Department . *US International Strategy on HIV/AIDS*, 1995

²⁰ Gellman, Barton. "AIDS is declared threat to security." *Washington Post* 30 (2000).

²¹ Elbe, Stefan. "Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security." *International studies quarterly* 50, no. 1 (2006): 119-144.

²² Sridhar, Devi Lalita, and Kate Smolina. *Motives behind national and regional approaches to health and foreign policy*. No. 2012/68. GEG Working paper, 2012.

ambassadors, health professional, senior government officials, representatives of business and NGOs and academics. GHDN was launched to discuss modern-day topic surrounding global health diplomacy and how best Foreign Policy and Global Health Initiative (FPGHI) can achieve its goals. FPGHI has 16 institutional members from Europe, Africa, North America, and Asia, including research institutes, universities, and business schools. The Network focuses on health negotiator training, information exchange, and research that is important to practitioners interested in better understanding policy concerns and processes. Under the three domains, the Network has succeeded with training workshop in Kenya and Thailand, launching of the Health Diplomacy Monitor and publication of textbook on global health diplomacy²³.

Health diplomacy is an instrument of foreign policy that serves at least two national interests namely the national agenda of improving relations among states in several ways and national human health security. A good example is the long-running Cuban medical diplomacy initiative, as well as the numerous health projects that link China's accords with various African countries. President George W. Bush introduced the President's Contingency Plan for AIDS Relief (PEPFAR) during the middle of the War in Iraq in 2003, the largest and most powerful health care program for a single illness (initially US\$15 billion for five years, subsequently US\$51 billion for six). Such foreign relations operations are form of common politics, and they carry out statements that are meant not only for recipient nations, but for the entire globe. So several national authorities assist worldwide health programs to increase their domestic and international reputations; in particular, so several narrower European nation-states (Scandinavian) use well-being to showcase their devotion to diplomacy, which appears to give us the voice as well as enables each other to play a main role²⁴.

²³ House, Chatham. "Global health diplomacy: A way forward in international affairs—inaugural conference of the Global Health Diplomacy Network, June 28–29, 2011."

²⁴ Ibid

Because it is the only global health agency that establishes norms and standards and can approve bilateral or multilateral treaties, WHO's global health diplomacy is particularly important. Maintaining health interests in the face of competing interests – such as while negotiating the WHO Framework Convention on Tobacco Control (approved in 2003) – was a highly political and sensitive topic that necessitated extensive preparation. Evidence, foresight, and prudence must be used to guarantee that short-term political considerations and commercial interests do not jeopardize the primacy of health in sustainable development.

1.7.2 The Role of Diplomatic Policies and Regulations on Health Security in East Africa

New global health organizations, such as the Global Fund, UNAIDS, and the Gavi Alliance, were created as early as the beginning of the twenty-first century and already have a significant presence. Negotiations between governments and other partners at the WHO, the UN, the G7, and the G20 led to agreement on the formation of these institutions, as well as the financing and governance systems. They were mostly formed because WHO was either unable or unwilling to carry out the necessary functions. However, this resulted in the unintentional fragmentation of global health governance. As a result, many in the international community are now wary of the development of new global health organizations.

New governance models are being negotiated by member countries inside multilateral organizations. The Executive Board's Rules of Procedure and the mechanisms for the election of the Director General, for example, were changed by the WHO Member States. They also established a new Health Emergencies Programme to strengthen the Organization's operational involvement. Because of their impact on long-term decision-making, these are significant global health diplomacy processes.

Countries have rules for forming alliances as well. Whether or not the individual members have reached an express agreement, alliances are created for mutual benefit or to pursue a common

goal. Global health partnerships may include strategic relationships. For illustration, France and Germany founded the Alliance for Multilateralism in 2019, with the goal of uniting everyone who presumes that efficient and consistent bilateral and regional cooperation, premised on the UN Charter's priorities and guidelines, international law, and justice, is critical for ensuring peace, stability, and prosperity. The Alliance released a strong statement in support of WHO in the aftermath of the COVID-19 pandemic. The Non-Associated Movement, which was created in 1961 and actually contains over 120 developing nations not explicitly associated with or for any major world bloc, was essential in the talks that led to the approval of the Infection Prevention and control Readiness Framework in 2011.²⁵

Countries having shared interests have created a system of "bloc politics" to organize their efforts inside the UN framework. Member states commonly establish a regional group while voting at the World Health Assembly or the United Nations General Assembly to support a shared stance. The five regional groupings at the United Nations are the Group of African States, the Group of Asia-Pacific States, the Group of Eastern European States, the Group of Latin American and Caribbean States (GRULAC), and the Group of Western European and Other States. The voting correlation varies by region and is influenced by the type of resolution being considered. Normally, while voting at the World Health Assembly or the General Assembly, the EU acts as a unified bloc. Despite the fact that the EU does not have a voting right, its representative is authorized to speak on behalf of the entire union at the United Nations. While EU member countries are free to express their own opinions, their votes are tightly aligned with the EU's common position.²⁶

1.7.3 Challenges Affecting the Practice of Global Health Diplomacy in East Africa.

²⁵ Chretien, Jean-Paul. "US Military Global Health Engagement since 9/11: Seeking Stability through Health." *Global Health Governance* 4, no. 2 (2011).

²⁶ Oberthür, S. (2010). The new climate policies of the European Union: Internal legislation and climate diplomacy (No. 15). Asp/Vubpress/Upa.

There are instances in which global health policy and foreign policy do not necessarily overlap. In some instances, the divergence of foreign policy goals and goals of global health policy can cause tension. A good example is the tension which ensued between Pakistan and USA, when the CIA used a vaccination campaign in the formers but only as secret cover up of by CIA to collect DNA in search of Osama Bin Laden. The revelation of the scheme, led to huge political and social fallout between Pakistan and the US. I fact it because very hard for US and its associate to delivery vaccines and other health intervention in Pakistan. Pakistan mistrusted US in all their humanitarian intervention because of that experience. That was a case where a compromise in transparency caused huge fallout which resulted in political tension. As a matter of fact, the political tension created more health insecurity against the ultimate goals of the vaccination which was health security²⁷ .

An almost similar scenario occurred from the DoD's use of health program in Afghanistan and Iraq as a campaign strategy to appeal to the communities in those countries to secure US's support. Although the intervention have been good at face value, they have often been termed as "quick –impact" initiatives which are mostly aimed at immediate U.S national security but fail to improve the health of the target population. Such mixed priorities pose danger to the life of aid workers in the target countries due to mistrusts from the communities served through the intervention. There has been fear that misplaced priority can also expose aid workers to violence²⁸ .

The COVID-19 pandemic has shown that, in addition to a strong mandate, global organisations like the WHO need robust means to respond to global health crises. If this is not the case, geopolitical and national interests may act as roadblocks to solutions that could benefit all

²⁷ Walsh, Declan. "Fallout of Bin Laden raid: aid groups in Pakistan are suspect." *New York Times [Internet]* (2012).

²⁸ Chretien, Jean-Paul. "US Military Global Health Engagement since 9/11: Seeking Stability through Health." *Global Health Governance* 4, no. 2 (2011).

countries. Diplomats must examine the interests at stake and prepare far in advance of every round of global health diplomatic negotiations in order to be able to address them strategically. The following are four examples of global health diplomacy conversations that were difficult due to the interplay of political, economic, and commercial interests:

The landmark World Health Assembly resolution WHA72.8 on promoting economic accountability for treatments, immunisations, and other medical supplies was adopted in May 2019 following a fractious lot of discussions, with a group of Participating Countries backing away from the finished quarter of a game for both actual content and process explanations. Individual Countries and WHO were asked to create plan for collecting and exchanging data on medication pricing, sales, trademarks, official and corporate sector R&D expenses, R&D subsidies, and other matters.²⁹

The document advocating for the health of migrants and refugees: Draft global action plan, 2019–2023, was recognized by member states at the 72nd World Health Assembly. Despite the fact that the original purpose had been to reach a resolution, the conflicting opinions of the delegations could not be resolved after a lengthy discussion that the contradicting perspectives of the diplomats just cannot be cleared up after a lengthy conversation that represented the transformed public sphere and the often emotionally loaded tone of ongoing conversations on mobility, the conflicting viewpoints of the diplomatic missions could not have been resolved after even a long discussion which thus conveyed the happened to change political situation and the sometimes intense emotional intonations of preliminary talks on mobility, the contradictory views of the general assembly could not have been cleared up after a thorough

²⁹ Watal J, Taubman A, editors. The making of the TRIPS Agreement: personal insights from the Uruguay Round negotiations. Geneva: World Trade Organization; 2015 (https://www.wto.org/english/res_e/publications_e/trips_agree_e.htm, accessed 14 September 2020).

discussion that demonstrated the happened to change media environment as well as the more highly fraught tone of detailed conversations on relocation..³⁰

Most of this program's worldwide health diplomacy occurs in "non-health" settings such as the World Trade Organization (WTO), by one striking example becoming an exchanges of discussions which thus led toward the 1995 Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), inside which government medical needs would have to have been met notwithstanding advertisement, governmental, and financial interests.³¹The solution to the COVID-19 infection is as follows: The strategic impasse between China and the US, as well as the US' critical position toward WHO, have made it more difficult to reach an agreement on pandemic-related cooperation efforts in political negotiation forums such as the G7 or G20³².

Kenya implemented a Universal Health Coverage strategy in accordance with the 58th Assembly of the World Health Organization's guideline for equity and solidarity. Kenya has made universal health care for its citizens one of the big four agenda items, with the goal of ensuring that by 2022, all Kenyans will be able to access and use the essential health services they require for their health and well-being through a single unified benefit package, free of charge. Between 2013 and 2016, there was a rise in the number of health facilities providing KEPH services, from 41% to 55%, as well as an increase in staff and equipment through the managed equipment service at all levels and the development of maternity wings. The

³⁰ Severoni S, Kosinska M, Immordino P, Told M, Kókény M, editors. Health diplomacy: spotlight on refugees and migrants. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/publications/abstracts/health-diplomacy-spotlight-on-refugees-and-migrants-2019>, accessed 14 September 2020)

³¹ Bernes TA. COVID-19: the failure of G20. In: Centre for International Governance Innovation [website]. Waterloo, Canada: Centre for International Governance Innovation; 2020 (<https://www.cigionline.org/articles/covid-19-failure-g20>, accessed 14 September 2020)

³² Ibid 15

administration is working around the clock to devise a health funding model that will ensure that every citizen is covered in some way.

As the demand for services grows, conscious steps must be taken to ensure that the services provided are of high quality. Kenya has established the Kenya Quality Model for Health (KQMH) as a national excellent assurance system to guarantee that quality services are given. The KQMH establishes a roadmap for achieving the highest standards of patient safety, as well as the adoption of joint health inspection checklists that highlight risk-based facility ranking and appropriate follow-up action. This is envisaged to lead to the creation of a locally driven quality assurance framework, on which a regulatory and accreditation system may be based to incentivize health institutions to pursue certification and overall production management. As stated in the Constitution, this one will fair competition for competitors in the market taking aim at achieving high standards of treatment outcomes.

1.8 Theoretical Framework

The study was guided by social constructivism theory whose proponent is John Dewey (1933/1998). The social constructivism theory argues that the process of international interaction through diplomatic and non-diplomatic avenues can influence how State and non-State players design and formulate their political interests. Based on this foundation of argument, diplomatic process is more than mechanical channels through which pre-determined interest can be articulated and defended. Diplomatic process is actually means by which States and non-States actors inter-subjectively build and articulate their ideas, identities, interests. In this line of arguments, States and non-State actors need diplomacy for any successful politics and governance.

According to the theory, diplomatic process can strengthen the commitment of States and their development partners to promotion and protection of human health. In other words, when

countries engage in global health diplomacy, they can help transform their interests and mind-sets in a manner that makes health more politically significant. The power of the common idea of global health helps overcome anarchy which would be most likely if every country stood alone. The attractiveness of constructivism for global health diplomacy is understandable. However, there is a fair share of noticeable problems. Firstly, constructivism does not isolate good ideas from bad ones and thus, constructivism cannot explain why health as an idea has such an influential, transformative power through inter-subjective strategies which could be borne through diplomacy. Secondly, constructivism does not explain why health can be successful in overcoming anarchy through diplomatic activities when other ideas, such as the rule of law, trade, democracy, human rights, communism, and environmentalism, have not made significant progress in doing so.

1.9 Conceptual Framework

This is a research tool that the researcher uses to explain the natural progression and flow of the phenomenon under study (Camp, 2001). The framework assists the researcher to develop awareness, understand and appropriately explain the concepts within the problem of the study. The conceptual framework in Figure 1.1 shows the relationship between the dependent and independent variables under study. The dependent variable is global health security. The independent variables are international diplomatic relations, national diplomatic policies, and challenges facing diplomacy. The conceptual framework is related to the theoretical framework in that it contains the theory in part or whole. The conceptual framework has been used to show relationships among these ideas and how they relate to the current research.

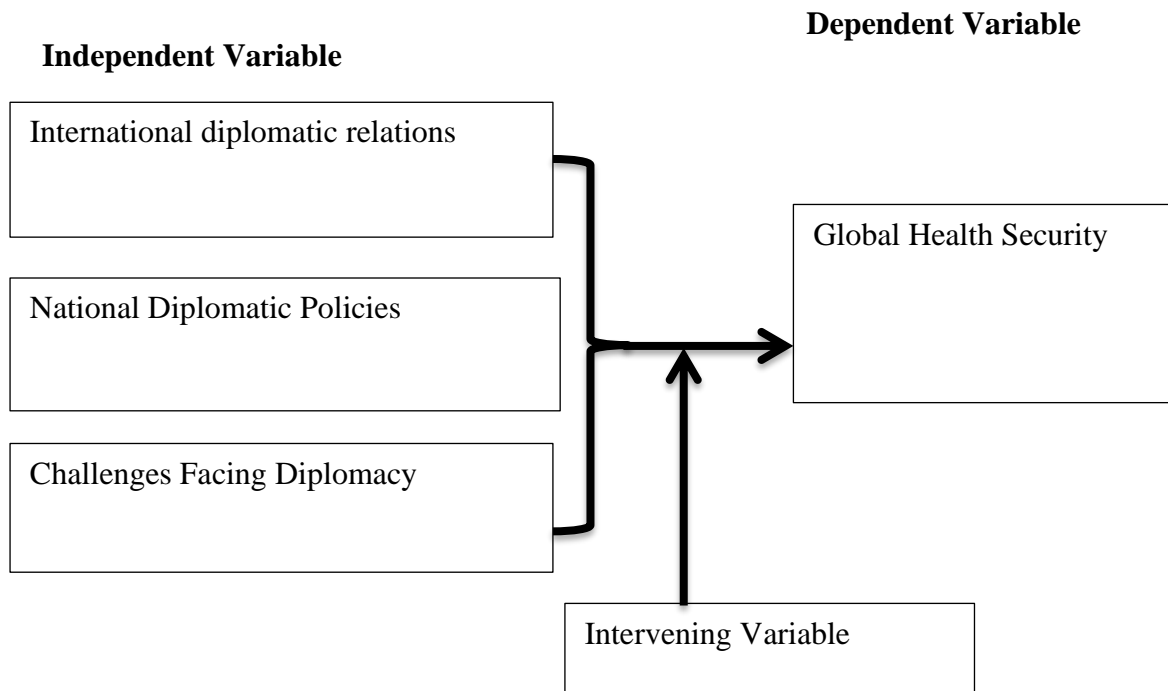


Figure 1.1. Conceptual Framework

1.10 Methodology of the Research

The explanation of the procedures to be followed in carrying out the research study is known as research methodology. The research design, target region, data needs, demographic and sample methodologies, data collecting tools, and data analysis are all covered in this chapter. This chapter focuses on the approach that was utilized to lead the whole qualitative research in gathering the necessary data for the study.

1.11.1 Research Design

Research design is a plan that specifically outlines arrangements of conditions to adhere in research is known as a research design. A research design outlines how and in what parameters are data to be collected and analysed to appropriately gather the information that can validly provide answers to the broad research question. This study used a descriptive research design to examine the role of diplomacy in achieving the global health security with a specific focus

on health security in East Africa. Secondly, a descriptive research design is not experimental as observations are recorded, as they are to describe the phenomenon.

1.11.2 Research Site

The Democratic Republic of the Congo, the Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda, and the United Republic of Tanzania are all members of the East African Community (EAC), which has its headquarters in Arusha, Tanzania. The EAC seeks an economic, competitive, secure, stable, and politically unified East Africa. The objective is to widen and deepen East Africa's economic, political, social, and cultural integration in order to enhance people's living standards through improved competitiveness, value-added production, trade, and investments. Despite the devastating effects of the locust invasion and frequent floods, the region's resilience is closely linked to the service sector's diversification, government spending, and agriculture³³.

1.11.3 Target Population

A research target population is a well-defined group of individuals or objects identified with similar characteristics or attributes³⁴. All the individuals or objects within a certain population usually have a common, associating characteristic or profile which provokes the interests of the researcher. In research, the features are informed by the research questions and objectives³⁵. Consequently, before selecting the target population, the researcher should take care of his or her research questions and whether the research questions can be answered through a certain group of people or objects. This study targeted the NGOs like UNICEF, Community health

³³ Headquarters, E. A. C. "EAST AFRICAN COMMUNITY." (2014).

³⁴ Ibid 60

³⁵ Žmuk, B., Dražić Lutilsky, I., & Dragija, M. (2016). The choice of a sampling procedure for a (too) small target population: the case of Croatian public hospitals. *Zbornik Ekonomskog fakulteta u Zagrebu*, 14(2), 19-44.

workers, the Ministry of Health in East Africa Community countries. The reason for selecting them was because they had wide a versed knowledge in relation to the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa.

1.11.4 Sample Size and Sampling Procedure

The study sample refers to the participants in a research study. Study sample is normally a small section of the target population within the area of study. The study sample of this project were ministry of foreign affairs officers in order to capture for the official data, Ministry of Foreign affairs officers and Ministry of health officials who provided accurate information in assessing impacts of global health diplomacy in relation with other trading nation states. The study targeted 10 ministry of foreign affairs officers, 10 Ministry of health officials. Additionally, the key informants comprised of 10 embassy officials. This constituted 30 target respondents. Simple random sampling was used to the staff from the ministry of Health and each member has an equal probability of being chosen and on the other hand simple random sample is meant to be an unbiased representation. Purposive sampling was appropriate towards Ministry of Foreign Affairs staffs and Embassy staffs because it enabled to reach a targeted sample quickly such as the experts officials from the county.

1.11.5 Data Collection and Procedure

Research is a systematic gathering and quantification of information on study variables in order to answer specific research questions, test hypotheses, and evaluate outcomes. Data collecting is used in all sectors of study, including fields of study, economics, and industry. The proposal used questionnaires and live interviews where questionnaires are not applicable.³⁶ Data collection began by the researcher seeking permission from NACOSTI to conduct the research

³⁶ Orodho, A.J. (2004). Techniques and Social Science Research Methods. Nairobi: Masola Publishers.

(data collection in Kenya). The researcher then leveraged on the permission of NACOSTI to reach out to the participants and organizations in which the study was conducted followed by establishments of contacts with relevant respondents. The respondents were appraised on the purpose and the rationale of the study. Their consent was taken before they are engaged in the study. During the data collection phase, the researcher enlisted the help of three research assistants. The research assistants received instruction on how to administer the survey. The drop and pick approach was used, in which research assistants gave the questionnaire to respondents and then picked them up when they were finished.

1.11.6. Data Collection Instruments

Data collection instruments refer to the medium through which desired information is gathered from the participants or target data output mechanism. The study utilized the questionnaires and interview guides which were administered to participants from the relevant ministry because of their time limitations, review of existing records and statistics from the Kenya National Bureau as well as interviews from embassy, as they see it fit to engage in debate over the subject matter under research³⁷.

1.11.7 Pilot testing of research instruments

Research tools for this study were pre-tested before data collection. Dillman (1978) posited that there are many purposes for pretesting research tools and that investigators maximize results by specifying clear and precise pre-test objectives. Some of the reasons posted by the author include finding out if respondents understand the terms and concepts used, the task asked of them to perform, the choices from which they are to select and most importantly if the respondent's interpretation of what the question is enquiring coincide with what the researcher wants the question to measure. The pilot study and the pretesting was conducted in Nairobi

³⁷ Ibid

County to test the suitability, validity and reliability of the research instruments. It was done among the respondents and institutions that bear similarities with the targeted groups for the actual study. Firstly, the participants were informed about the study so that they understand the expectations. Contact was established with the different parties and people targeted during piloting.

1.11.8. Instrument Reliability & Validity

The ability of research tools to measure what they were supposed to measure is referred to as validity.³⁸ Validity is defined as the extent to which the researcher has measured what he or she intended to measure. It refers to the precision and significance of inferences drawn from study findings. As a result, validity refers to whether or not an instrument is measuring what it is supposed to measure. The researcher collaborated with the supervisor as an expert to test the instrument's validity. To ensure validity, all of the study tools were thoroughly examined. To verify their validity, the study tools were subjected to peer review. The instrument was then put through its paces, with face validity, content validity, and construct validity tests conducted utilizing previous research.

The degree to which a research instrument delivers consistent results or data each time it is utilized under the same conditions with the same subjects is known as reliability. The higher the reliability of the study instruments and technique, the more consistent findings may be obtained by the same participants in the same repeated measurements. A research tool is defined as dependable if it is constant and steady, and thus predictable and accurate. The study instrument's reliability was tested using an inter-item reliability test. In the questionnaire,

³⁸ Roberts, P., & Priest, H. (2006). Reliability and validity in research. *Nursing standard*, 20(44), 41-46.

multiple items were used to assess a single concept. This entailed a series of questions aimed to assess how closely a group of concepts were related to one another.

1.11.9 Data Analysis

The data collected was processed into a form that can be analyzed by descriptive Statistical analysis was done by the use of various data analysis tools that included Microsoft Excel and SPSS version 23. The processing involved cleaning and coding of the qualitative raw data. Coding helped with transforming the data into quantitative format so that qualitative analysis can be done. Descriptive statistics were used to analyse the information on health status within the sample of the study population. Analysed data was presented using graphs and pie charts.

1.11.10 Legal and Ethical Considerations

The project was first be submitted for marking and defended before a panel of experts and advisors before the study can be initiated. During data collection, informed consent, both written and verbal based on the level of literacy, were sought from the respondents. All the questions, both in live interviews or in the questionnaires were framed in culturally pleasant, acceptable, respectful and non-judgmental manner. This was achieved through the careful selection and structuring of the words, as well as by the design of the study tools. In all the study participants, courtesy calls were made to all the participants to appraise them about the purpose of the study and to seek consent from them.

1.11.11 Scope and Limitations of the Research

The study focused on the question of the role of diplomacy in the achievement of global health security but with a specific focus on East Africa. The study with focus on human health in general which regards to disease management within the lens of diplomacy. The biggest question of focus is the role of diplomacy in achieving global health security. As such the study

will focus on the role of diplomatic relations in achieving global health security, what it can achieve/should achieve and the diplomatic challenges that create obstacles towards achievement of health security. Finally, the study focused on diplomatic policies and regulation what their implication on health security in East Africa.

1.12 Chapters Outline

Chapter one: Introduces the topic and gives an extensive background of the topic. It also provides the research study, the statement of the problem, justification, theoretical framework, literature review, hypothesis and methodology of study.

Chapter two: examines the role of global diplomacy in achieving global health security

Chapter three: investigate the role of diplomatic policies and regulations on health security in East Africa

Chapter four: evaluate the diplomatic challenges compromising health security outcomes in East Africa

Chapter five: Gives findings, conclusions and recommendations

CHAPTER TWO: THE PRACTICE OF GLOBAL HEALTH DIPLOMACY IN EAST AFRICA

2.1. Introduction

The topic of international diplomacy on health security is discussed in this chapter. First, the chapter will look at the response rate and provide a quick demographic breakdown of the respondents to arrive at this conclusion. In this respect, the research results are compared to those found in chapter one of the book. Finally, there is a section that summarizes everything that has been discussed so far.

2.2. Response Rate

There were 30 people who were asked to participate in the research. 27 of these individuals took part in the study by completing the questionnaires satisfactorily. This survey had an overall response rate of 90%. According to Jack Fincham, a response rate of 90% is deemed adequate. This represents more than half of the total sample size; thus the accuracy of the results is unaffected.

Table 2.1. Response Rate

Questionnaires Issued	Questionnaires returned	Response Rate
30	27	90%

Source: Field Data, 2022

2.3. Demographic Characteristics

2.3.1. Respondents Gender

The study sought to find out the gender of the respondents. The subject of gender is important in a study since it assists the researcher to obtain a balanced perspective from both genders. The distribution by gender is presented in figure 2.1.

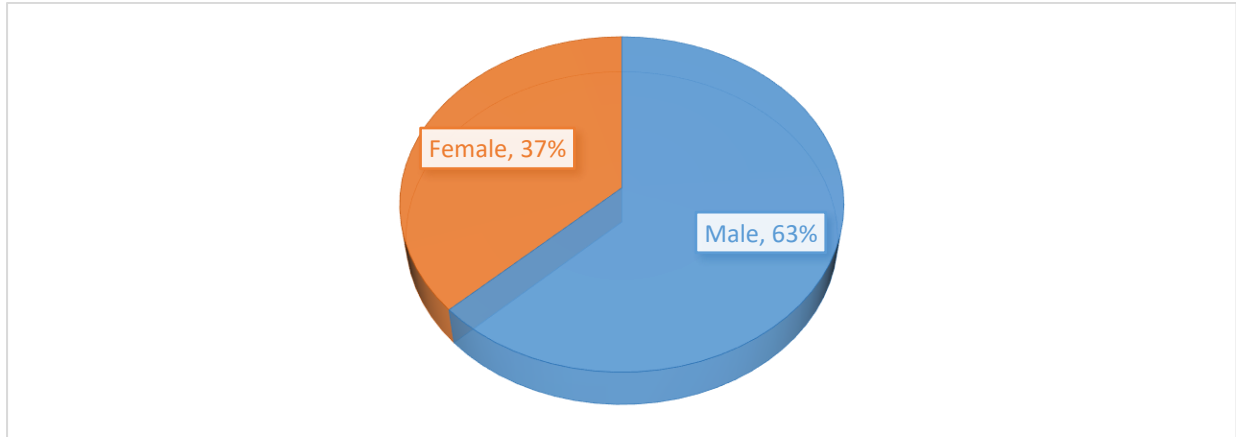


Figure 2.2. Respondents Gender

Source: Field Data, 2022

According to the findings, majority of the respondents, 63% were male while 37% were female. The findings therefore indicate that all the genders were represented albeit the fact that there were more males than females.

2.3.2. Marital Status of the Respondents

Majority of the respondents were married as indicated by 40.2%, 32.2% were single, 15.8% were divorced/separated while 11.8% were widowed. The study findings are as shown in

Figure 2.3

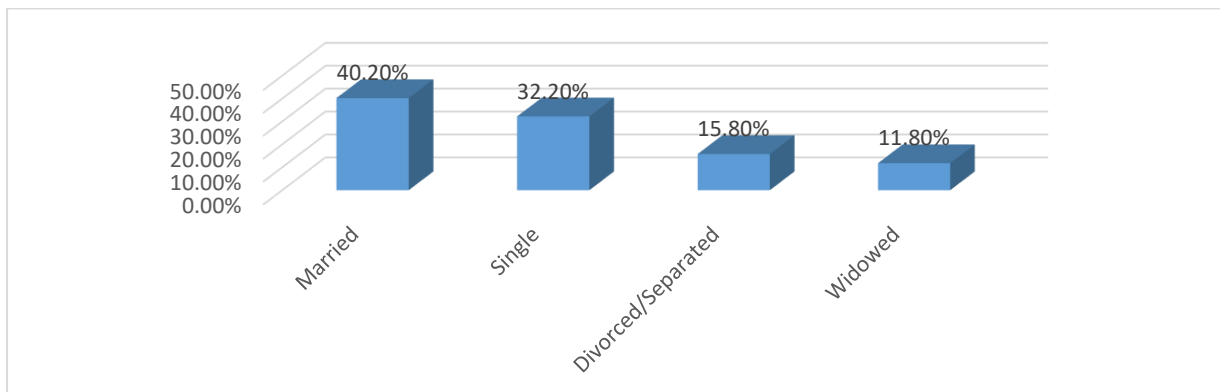


Figure 2.3. Marital Status of the Respondents

Source: Field Data, 2022

2.3.3. Age of Respondents

Age requirement was deemed appropriate in this study since it informed personal experiences attributed with maturity. The findings obtained show that, majority of the participants were aged between 31-40 years as indicated by 48%, 23% indicated 41-50 years, 12% indicated 50 years and above, 11% indicated between 21 to 30 years while 6% indicated below 20 years.

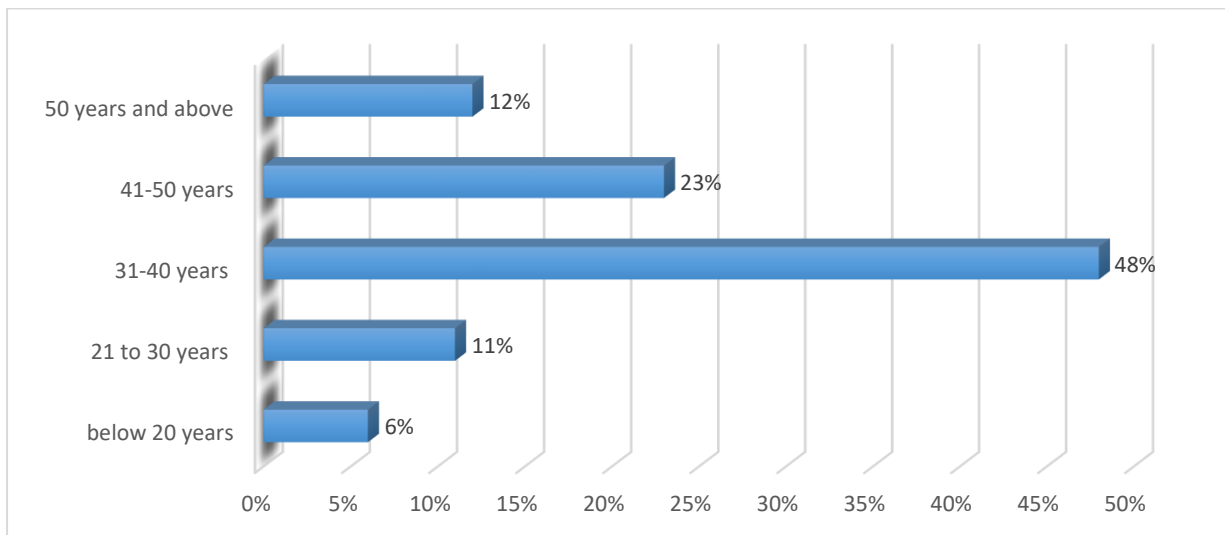


Figure 2.4. Age of Respondents

Source: Field Data, 2022

2.4. Global Health Security

As it was when Adam Smith published his book on government duties, security is no longer primarily defined by the absence of a military threat from another state. Health security, or the safeguarding of one's health against attacks, is widely recognized as a major non-traditional security threat³⁹. The environmental consequences of epidemics, the rise throughout counterfeit

³⁹ McInnes, C., & Lee, K. (2006). Health, security and foreign policy. *Review of international studies*, 32(1), 5-23.

goods, the role of health care provision in comment settings, and the significance of getting better ubiquitous access to reliable healthcare insurance to financial activity all point to a rapidly increasing roundabout among both global challenges and some other measurements of refugee protection.

In its widest definition, health security includes both a society and an individual component. At the social level, global health security entails reducing collective susceptibility to global public health dangers, both immediate and gradual. These dangers frequently extend beyond or beyond national borders, and they can be caused by infectious organisms that emerge naturally at the human-animal interface, as well as toxins, poisons, and radiation, as well as terrorist attacks.⁴⁰ Non-communicable diseases are becoming more prevalent, posing a danger to society's health. Furthermore, reducing vulnerability necessitates not just addressing illness risks, but also their causes, some of which may extend beyond national boundaries, such as international trade and other economic policies that impact disease start and spread.

Equitable health must include precautions and resources such as safe and efficient medications, vaccines, and medical services on an individual level. As a result, improving personalized health protection means giving people more continuous and so therefore secured access to advanced quality of health care services. Policies and initiatives to address health security challenges are developed in the context of a larger political framework. Agriculture, trade, banking, national security, and defense are examples of industries where governance and policy can have a considerable impact on health outcomes⁴¹. Similarly, actions targeted at strengthening health security might have an impact on other areas. As both an outcome,

⁴⁰ Chattu, V. K., Knight, W. A., Adishes, A., Yaya, S., Reddy, K. S., Di Ruggiero, E., & Jha, A. (2021). Politics of disease control in Africa and the critical role of global health diplomacy: A systematic review. *Health Promotion Perspectives*, 11(1), 20.

⁴¹ Emmerling, T., & Heydemann, J. (2013). The EU as an actor in global health diplomacy. In *Global Health Diplomacy* (pp. 223-241). Springer, New York, NY.

because once wellbeing security problems necessitate multinational corporate incidents and then become regional and global, diverse political, economic, or social desires between many states, also between member and non-actors, can cause huge problems in bilateral cooperation, intergovernmental groups, and peace efforts.

The lack of a consensus definition of counterfeit in the context of pharmaceuticals, for example, has hampered attempts to combat counterfeit, fraudulent, and inferior products that constitute a major health risk. Because there are interests other than health protection at issue, such as commerce, intellectual property, and the fight against organized crime, a discussion about which institutions should have how much authority over the problem may arise. Barriers including commerce, legislation, and intellectual property rights must frequently be overcome in order for medicines and vaccines to reach people in need. In response to the threat or impacts of chemical and biological terrorism, not only public health but also national and international security and crime prevention institutions must be involved.

Actions on healthcare have an effect on the country, economical fellow human, development cooperation programs, and the principles of human rights.⁴²To just provide long-term answers to public health security challenges, a stronger engagement and coordination between the world diplomacy and global health community is essential to build successful policies.

2.5. Health Security in the Contemporary World

As a result, health security is a political and difficult issue. Any new bilateral or multilateral policies or efforts risk jeopardizing the connection between the developed and developing worlds. In cases like the 2014 Ebola epidemic, health interventions are usually done in a knee-jerk, panicked, and self-interested way, rather than with the best interests of global

⁴² Oberthür, S. (2010). The new climate policies of the European Union: Internal legislation and climate diplomacy (No. 15). Asp/Vubpress/Upa.

circumstances or the affected nation at heart.⁴³ Responses like this to disease risks are a normal, albeit Darwinist, reaction. During the Middle Ages and into the twentieth century, it was typical for developing country civilizations to build their health security measures by restricting travel and movement of people from damaged areas.

Likewise, the current threat is a shift in posture from protectiveness to the exploitation of health-security considerations to prohibit undesirable human movement, and therefore globalization. Health diplomacy must be balanced by health security in such settings, especially in crises. When overly stringent health-security measures jeopardize amicable and cooperative relations between states, when does the focus change from defending one country's people against the prospect of global conflict (in the worst-case scenario)? The consequences of such interventions on international relations are generally overlooked, and many of them may not be identified until years after post-intervention assessments and evaluations have been completed. When you examine the wide spectrum of players involved in health security, from the military to epidemiologists to non-governmental organizations, such flaws become even more obvious.

The Global Fund, the United Nations (UN), and local and international health ministries are among the new stakeholders. This covers the use of domestic and foreign military resources for health care, a change in tasks and responsibilities that is becoming increasingly important to the tactics and structures of 21st-century armed forces. The military's fast response in corralling and controlling the Ebola outbreak in Sierra Leone, including the hurried installation of so-called internment facilities, had many of the features of a counter-insurgency campaign against a ballistic threat or human opponent.⁴⁴ According to the WHO in 2007, "functional

⁴³ Duten, A. J. (2015). Global health diplomacy: concepts, issues, actors, instruments, fora and cases.

⁴⁴ Jatmika, S., Permana, I., Koko, O. R., & Salsabila, A. A. (2021). Good governance of health diplomacy: a new agenda of politics studies in Indonesia post COVID-19. *Sociology and Technoscience*, 11(2), 215-242.

health systems are the backbone of health security." As a result, it's vital that partners with strong financial and technological capabilities aid developing countries by assisting them and exchanging information in line with health-security concepts.

2.6. Health Diplomacy and its Growing Importance

Considering participation from a number of professions and issues such as international policy, strategic interests, imperialistic tendencies, social protection and disaster relief, and individual rights, health communication is a new field of study and action that lacks a clear definition. The terms health diplomacy, global health diplomacy, and medical diplomacy are widely used interchangeably in today's literature.⁴⁵ The convergence of international health aid and international political relations is the most significant word in the context of health security. It might also be described as a political change agent whose goal is to enhance global health while also aiding in the repair of diplomatic failures, especially in war zones and resource-poor settings.

The objective can sometimes justify the means in any swift response, especially when using hard power. However, in the drive to contain the pandemic, military operatives' presence and philosophy had to be managed with considerable caution. As more than just a result, worldwide health warfare is especially crucial at both the community and state levels when military forces are involved in health interventions. While the development of a proper but also humanitarian use for defence funds is to be applauded, conflict, containment, and adversarialism institutional cultures must also change and adapt to a new sort of biological rather than human opponent. As a result, the convergence of global public health, international relations, and health security

⁴⁵ Bertorelli, E., Solomon, S. A., & Drager, N. (2013). Instruments of Health Diplomacy. In 21st Century Global Health Diplomacy (pp. 97-130).

demands both subtlety and force: soldiers and armies are all too capable of mistaking local citizens for the enemy, rather than the virus they are carrying.

Considering these advancements, the military response to Ebola⁶ may be considered a proven and dramatic success based on no more persuasive evidence than the absence of a second outbreak in Sierra Leone in recent years. The virus associated to H1N1 strains is still alive and has the ability to spread over the world, with outbreaks spanning many countries occurring in 2017⁴⁶. Beside these occurrences, the international community faces another health challenging problem: the rise of antimicrobial agents in pathogens that can infect both animals and people, which necessitates the development of national global governance mechanisms to ensure that specific rules and frameworks are adhered to in order to combat global spread.

We have to have multi-sectoral and multilateral efforts like the Global Health Security Agenda (GHSA), which is a collaborative effort between countries, international organizations, and civil society to accelerate progress toward a world free of infectious disease threats, to effectively address these global threats. The Global Health Security Agenda (GHSA) is the result of successful health diplomacy activities aimed at promoting global health security as a priority on an international level and ensuring that participating countries adhere to security standards. ⁴⁷Its purpose is to hasten the implementation of the WHO's IHRs, the World Organization for Animal Health's (OIE) Performance of Veterinary Services (PVS) route, and other relevant global health security frameworks.

Chronic non-communicable diseases (NCDs) are recognized as a threat to national and regional health security, and have now become a worldwide epidemic. The 2007 Regional Summit

⁴⁶ Dvornyicsenkó, N. (2015). Health diplomacy as a resourceful form of international communication. *Актуальные вопросы современной науки*, (43), 135-146.

⁴⁷ Tourani, S., Salimi, M., & Mousavi, S. M. (2017). Shaping the health and foreign policy framework; lessons learned for global health diplomacy in Iran. *Evidence Based Health Policy, Management and Economics*, 1(1), 54-62.

Declaration in Port of Spain was the culmination of a decade of high-level commitment, long-term conversations, and effective health diplomacy activities across the Caribbean. This proclamation outlined a comprehensive policy for NCD prevention in the region, replete with action items.⁴⁸After numerous diplomatic rounds, the United Nations Political Proclamation for the Prevention and Control of NCDs and, later, the WHO's Global Action Plan for the Prevention and Control of NCDs were born out of this Summit declaration.

The respondents were requested to indicate whether health diplomacy is important in the wellbeing of the people in various nations. According to the findings majority (78%) of the respondents indicated that health diplomacy is important in the wellbeing of the people in various nations while 22% were of the contrary opinion. The findings are shown in the figure below.

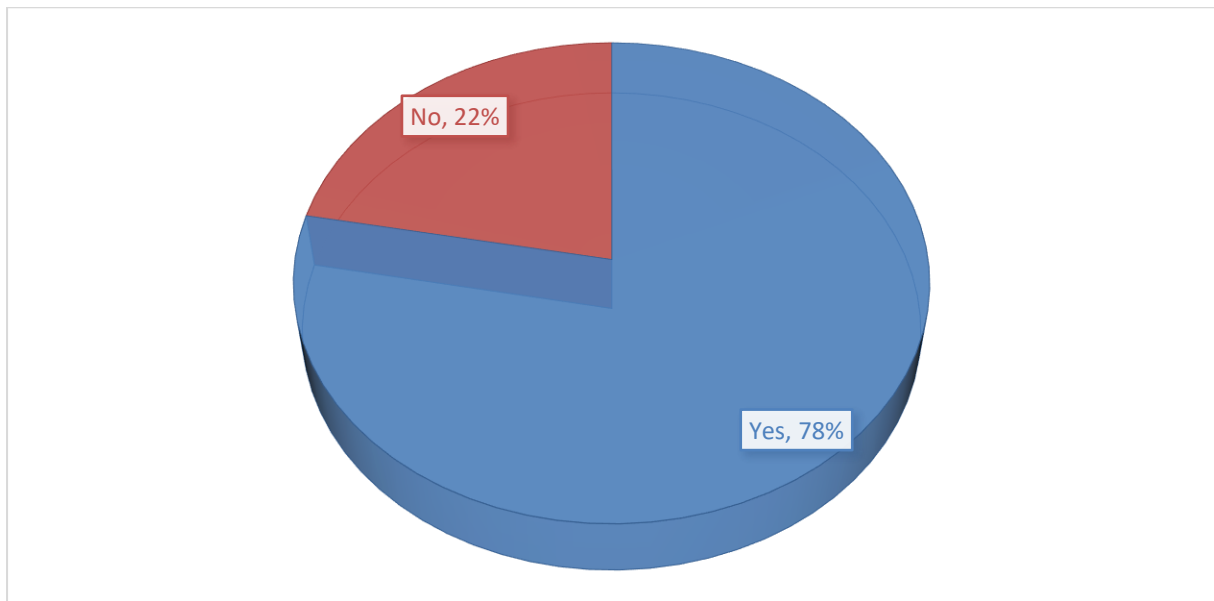


Figure 2.5. Importance of Health Diplomacy

Source: Field Data, 2022

⁴⁸ Natália, D. (2015). Health diplomacy as a resourceful form of international communication. *Актуальные вопросы современной науки*, (43).

2.7. Evolution and Role of International Diplomacy on Health Security

The current global medical model is centered on a 160-year history of forming organizations to enhance healthcare and combat disease beyond national borders. The First International Sanitary Conferences (1839-1900), The First International Health Organizations (1900-1950), The World Health Organization's creation (1948-1977), The Alma-Ata Declaration and Primary Health Care for All (1978-2000), and the period from 2000 to a multi-polar world, when the budgetary and private sector companies managed to play a significantly bigger position in international healthy lifestyle⁴⁹.

Approved GHD headquarters have been founded at the World Health Government and the United States Department of State, and many government departments still have a broad bunch of different GHD authority and responsibility, indicating that there has been a marked increase in interest in the issue of Global Health Diplomacy (GHD). Global health diplomacy brings together patient safety, global affairs, governance, law, and economic to emphasis on the debates that shape and control public health policy. International health diplomacy is centered on the interaction of health, foreign politics, and trade. Health is frequently impacted by international trade difficulties. For international diplomacy, this is a particularly tough topic⁵⁰.

GHD is concerned with how and why global health challenges play out in a foreign policy framework, and it refers to international diplomatic actions that (directly or indirectly) address issues of global health importance. To traverse the shifting terrain of international affairs and politics, a new style of diplomacy is required due to the impact of globalization on public health. The rise of cross-border disease, bioterrorism, altering geopolitical settings, and the

⁴⁹ World Health Organization. (2013). Summary report on the second regional seminar on health diplomacy, Cairo, Egypt, 16-17 February 2013 (No. WHO-EM/HHR/002/E). World Health Organization. Regional Office for the Eastern Mediterranean.

⁵⁰ Brown, M. D., Bergmann, J. N., Novotny, T. E., & Mackey, T. K. (2018). Applied global health diplomacy: profile of health diplomats accredited to the UNITED STATES and foreign governments. *Globalization and health*, 14(1), 1-11.

interconnections between health, trade, intellectual property, and human rights pose a complex matrix of technical and relational problems to stakeholders⁵¹. Furthermore, regional actors such as the European Union, the African Union, and the Association of Southeast Asian Nations (ASEAN) are stepping up their regional cooperation and putting health higher on their agendas. However, the consequences of this increased dialogue and cooperation go far beyond health because they establish a habit of communication and, where possible, cooperation among countries, thereby assisting in the establishment of a foundation for building relationships as the foundation for global governance.

According to GHD's current findings, some negotiations, such as the FCTC, have engaged a wide range of participants from the public and private sectors, as well as other sectors. However, in terms of global health, the foreign policy community has yet to have such an enlightenment, though there are encouraging signals.⁵²Over the last decade, the Group of Eight (G8) countries have tackled health issues to unprecedented levels, with heads of state attending gatherings such as the International AIDS Conference and the International Workshop on Influenza Pandemic Preparedness and Control in Beijing. The Oslo Declaration, in particular, is notable because it represents a statement by seven foreign ministers about the need for stronger connections between global health and foreign policy.

In general, it is agreed that closer collaboration between the health and international policy professions is desired and helpful to both. GHD can cover a wide range of operations and actors, including formal great nation dignitaries holding regional and international health agreements, a mix of governmental and private actors bargaining on mental wellbeing issues,

⁵¹ Gagnon, M. L. (2012). *Global health diplomacy: Understanding how and why health is integrated into foreign policy*. University of Ottawa (Canada).

⁵² Tourani, S., Salimi, M., & Mousavi, S. M. (2017). Shaping the health and foreign policy framework; lessons learned for global health diplomacy in Iran. *Evidence Based Health Policy, Management and Economics*, 1(1), 54-62.

and approved or semi-official delegates of one home nation acting in a method maximizes in another, despite not being considered alliance in the classic sense⁵³.

The respondents were requested to indicate the extent to which international diplomacy has promoted health security. The findings are shown in the figure below.

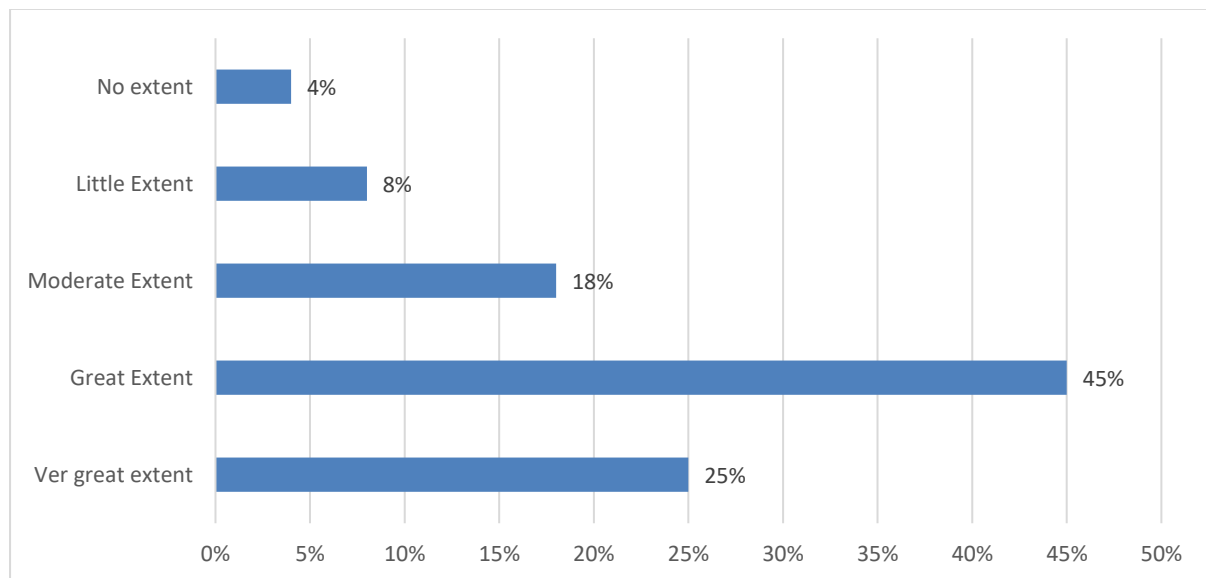


Figure 2.6. Extent to which international diplomacy has promoted health security

Source: Field Data, 2022

2.8. Shaping Health Security through Global Health Governance and Diplomacy

Regarding the latest Ebola outbreak in West Africa in March 2014, the disease has prompted massive health and human security alerts around the world, and the World Health Organization (WHO) declared a Public Health Emergency in August 2014. The United Nations Security Council adopted resolutions on HIV/AIDS in 2011, recognizing and emphasizing that the spread of HIV can have a particularly devastating impact on all sectors and levels of society, and the UNSC discussed the Ebola crisis for the second time in September 2014, recognizing

⁵³ Killeen, O. J., Davis, A., Tucker, J. D., & Meier, B. M. (2018). Chinese Global Health Diplomacy in Africa: Opportunities and Challenges. *Global health governance: the scholarly journal for the new health security paradigm*, 12(2), 4.

that it poses a threat to international peace and security.⁵⁴ Biological weapons, multi-drug resistant tuberculosis (MDR-TB), HIV/AIDS, and zoonotic illnesses have all gained prominence in the recent past since the turn of the century.

That after the 2003 SARS outbreak, which illustrated the potential danger that viruses can pose in an increasingly connected world, the World Health Assembly revised international development regulations, and in 2011, the World Health Assembly took another decisive step by agreeing on the Pandemic Influenza Preparedness Plan (PIP). As a result, the health conversations strive to produce a contractually enforceable or non-binding arrangement. Following the recent Ebola outbreak in West Africa in March 2014, the disease has prompted massive health and human security alerts around the world, and the World Health Organization (WHO) designated the disease a Public Health Emergency in August 2014⁵⁵.

The United Nations Security Council adopted resolutions on HIV/AIDS in 2011, recognizing and emphasizing that the spread of HIV can have a particularly devastating impact on all sectors and levels of society, and the UNSC discussed the Ebola crisis for the second time in September 2014, recognizing that it poses a threat to international peace and security. Biological weapons, multi-drug resistant tuberculosis (MDR-TB), HIV/AIDS, and zoonotic illnesses have all gained prominence in the recent past since the turn of the century. Following the 2003 SARS outbreak, which highlighted the threat that viruses can pose in an interconnected world, the World Health Assembly revised international health regulations, and in 2011, the World Health Assembly took another decisive step by agreeing on the Pandemic

⁵⁴ Brown, M. D., Bergmann, J. N., Novotny, T. E., & Mackey, T. K. (2018). Applied global health diplomacy: profile of health diplomats accredited to the UNITED STATES and foreign governments. *Globalization and health*, 14(1), 1-11.

⁵⁵ Kelly, L. (2021). Characteristics of global health diplomacy.

Influenza Preparedness Plan (PIP). As a result, the health negotiations strive to produce a legally binding or non-binding arrangement.⁵⁶

From pandemic infectious diseases to the selling of hazardous, counterfeit pharmaceuticals to the brain drain dilemma involving health staff moving from low-income nations, the global health concerns addressed diplomatically have gotten more complex. Diplomatic settings display an extraordinary diversity, ranging from the august chamber of the United Nations (UN) Security Council to Bill Gates' private offices in Seattle, Washington. In terms of norms, global health has become more diversified as players have broadened their perspectives on, expressions of, and advocacy for their goals, appealing to concepts rooted in national and global security as well as conventional humanitarian ideals⁵⁷. Health issues of all types have taken on a level of urgency that has never been seen before in the lengthy history of worldwide health efforts. Because of the several, often competing venues for diplomatic engagement, global health diplomacy moves at a faster speed than when WHO was the undisputed center of international health diplomacy. How diplomatic operations reflect diverse normative conceptions and international legal laws is also influenced by the speed of events and their impact on actors, problems, and processes.

Bacterial resistance, development and re-emergence, consumer behaviors, environmental damage, eradicating poverty, and longevity in governmental governance and health care capacities are all examples of health concerns that demonstrate instability⁵⁸. International processes are also insecure, with new projects popping up all the time, attempts to move topics between venues, and interest disagreement stymieing political progress on major health issues.

⁵⁶ Fidler, D. P. (2016). Global health diplomacy and the Ebola outbreak. *Global Management of Infectious Disease After Ebola*, 133-148.

⁵⁷ Kickbusch, I., & Ivanova, M. (2013). The history and evolution of global health diplomacy. In *Global Health Diplomacy* (pp. 11-26). Springer, New York, NY.

⁵⁸ Killeen, O. J., Davis, A., Tucker, J. D., & Meier, B. M. (2018). Chinese Global Health Diplomacy in Africa: Opportunities and Challenges. *Global health governance: the scholarly journal for the new health security paradigm*, 12(2), 4.

Tensions over the securitization of global health crises and ongoing difficulties with long-standing norms, such as the fundamental right to health, have exhibited normative instability.

The respondents were requested to indicate whether Global Health Governance and Diplomacy have influenced the reshaping of health security. The findings are shown in figure below.

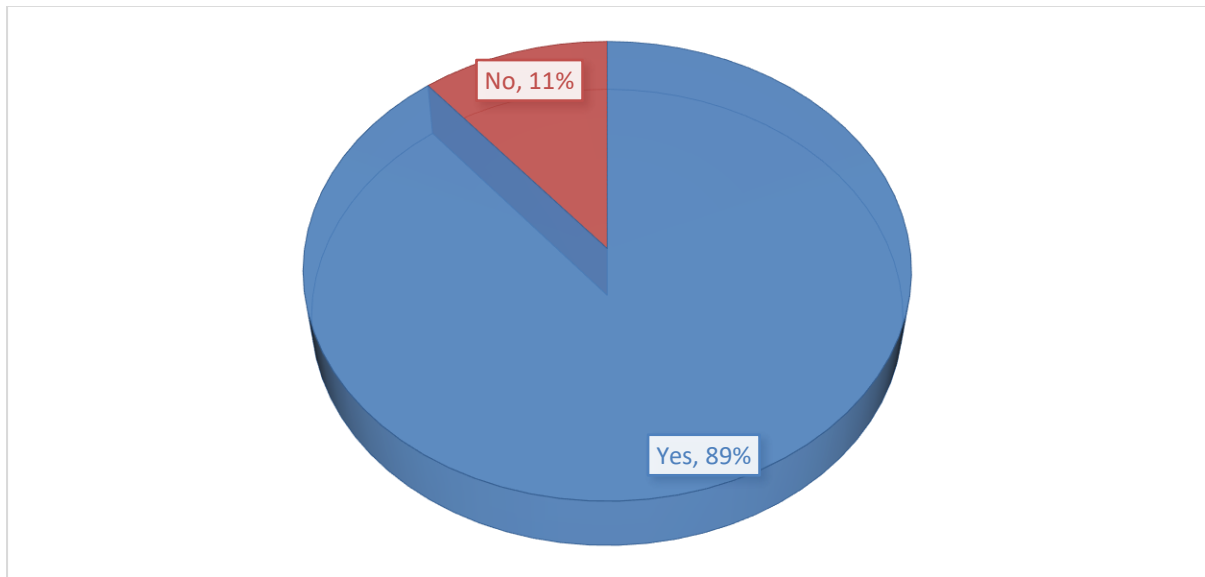


Figure 2.7. Global Health Governance and Diplomacy and Reshaping of Health Security

Source: Field Data, 2022

From the findings majority (89%) of the respondents indicated that global health governance and diplomacy have influenced the reshaping of health security while 11% were of the contrary opinion. This depicts that global health governance and diplomacy have influenced the reshaping of health security.

2.9. Relationship between Health and Foreign Policy

Different contexts in which health and foreign policy intersect and interrelate can be classified into four areas. A country's foreign policy interests and relationships can be harmful to health at times, but in other situations, that same health can be used as a foreign policy tool. National

interests can be fulfilled in each arena, but with varying degrees of impact and relevance to health. When sector policies and international agreements are negotiated with insufficient regard for health considerations, the impact of foreign policy on health can be negative⁵⁹. For example, health was completely ignored during the first round of WTO discussions on trade-related and intellectual property rights. Multinational firms' foreign policy in support of national economic interests can obstruct health initiatives. Lack of agreements when they are most required might likewise have a severe impact on health (e.g. mental health is one of the topics most often side-lined at WHO governance sessions and lack of agreement by member states in the case of climate change and health discussions at the 2009 UN climate change conference in Copenhagen).

In a variety of ways, health can be used as a tool to promote cross-national relations. These kind of activities can also be utilized to send a broader message in order to improve a country's image both at home and internationally. Cuban medical diplomacy and the oil-for-doctors trade agreement inked between Cuba and Venezuela in 2000, as well as agreements between China and African states for various health initiatives, are just a few examples. Another well-known example is the US President's Emergency Plan for AIDS Relief (PEPFAR), the world's largest health-care initiative for a single disease, which was launched in 2003 during the Iraq war as a message to the international community as part of public diplomacy to improve US perceptions at home and abroad⁶⁰. This strategy is founded on the belief that while it used to be adequate for a country to look after itself, that is no longer the case. This approach emphasizes that sickness is a major threat to human lives, health, and well-being, whether in times of peace or war. There was a need for strategic measures at regional and global levels to protect national

⁵⁹ Ramírez, J., Valdivia, L., Rivera, E., da Silva Santos, M., Sepúlveda, D., Labonté, R., & Ruckert, A. (2018). Chile's role in global health diplomacy: a narrative literature review. *Globalization and health*, 14(1), 1-13.

⁶⁰ Shaikh, B. T., Hamid, S., & Hafeez, A. (2018). Capacity building on health diplomacy: a training experience from Pakistan. *Special issue on scaling up health workforce in the Eastern Mediterranean Region*.

security by including health issues, which resulted in two significant achievements, the International Health Regulations and the Pandemic Preparedness Framework (PIP).

When foreign policy supports the interests of health, the relationship between foreign policy and global health undergoes a qualitative shift. The Oslo Ministerial Declaration, prepared by the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand in 2006, reflects this trend. Their goals were to change foreign policy to help close gaps and loopholes in international health cooperation and to promote health-related cooperation as a diplomatic weapon. Diplomats, not health officials, led this initiative and finalized agreements such as the Framework Convention on Tobacco Control (FCTC), the revised International Health Regulations (IHR), and the Pandemic Influenza Preparedness (PIP), all of which were chaired and negotiated by high-level diplomats rather than health experts⁶¹.

The study found that majority (78%) of the respondents indicated that health diplomacy is important in the wellbeing of the people in various nations while 22% were of the contrary opinion. The study also discovered that international diplomacy has aided health security to a large extent. Global health has become more interdisciplinary, with ties between health and other areas such as international trade and intellectual property rights, agriculture, education, and the environment becoming more prevalent. Global health diplomacy is a means of establishing compromise and consensus in concerns of health in global contexts so that new accords promoting values and principles in the face of competing interests such as health security, human security, and so on can be established. Global health governance and diplomacy, according to the report, have influenced the remaking of health security. Global health diplomacy aims to include health in foreign policy discussions with the goal of

⁶¹ Fazal, T. M. (2020). Health diplomacy in pandemical times. *International Organization*, 74(S1), E78-E97.

establishing new forms of governance that either promote progress inside the global health system or aid in the improvement of health through the activities of actors in other global policy arenas.

CHAPTER THREE: ROLE OF DIPLOMATIC POLICIES AND REGULATIONS ON HEALTH SECURITY IN EAST AFRICA

3.1. Introduction

The growing importance of global health challenges in foreign policy is generating a lot of interest in the concept and practice of health diplomacy. Much of the debate in this new profession, particularly among global health experts, has centered on how diplomatic discussions and foreign policy might be used to advance global health goals⁶². Recent articles assert, for example, that health is now a major driver of foreign policy, and that health might shift the debate from one about interests to one about global compassion. Although new and unprecedented opportunities to improve global health through diplomacy have arisen, statements that health now drives foreign policy overlook how old foreign policy interests continue to impact health diplomacy. Foreign policy considerations are crucial in determining whether global health concerns receive political attention and funding. Furthermore, a significant but understudied trend is the increased use of health interventions as instruments to accomplish foreign policy goals⁶³. Health efforts are increasingly being used by countries to promote security, project power and influence, improve their worldwide image, and assist other traditional foreign policy goals. The literature on diplomatic policies and laws on health security in east Africa is presented in this chapter.

3.2. Diplomatic Policies and Regulations

The rapid speed of globalization is blurring the lines between many domestic and international issues. The health state and hazards of a country can have an impact not only on its own

⁶² Davies, S. E., Kamradt-Scott, A., & Rushton, S. (2015). *Disease diplomacy: International norms and global health security*. JHU Press.

⁶³ Bond, K. (2008). Commentary: health security or health diplomacy? Moving beyond semantic analysis to strengthen health systems and global cooperation. *Health Policy and Planning*, 23(6), 376-378.

prospects and those of its neighbors, but also on the entire world. The 2003 SARS outbreak, followed by the 2009 H1N1 influenza A pandemic, demonstrated how quickly new illnesses may spread, killing people and disrupting travel and trade between interdependent economies. Practitioners and policymakers who once campaigned for foreign health programs are now talking about global health⁶⁴. The growing number of commitments to global public health surveillance and response has placed additional demands on international organizations and legal instruments, as well as necessitated new bilateral and multilateral agreements. Global health has been a part of foreign policy agendas in the United States and overseas, and is discussed in national security, trade, and diplomacy conversations.

Conventional population medical conditions join other goals as countries integrate healthcare into their larger international relations strategies, necessitating new resources. Stakeholders see global health diplomacy as a way to achieve a number of goals, from the idealistic to the practical⁶⁵. The increased number of health actors is one of the outcomes. To combat the economic effects of disease burdens, affluent donors have drastically expanded their willingness to pool and project resources for health. Indeed, during the last decade, governments and philanthropists have poured money into health, paving the way for huge new public-private partnerships and global health projects, prompting calls for more formal global health governance.

Because the United States continues to be the world's largest single supplier of health aid, its policies have a disproportionate impact on global health. Beyond the issue of new illnesses, decision-makers in the United States are increasingly aware that the health of developing countries has consequences for national security. As a result, the US is spending more money

⁶⁴ Labonté, R., & Gagnon, M. L. (2010). Framing health and foreign policy: lessons for global health diplomacy. *Globalization and health*, 6(1), 1-19.

⁶⁵ Feldbaum, H., & Michaud, J. (2010). Health diplomacy and the enduring relevance of foreign policy interests. *PLoS medicine*, 7(4), e1000226.

on global health assistance than ever before, both through traditional development aid agencies and through agencies whose traditional missions are defense and diplomacy⁶⁶. In 2009, Assistant Secretary of State Kerri-Ann Jones stated that improved global health fosters stability and progress, which can help to prevent the spread of extremism, lessen the need for humanitarian and development aid, and offer chances for greater political and economic linkages.

These aims have driven the US government to spend extensively in new methods to achieve ambitious global health projects while maintaining favorable impressions in a shifting diplomatic environment⁶⁷. Global health diplomacy is a term used by policymakers, scholars, and practitioners to describe a wide range of activities ranging from formal discussions to a wide range of alliances and interactions between governmental and nongovernmental players.

The study found that majority (75%) of the respondents indicated that existing public policy and regulation approaches in Africa influenced health security which depicted that existing public policy and regulation approaches in Africa influenced health security. Health as foreign policy provides opportunity for non-governmental actors to participate in health promotion. Non-governmental organizations (NGOs), such as schools and government mental wellbeing schools, might also, for illustration, start contributing to the pursuit of national health as such an interconnected common good by gaining a greater understanding of the wellbeing foreign relations transformation and training future public health specialists to operate in the changed surroundings produced by the nutrition as international politics modernization. The study also found that majority (50%) of the respondents indicated that to a great extent that foreign policy in East Africa influences health promotion while 2% indicated to a no extent that foreign policy

⁶⁶ Kamradt-Scott, A. (2014). Health, Security, and Diplomacy in Historical Perspective. In *Routledge Handbook of Global Health Security* (pp. 189-200). Routledge.

⁶⁷ Chattu, V. K., & Kevany, S. (2019). The need for health diplomacy in health security operations. *Health promotion perspectives*, 9(3), 161.

in East Africa influences health promotion. The study further established that development policy influences health security. The study also found that individuals with abundant bridge partnership in health, larger community access to education and participation, and increased financial specific orders have more leverage in GHD, thanks to consistent policy direction, shared values, and synchronised policy recommendations that result in a clear, cohesive national position affirmed across areas of the economy and answered in online threads.

3.3. Relationship of Health Security to Existing Public Policy and Regulation Approaches in Africa

Putting the health security idea into the context of existing understandings and approaches is an useful place to start when evaluating its suitable position in today's global public health. Is the focus on danger protection consistent with existing public health methods, such as those focused on primary health care and district health systems? Because the health security idea emerged outside of the public health sector, it has received minimal attention in terms of its additional value to current public health concepts⁶⁸. The problem of inconsistency in definition and comprehension of the health security concept is the fundamental difficulty in analyzing its place in relation to existing public health approaches. Health security, as defined in the United Nations Development Programme's Human Development Report of 1994, is not incompatible with a primary health care approach that emphasizes community involvement, self-sufficiency, and protection of vulnerable groups such as pregnant women and the poor.

However, if health security is defined solely in terms of protecting national populations from external threats such as bioterrorism, the idea is divorced from standard public health epidemiologic procedures, which monitor and respond to differences in risk and disease burden

⁶⁸ Katz, R., Kornblat, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). Defining health diplomacy: changing demands in the era of globalization. *The Milbank Quarterly*, 89(3), 503-523.

among communities⁶⁹. Opinion leaders on human and health security are well aware of these contradictions, but they remain unsolved. The theoretical and operational underpinnings of health security remain unclear to the extent that it is not responsive to the specific requirements of the most vulnerable.

Even if a people-centered perspective of human security and health security is universally acknowledged (which is not the case right now), issues about the operational consequences at the individual and community level remain unanswered⁷⁰. Can existing primary health-care and district-level health-care techniques be adapted to provide the protection and empowerment needed for health security? At least for the communicable disease surveillance aspect of health security, there is a technical basis for this. Many nations have implemented community-based outbreak surveillance as part of an integrated disease surveillance and response system, and it is proving to be a useful tool for early identification and response. However, these systems work best and are most sustainable when they are integrated into a larger public health system. The respondents were requested to indicate whether existing public policy and regulation approaches in Africa influenced health security. The findings are as shown in figure below.

⁶⁹Chattu, V. K. (2017). The rise of global health diplomacy: An interdisciplinary concept linking health and international relations.

⁷⁰ Taghizade, S., Chattu, V. K., Jaafaripooyan, E., & Kevany, S. (2021). COVID-19 pandemic as an excellent opportunity for Global Health Diplomacy. *Frontiers in Public Health*, 9.

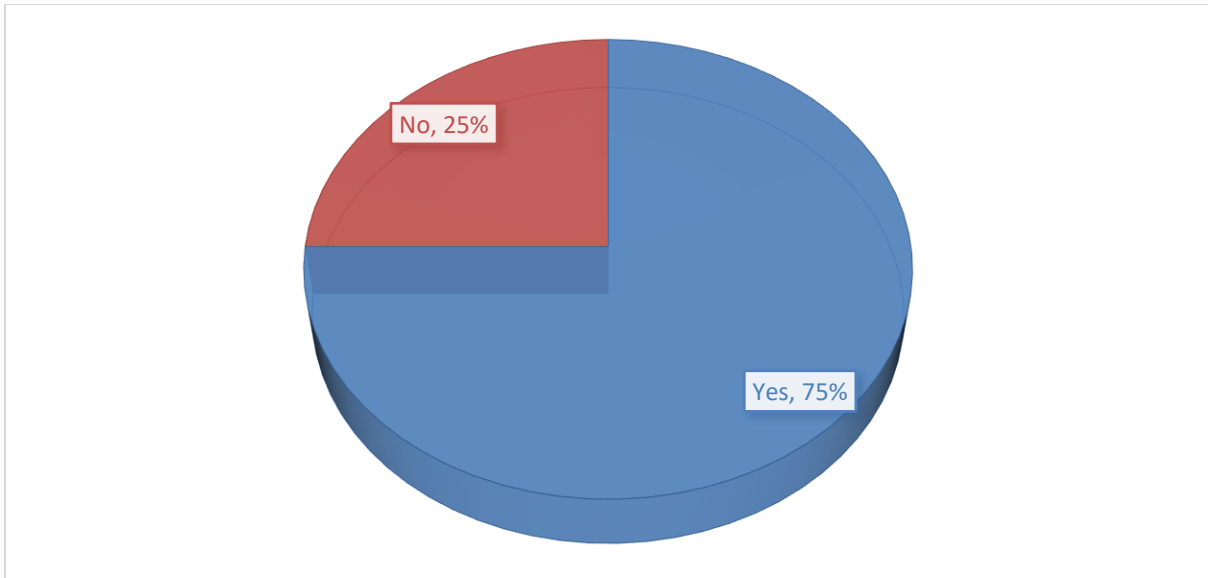


Figure 3.8. Public Policy and Regulation Approaches in Africa and Health Security

Source: Field Data, 2022

From the findings majority (75%) of the respondents indicated that existing public policy and regulation approaches in Africa influenced health security while 25% were of the contrary opinion. This depicts that existing public policy and regulation approaches in Africa influenced health security.

3.4. Health as Foreign Policy in East Africa

Given the ways in which globalization confronts every level of policymaking within countries, the influence of globalization on public health tends to highlight the necessity for healthy public policy at all governance levels. However, the reality of public health's rise in foreign policy has been that it has increased the importance of foreign policy to public health⁷¹. The political framework of international relations has not changed as a result of globalization. Humanity is still divided into approximately 200 territorial nations that interact in a state of anarchy, which

⁷¹ Rushton, S. (2011). Global health security: Security for whom? Security from what?. *Political Studies*, 59(4), 779-796.

is defined as the lack of any centralized, superior authority. The dynamics of this anarchical system, as well as many of its underlying conventions, favor sovereignty as a governance basis.

The essence of foreign policy is intercourse between sovereign nations, which organizes the state's connections with other sovereigns. Historically, public health has been primarily a domestic policy concern; however, developments in the last decade have forced public health experts and diplomats to consider health as a foreign policy concern, with public health being critical to states' pursuit of their interests and values in international relations⁷². This transition is complex, and it cannot be simply equated with good government policy. This new reality has both benefits and drawbacks for health promotion.

One way to grasp the emerging reality of health as foreign policy is to consider how public health relates to foreign policy's fundamental functions. Despite its complexity, states engage in foreign policy to fulfill four essential governance functions. First, states use foreign policy to protect themselves from external dangers⁷³. As a result, achieving national and international security is a function of foreign policy. Second, a country's foreign policy is used to boost its economic strength and prosperity. Through foreign policy, states promote their interests in international trade and investment.

Third, states employ foreign policy to help other countries build political and economic order and stability. A state's interest in its security and economic well-being is supplemented by such progress. As a result, foreign policy includes political and economic development. Fourth, states use foreign policy to promote and safeguard human dignity, as indicated by their support for human rights and supply of humanitarian aid. Identifying the governing tasks of foreign

⁷² Chattu, V. K., & Knight, W. A. (2019). Global health diplomacy as a tool of peace. *Peace Review*, 31(2), 148-157.

⁷³ Riggiozzi, P. (2015). Regionalism, activism, and rights: New opportunities for health diplomacy in South America. *Review of International Studies*, 41(2), 407-428.

policy does not mean that any one state integrates these functions successfully or values them equally⁷⁴.

Foreign policy tasks are often ranked in a hierarchy, with security and economic power ranking higher than development or human dignity, according to international relations students. The traditional status of public health in foreign policy's 'low politics' can be traced to this hierarchy, because public health was traditionally characterized as a development or human dignity concern⁷⁵. Public health's subordination in mainstream foreign policy was strengthened by the health promotion plan. Global health conferences have emphasized the importance of individual health over state security, the right to health above economic interests, and the supremacy of global equality and justice over national power aggregation.

3.5. Health Promotion and Foreign Policy in East Africa

Globalization has altered the setting of health promotion, and public health has emerged as a concern for all of the governance roles served by foreign policy. In this climate, health promotion must sharpen its focus on foreign policy as part of a larger goal of healthy public policy, which means paying closer attention to substantive and institutional aspects of public health as a foreign policy issue. In terms of substance, the message of health promotion should be that public health is an integrated public good that supports the state's pursuit of security, economic well-being, development endeavors, and human dignity.

Changes in the structure and dynamics of health and foreign policy bureaucracies will be required to pursue the integrated public good of public health in foreign policy. The focus of health promotion should be on how governments can improve public health as a foreign policy

⁷⁴ Aldis, W. (2008). Health security as a public health concept: a critical analysis. *Health Policy and Planning*, 23(6), 369-375.

⁷⁵ Chattu, V. K. (2017). Politics of Ebola and the critical role of global health diplomacy for the CARICOM. *Journal of family medicine and primary care*, 6(3), 463.

goal⁷⁶. Pursuing public health as a unified public good necessitates the development of new skills by health and foreign policy bureaucracies in order to comprehend the new context in which they operate, promote more effective interagency collaboration, achieve policy coherence, and assess progress. Health and foreign ministries might exchange personnel more regularly to improve foreign ministries' health competence and health ministries' diplomatic competence.

Health as foreign policy provides opportunity for non-governmental actors to participate in health promotion. Non-governmental organizations (NGOs), such as universities and public health schools, could, for example, contribute to the pursuit of public health as an integrated public good by improving understanding of the health foreign policy dynamic and training future public health practitioners to operate in the new environment created by the health as foreign policy transformation.⁷⁷ Collaboration with NGOs in foreign policy through public-private partnerships could be a beneficial method for health in foreign policy. NGOs may also be useful in evaluating how well governments engage in health as a foreign policy priority.

The respondents were requested to indicate that extent to which foreign policy in East Africa influences health promotion. The findings are shown in the figure below.

⁷⁶ Kickbusch, I., & Berger, C. (2010). *Global health diplomacy* (pp. 301-307). Routledge.

⁷⁷ E-International Relations, & Al Bayaa, A. (2020). *Global Health Diplomacy and the Security of Nations Beyond COVID-19*. E-International Relations.

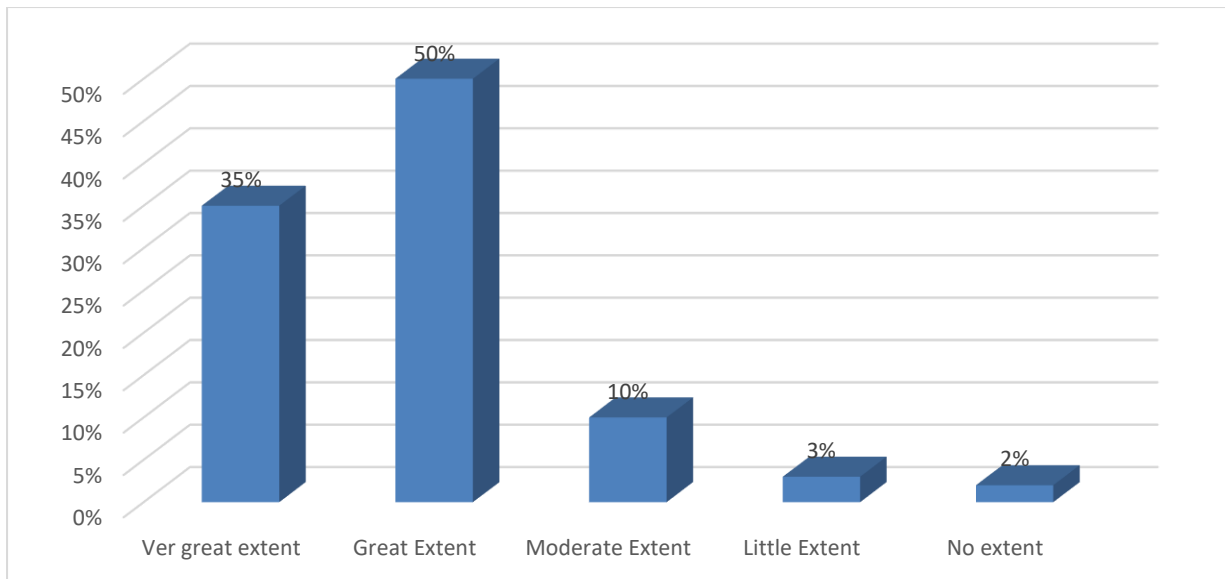


Figure 3.9. Foreign Policy in East Africa and Health Promotion

Source: Field Data, 2022

From the findings majority (50%) of the respondents indicated that to a great extent that foreign policy in East Africa influences health promotion while 2% indicated to a no extent that foreign policy in East Africa influences health promotion.

3.6. Diplomatic Regulation Approaches to Global Diplomacy on Health in East Africa

Europe's colonization of Africa was marked by a desire to conquer and occupy the continent, as well as trade and gain from its resources, and was accompanied by preaching. During the slave trade (1400s-1800s) and the colonization and settlement of Africa, the early dissemination of western medicine addressed these colonial imperatives⁷⁸. For European explorers, missionaries, colonial administrators, and their families, advances in 'tropical medicine' were employed to prevent sickness and offer medical care. Medical services, churches, and schools were used as a soft power tool to propagate western religion and medical

⁷⁸ Ruckert, A., Almeida, C., Ramírez, J., Guerra, G., Salgado de Snyder, V. N., Orozco, E., & Labonté, R. (2021). Global Health Diplomacy (GHD) and the integration of health into foreign policy: Towards a conceptual approach. *Global Public Health*, 1-14.

systems while weakening African religions, explanations, and systems for health and illness management⁷⁹. Early public health regulations and policies isolated settlements and diseased persons to control the spread of disease to settler groups, with little care paid to preserving safe settings for local communities. These activities revealed a fundamental focus for limiting the health risks associated with colonization and trade. Medicine was employed in evangelism to legitimize colonial powers while delegitimizing African culture and traditions, and services were supplied to ensure that labor was available for commercial operations. It may be claimed that the continent's first experience with health in foreign policy was one of economic, social, and cultural dominance.

From the 1950s, nationalist organizations on the continent defined their international participation in a liberation ethic of 'decolonization,' tying better health to economic and political fairness, as well as self-determination. This ethic is still being reaffirmed post-independence, as African countries raise structural challenges in the global economy that threaten their governments' control over or access to resources needed to improve health⁸⁰. In the post-independence period, however, the quest of decolonization was reframed as a pursuit of development within international discourse. Former colonial powers were reinvented as 'developed' assistance suppliers, while newly independent countries were repositioned as 'developing' help receivers.

The health industry was a key receiver of aid and wielded significant policy influence. Chigas emphasizes that in a situation of contested discourses, those who can shape the description of the problem and the conditions of the collective debate early on can have a huge impact on the

⁷⁹ Kickbusch, I. (2013). 21st century health diplomacy: a new relationship between foreign policy and health. In 21st Century global health diplomacy (pp. 1-40).

⁸⁰ Šehović, A. B. (2019). Health diplomacy: For whom? By whom? For what? *Regions and Cohesion*, 9(1), 161-176.

subsequent negotiations and their consequences⁸¹. The literature identifies three foreign policy approaches that African governments have used to frame their diplomatic engagement: unity, the liberation ethic, and developmental policy.

The longing for oneness is a deep-seated urge. The accomplishment of African unity was integral to the idea of African freedom, a job that was pursued as soon as the first independent governments appeared, and that has reverberated via African diplomacy on several forums, including the Africa group at the World Health Assembly. The Organization of African Unity (OAU) was founded in May 1963 with the goal of ensuring the emancipation of those portions of Africa still under colonial domination. While unity has maintained a consistent foreign policy objective, it has not always been understood in the same manner throughout African countries as a principle⁸². Interdependence was interpreted by some to mean Pan-Africanism, with the construction of a continental government to coordinate the continent's resources for shared development. Others interpreted it as continentalism through an alliance of sovereign states based on reciprocity at the level of cooperation. In both approaches, purposeful and persistent uniformity in Africa's global involvement positions is considered as critical to attaining objectives. Any discord is seen to undermine influence and expose countries to new forms of economic and political exploitation.

As a result, the Africa Group at the World Health Assembly has developed a rare level of unity around shared GHD viewpoints on topics including access to key medicines, AIDS policies, and worldwide recruitment of skilled African health professionals. South Africa and the African group played a key role in getting the Global Fund Board to agree to African demands

⁸¹ Hoffman, S. J. (2010). Strengthening global health diplomacy in Canada's foreign policy architecture: literature review and key informant interviews. *Canadian Foreign Policy Journal*, 16(3), 17-41.

⁸² Renganathan, E. (2013). The World Health Organization as a key venue for global health diplomacy. In *Global Health Diplomacy* (pp. 173-185). Springer, New York, NY.

for financing for tuberculosis and malaria, as well as African representation on the Board⁸³. While a common colonial background and collective struggle against exploitation has promoted unity, equally highly valued ideals of non-interference and sovereignty can lead to difficulties when policy stances and interests disagree, as in the case of the continent's exporters and importers of medicines. When shared policies are built through policy harmonization processes taking place in African regional community initiatives, such as cross-border collaboration on malaria, tuberculosis, and HIV and AIDS control, or the establishment of the SADC HIV and AIDS Trust Fund to implement cross-border HIV and AIDS programs, unity and reciprocity are more likely.

3.7. Liberation Ethic and Demands of Nationhood in East Africa

The anticolonial battles and nation-building processes that were essential in the twentieth century are a profound, and possibly dominant, foundation of African foreign policy activity. The interests of Africans were sacrificed to the interests of others under colonial authority, resulting in Africans becoming second-class citizens⁸⁴. Thus, recovering Africa's place in international civilization and the anti-colonial movement required independence, sovereignty, and self-determination. While justifying armed action to attain human dignity, the liberation struggles drew international backing from states and social groups on both sides of the Cold War.

After independence, the liberation ethic continued to influence diplomacy. In diplomacy, it has triumphed over more traditional security and economic considerations. It prompted southern African frontline states to take a firm stand against apartheid. Despite negative security and economic repercussions on critical nation-building processes, the South African government

⁸³ Penfold, E. D., & Fourie, P. (2015). Regional health governance: A suggested agenda for Southern African health diplomacy. *Global social policy*, 15(3), 278-295.

⁸⁴ Fidler, D. P. (2005). From international sanitary conventions to global health security: the new International Health Regulations. *Chinese Journal of International Law*, 4(2), 325-392.

survived in the 1980s and early 1990s⁸⁵. The pursuit of the liberation ethic in foreign policy had a positive impact as well. It boosted the international visibility of frontline governments' foreign policies and bolstered their legitimacy at home. Health was both an argument for and a goal of the application of the ethic, expressed in areas such as medicines access, migration of health workers, control of breast milk substitutes, food security, debt cancellation, and fair trade, as African countries strengthened their unity and influence and built alliances with other countries, such as China.

The global negotiation of the 2001 Doha Declaration at the WTO is an example of this. An vibrant civil society of HIV-positive persons was sometimes seen as 'oppositional' to state power in many African countries⁸⁶. Moreover, in the face of a horrific AIDS pandemic, a civil society-led treatment action campaign served as a crucial driver of public diplomacy around the right to treatment. Civil society was instrumental in opposing the patenting of life-saving medications, which would have made them unaffordable, as well as the subordination of public health to trade policy (EQUINET SC, 2007). The WTO's decision to deny Africans access to antiretrovirals was considered as a stark example of the trading system's injustice.

There have also been variances in the paradigms employed to develop the liberation ethic in global involvement among countries. South Africa, for example, employed a rights framework, comparable to Brazil's rights-based approach to structural cooperation. Other African countries were less eager to employ the rights framework in global diplomacy since it was perceived as a tool to erode national sovereignty and justify meddling in their affairs, both of which are major issues in nation-building⁸⁷. State sovereignty and non-interference have been used to

⁸⁵ Ruckert, A., Labonté, R., Lencucha, R., Runnels, V., & Gagnon, M. (2016). Global health diplomacy: a critical review of the literature. *Social Science & Medicine*, 155, 61-72.

⁸⁶ Roberts, S. L. (2016). Disease diplomacy: international norms and global health security.

⁸⁷ Fidler, D. P. (2005). From international sanitary conventions to global health security: the new International Health Regulations. *Chinese Journal of International Law*, 4(2), 325-392.

silence criticism of human rights violations, democratic politics, and transparent governance on global platforms. As a result, despite promoting a rights-based strategy in global agendas, South Africa voted to prevent Sudan and Zimbabwe from being sanctioned by the UN for human rights violations. In Africa, the use of foreign policy to achieve domestic goals reveals a complicated dialectic.

Foreign policy is used to project national interests on international platforms while also asserting identity and authority at home, consolidating domestic power, reinforcing a public image, and enhancing leaders' domestic legitimacy⁸⁸. While this is not unique to African countries, recent independence and the demands of nation-building in contexts of limited control of domestic economic resources, limited infrastructure connecting capitals and peripheries, and insurgent groups in some countries have created a foreign policy perspective in which leadership survival and nation-state consolidation are the primary goals. While this has been utilized to emphasize inequities in the global economy as part of a decolonization and liberation agenda, it has also produced problems with the rights frameworks and social movements that promote public diplomacy and impact on these same injustices, as seen in the previous cases⁸⁹.

3.8. Developmental Policy on Health Security in East Africa

Following decades of colonialism, independent African governments served as developmental states for a brief period, utilizing considerable public sector engagement to fulfill both social and economic goals. They reorganized their health systems using the primary health care model. They virtually invariably implemented the Bretton Woods institutions' structural adjustment programs after the 1970s, which undercut welfare and the developmental state with

⁸⁸ Khazatzadeh-Mahani, A., Ruckert, A., & LabontÉ, R. (2019). Global health diplomacy. *The Oxford Handbook of Global Health Politics*, 103.

⁸⁹ Roberts, S. L. (2016). Disease diplomacy: international norms and global health security.

the deeper liberalization that followed⁹⁰. Many African states have been marginalized within widening global inequality, and their social sectors have become increasingly reliant on external funding, within a development aid and humanitarian approach, with growth largely dependent on extractive industries and the export of primary commodities. As a result, health and disease challenges were frequently framed as emergencies in order to elicit policy attention and external assistance.

African countries attempted to create a development alternative in 1980. The Lagos Plan of Action for the Economic Development of Africa, 1980-2000 was created by the Organisation of African Unity (OAU). The plan attempted to rebuild Africa's economies, focusing on intra-regional commerce and cooperation, as well as collective self-reliance⁹¹. The concept advocated that African countries collaborate with one another and with developing countries in other regions to lessen foreign dependency. Two decades later, the African Union (AU) elevated security and development as significant problems in foreign policy by increasing the value of the continent's natural resources and speeding up political and socioeconomic integration.

In fact, such development policies have been applied unevenly since 1980, with international trade and economic measures, partnership agreements, aid requirements, and policy influence from northern countries, transnationals, and global institutions fighting for policy attention. When faced with the constraints to policy space imposed by a hegemonic world order, regional co-operation and integration through organizations such as the Southern African Development Community, the East African Community, and the Economic Community of West African

⁹⁰ Šehović, A. B. (2017). Securing Global Health through Diplomacy: From One-Way Transfer to Multi-directional Knowledge Exchange. EL-CSID Policy Paper, (2017/3).

⁹¹ McInnes, C., & Lee, K. (2012). Global health and international relations. Polity.

States provided one way to protect the policy space and unity required for developmental policies⁹².

Regional cooperation has been safeguarded by African countries. As a result, throughout its two stints as a non-permanent member of the UN Security Council, South Africa sought to negotiate for and safeguard wider African and regional interests. At around the same time, economies entered in and out of institutional contractual relationships with an union of countries who were not completely consistent with regional integration architectures - which, along with government - to - government contractual provisions to increased states and trade liberalization provisions, are said to have negatively impacted cooperation⁹³.

There is also a lack of consensus on the continent on what a developing foreign policy in the twenty-first century entails, resulting in inconsistencies in negotiating stances. For instance, South Africa's then-President Thabo Mbeki's African Renaissance and the New Partnership for Africa's Development (NEPAD) were portrayed as an African Union (AU) framework around which external involvement could be constructed in 2001. NEPAD was a mix of appeals for economic transformation (market access for Africa's trading goods; fair trade) and requests for development assistance⁹⁴. It agreed to establish a peer-review process in response to G8 aspirations for a stronger continent. While NEPAD received formal public backing from the African Union, some Developing countries and civil society groups saw it as falling short of expectations for greater international fairness and freedom, and some countries were wary of

⁹² Ooms, G. (2016). Disease diplomacy: international norms and global health security. *Global Change, Peace & Security*, 28(3), 334-336.

⁹³ Smith, R. D., & Hanson, K. (2012). Global health diplomacy: The 'missing pillar' of health system strengthening. *Health Systems in Low-and Middle-Income Countries: An Economic and Policy Perspective*, 267.

⁹⁴ Almeida, C. (2020). Global health diplomacy: A theoretical and analytical review. In *Oxford Research Encyclopedia of Global Public Health*.

the social comparison methodology in the nonappearance of respective rise in international governance's democratic shortcomings.

The respondents were requested to indicate whether development policy influences health security. The findings are shown in figure below.

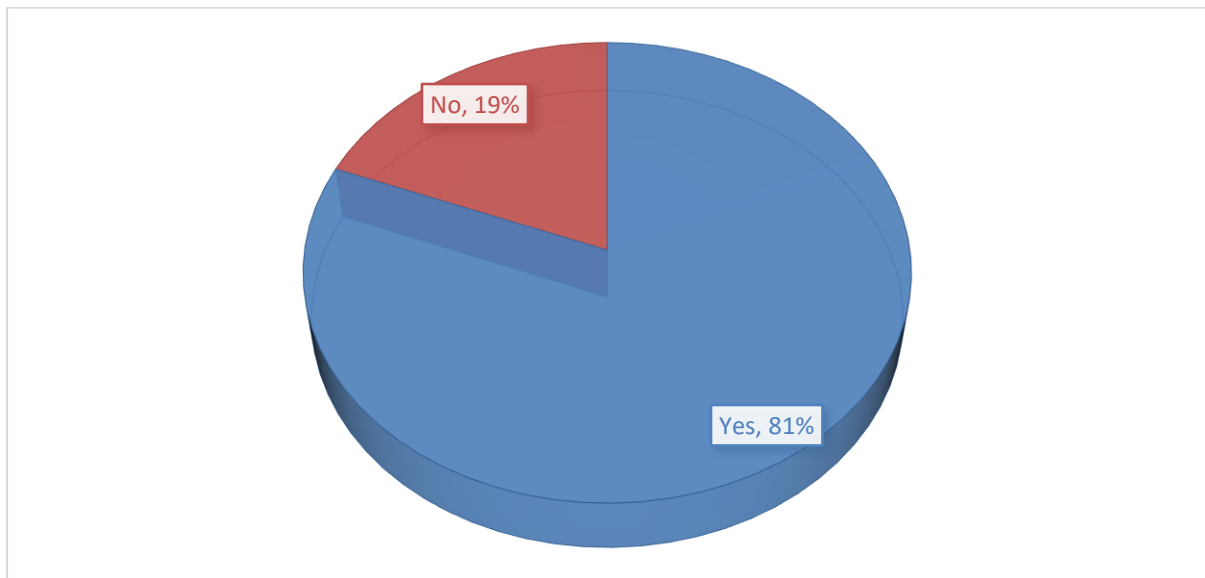


Figure 3.10. Development Policy and Health Security

Source: Field Data, 2022

From the findings majority (81%) of the respondents indicated that development policy influences health security while 19% were of the contrary opinion. This depicts that development policy influences health security.

CHAPTER FOUR: CHALLENGES AFFECTING THE PRACTICE OF GLOBAL HEALTH DIPLOMACY

4.1. Introduction

Health problems can no longer be solved by the health industry alone in an increasingly globalized society. COVID-19 has recently demonstrated that contagions have the intrinsic potential to cross national lines and change lives faster than any other threat known to humanity. Viral videos, seismic shockwaves, economic meltdowns, and even the implications of battle and war can spread just as far, if not further, than microscopic forces⁹⁵. The recapitalization of well-being had been attempted to claim to be a "perpetual feature of public mental wellbeing democracy in the twenty-first century" over the previous decades, because when it tends to come to ailments, the relatively simple classification systems of an outdated model of authoritarian policies and practices both homegrown and foreign, soft and hard, or lower and higher simply no longer apply. To appropriately manage the global disease burden, we must first reset the processes that define multilateral organizations and affect international relations. This chapter focuses on diplomatic challenges compromising health security outcomes in east Africa.

4.2. Diplomatic Challenges on Health Security

The global health policy landscape has changed dramatically from the twentieth to the twenty-first centuries, reflecting substantial changes in population health. Despite the fact that the disease burden associated with MSK conditions has remained high over time, as evidenced by low back pain being the leading cause of global disability since the Global Burden of Disease (GBD) study began in 1990, it was not prioritized as a global health priority in the twentieth

⁹⁵ Kickbusch, I., & Kökény, M. (2013). Global health diplomacy: five years on. *Bulletin of the World Health Organization*, 91, 159-159.

century.⁹⁶ Whereas priorities in the twentieth century were largely focused on communicable diseases like HIV, nutritional deficiency disorders, maternal and child health, and injury and trauma associated with war, issues affecting human health in the twenty-first century have evolved, posing new and complex challenges to health systems at all stages of maturity.

Factors such as population ageing, steadily rising disability contributed to diabetes complications (NCDs) and multimorbidity of NCDs, resistant pathogens, rapid transmission of pathogens through travel and movement of people that have the potential to cause pandemics (e.g. the coronavirus disease COVID-19 pandemic), climate variability, and natural hazards are all challenges that care systems face in the twenty-first century⁹⁷. These current issues are being encountered by low and middle-income countries (LMICs) with persisting challenges of communicable diseases, resulting in an increasing load and complexity of challenges for these countries. The challenges of aging and behavioural variables that contribute to increased morbidity from NCDs are of special importance to MSK health, and the focus of this presentation is on these topics. Furthermore, we recognize that injury from falls, violence, conflict, workplace events, and road trauma are all important factors in MSK health and the worldwide injury burden.

Health is a driver of development as well as the product of excellent policies. The development agenda, however, has shifted. Following the global financial meltdown of 2008–2010, there has been a shift in political perceptions and assumptions, with profound divisions posing challenges to political and social stability and shifting attitudes around health rights and possibilities. Health, on the other hand, can be a source of social cohesiveness and inclusion. The responsibility of functional relationships leading to considerable morbidity and mortality

⁹⁶ Drager, N., & Fidler, D. P. (2007). Foreign policy, trade and health: at the cutting edge of global health diplomacy.

⁹⁷ Fazal, T. M. (2020). Health diplomacy in pandemical times. *International Organization*, 74(S1), E78-E97.

from diabetes complications; the rapid handover of potential diseases and the potential for global pandemic influenza; national disasters, conflicts, and worldwide population movements; microbial resistance; injuries; and the health impacts of climate change and environmental pollution are among today's formidable health challenges.

When confronted with these problems, governance structures frequently appear to be out of date. They employ insufficient development metrics that represent the previous economic and productivity systems of countries. A new developmental paradigm is required, one that prioritizes equal improvements in health and well-being.⁹⁸ Health and well-being should be addressed in overall development programs across all sectors of Member States' governance and policy frameworks, according to both the SDGs and Health 2020. In practice, the goal is to develop health-oriented government goals, policies, and budgets that are based on health impact evaluations and focused on sustainability, all within the context of the SDGs.

Authorities should get a vision and strategy that is consistent, integrated, and targeted in relation to the country's entire development goals. Participation in political and social systems is required for the development of health policy.⁹⁹ It reinforces multi-sectoral, literally the entire, entire system, and physical wellbeing introduces that collaborate with key health-related sectors (knowledge, relevant institutions, food production, public transit, trade, and on and on) as well as non - government organisations sector, together within government institutional and policy structures. Establishing and maintaining such cross-sectoral collaborations frequently necessitates a profound shift in perspective and practice.

⁹⁸ Feldbaum, H., & Michaud, J. (2010). Health diplomacy and the enduring relevance of foreign policy interests. *PLoS medicine*, 7(4), e1000226.

⁹⁹ Katz, R., Kornblat, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). Defining health diplomacy: changing demands in the era of globalization. *The Milbank Quarterly*, 89(3), 503-523.

The respondents were requested to indicate the extent to which diplomatic challenges influenced health security. The findings are shown in figure below.

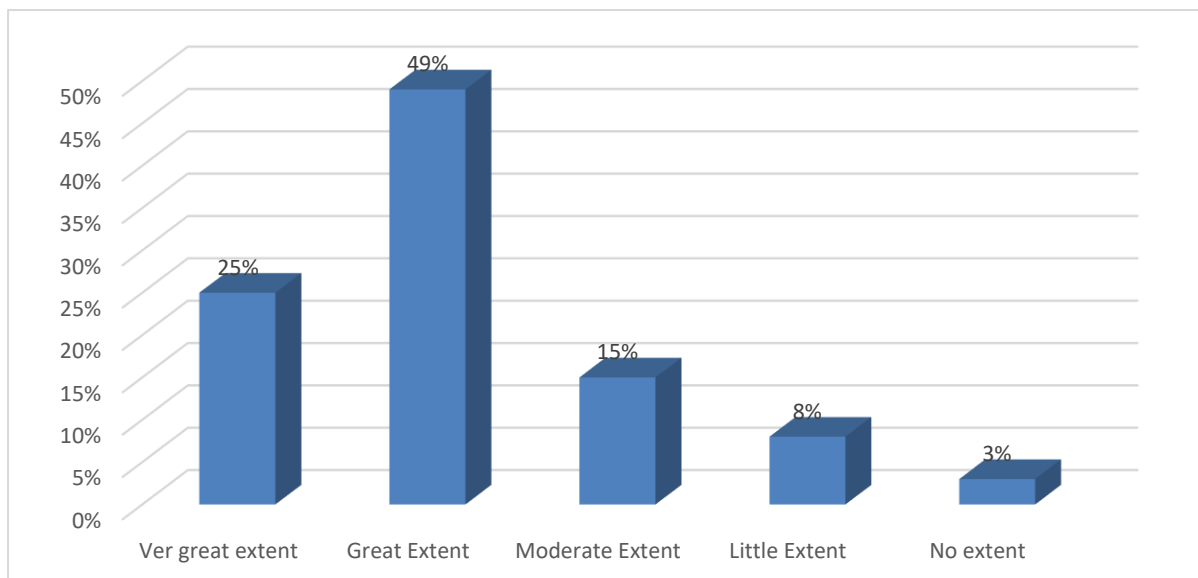


Figure 4.11. Diplomatic Challenges and Health Security

Source: Field Data, 2022

From the findings most (49%) of the respondents indicated to a great extent that diplomatic challenges influenced health security while 3% indicated to no extent that diplomatic challenges influenced health security. This depicts that to a great extent that diplomatic challenges influenced health security.

4.3. Political Challenges as an Influence on Health Security Outcomes

When people become ill, society, economies, and nations suffer as a result. Global health crises, like other challenges, necessitate painstaking diplomatic and political maneuvering. Sadly, despite worldwide health experts' pleas, healthcare has long been seen as a secondary political concern.¹⁰⁰ Despite a wealth of literature and a history of global health disasters, healthcare is

¹⁰⁰ Kickbusch, I., Silberschmidt, G., & Buss, P. (2007). Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. *Bulletin of the World Health Organization*, 85, 230-232.

still regarded as a minor topic in global and domestic politics. Foreign relations have historically been defined by multiple regression, with strategic interests linked to economic values and bolstered by multilateral agreements to safeguard an economic interest. This limited perspective typically emphasized topics that it believed to be important above issues that it considered to be secondary.

It is now plainly obvious that the spread of global health hazards has the potential to have enormous negative consequences for country economies while also jeopardizing national security and well-being.¹⁰¹ While collective security frameworks had been established in the past, they typically described international legal agreements that protect states from the actions of other states, with little (if any) mention (if any) of preventing the spread of emerging diseases that cannot be combated with tanks or bullets. As a result, observers are dismayed to see nations band together faster for wars than they do for solutions.

The Oslo Declaration, signed by the foreign ministers of seven nations in 2007, identified global health as a serious foreign policy issue of our day. However, out of the 195 countries in the globe, these were just seven governments. Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand were the countries in question. Despite the fact that academics continue to debate the relationship between global health and its implications for practitioners, there is little in the literature to enhance understanding about what governments are doing to build and manage policy at the intersection of health and foreign affairs.¹⁰² As a result, diplomacy's definition has often been reduced to the art and practice of conducting government-level conversations to settle relations or resolve conflict.

¹⁰¹ Fazal, T. M. (2020). Health diplomacy in pandemical times. *International Organization*, 74(S1), E78-E97.

¹⁰² Adams, V., Novotny, T. E., & Leslie, H. (2008). Global health diplomacy. *Medical anthropology*, 27(4), 315-323.

It is most commonly understood as the management of international relations through the intervention of ministerial diplomats who engage in government-level conversations to settle "hard power" concerns such as the economy, commerce, war, and peace. While most embassies prioritize cultural, economic, military, and trade attachés, the majority of embassies in today's world lack health attachés, implying that nations do not spend much (if any) time discussing bilateral efforts to reduce disease severity or develop a strategy in continuing to develop barrier protection frameworks to guard against potential global health threats¹⁰³. The US Department of Health and Human Services, for example, only commissioned nine Health Attachés and four Country Representatives to thirteen countries in 2014. The Department of Health and Human Services continues to receive more requests for Health Attaches than it can accommodate. In the same way, just seven of the 130 countries represented in Washington, DC, have designated Health Attachés or Representatives.

Indeed, throughout the previous two decades, increased national and international health funding has been linked to significant gains all around the world. For example, life expectancy has risen in almost all nations, particularly the poorest, with the majority of them closing the gap with the wealthy world¹⁰⁴. Consequently, most countries have taken a reactive rather than proactive approach to international health security. When governments appear to wait for a disease to arise first before considering how to deal with it, this usually signifies that the sickness will be included in some international aid package that will be delivered at some point in the near future. International observers routinely caution that, in many cases, the efforts that this money ultimately funds are largely uncoordinated on the ground and focused mostly on a few high-profile diseases rather than public health in general.

¹⁰³ Labonté, R., & Gagnon, M. L. (2010). Framing health and foreign policy: lessons for global health diplomacy. *Globalization and health*, 6(1), 1-19.

¹⁰⁴ Katz, R., Kornblet, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). Defining health diplomacy: changing demands in the era of globalization. *The Milbank Quarterly*, 89(3), 503-523.

This boring strategy, which appears to just throw money at problems rather than researching fresh preemptive remedies, has demonstrated how thousands of people's lives are unnecessarily jeopardized before any practical, or even semi-workable, solution is applied¹⁰⁵. Considering recent progress on a number of global health challenges, several of the United Nations Sustainable Development Goals (SDGs) remain unattainable by 2030. To achieve the SDGs, global progress on several health-related metrics will need to speed significantly until 2030. It's impossible to see that this pace can be accelerated but without further professional negotiators and more transnational communications networks.

Emphasizing the importance and complication of global health, countries must begin to experiment with new international paradigms and give Health Attachés a boost. After all, one of the key obstacles in controlling the spread of diseases like COVID-19 is the lack of effective political communication channels. The amount of red tape that global health specialists face in order to share or receive vital health information in a timely manner via an out-of-date knowledge sharing system slows the global response to developing infectious illnesses and increases the risks that come with them¹⁰⁶. By building more intricate information systems, more Health Attachés in the service of embassies around the world would inspire a new model for international collaborations and multilateral health security frameworks. As a result, health trends, as well as other important thematic indicators, can be collected, categorized, and detected well before a new disease spreads out of control, benefiting both countries.

The trio of data gathering, synthesis, and distribution is critical to establishing swift and effective pandemic responses¹⁰⁷. This is especially important when dealing with viruses,

¹⁰⁵ Weindling, Paul. "The League of Nations Health Organization and the rise of latin American participation, 1920-40." *História, Ciências, Saúde-Manguinhos* 13, no. 3 (2006): 555-570.

¹⁰⁶ House, Chatham. "Global health diplomacy: A way forward in international affairs—inaugural conference of the Global Health Diplomacy Network, June 28–29, 2011."

¹⁰⁷ Katz, Rebecca, Sarah Kornblet, Grace Arnold, Eric Lief, and Julie E. Fischer. "Defining health diplomacy: changing demands in the era of globalization." *The Milbank Quarterly* 89, no. 3 (2011): 503-523.

because the window of opportunity to limit viral spread depends strongly on the availability of enough data and the capacity to translate this data into protective actions. If states wish to contain diseases like COVID-19 in the future, they will need healthcare intelligence, strategic coordinating frameworks, and scientific collaboration platforms. Evidently, there is a direct link between a country's health and its security. In 2013, for example, an international spread was responsible for roughly 60% of all polio infections worldwide. COVID-19, a recent event, shown how a single bacterium may hold world markets hostage¹⁰⁸.

The study found that 49% of the respondents indicated to a great extent that diplomatic challenges influenced health security. Rapid population ageing, increasing disability attributed to noncommunicable diseases (NCDs) and multimorbidity of NCDs, antimicrobial resistance, rapid transmission of pathogens through travel and migration that have the potential to cause pandemics (e.g. the coronavirus disease COVID-19 pandemic), climate change, and natural disasters are all challenges that health systems face in the twenty-first century. The research also found that state actors have an impact on health security outcomes. On behalf of a governmental body, state actors act. They have the authority to speak and act on foreign policy problems pertaining to specific assignments. When it comes to the impact of personality on foreign policy, it's important to remember that the various political circumstances in which leaders operate will naturally establish extremely varying limitations within which they can work. A leader is more likely to appoint important advisors who share his core values and whom he perceives to be typically cooperative, resulting in an environment conducive to groupthink.

4.4. State Actors as an Influence on Health Security Outcomes

¹⁰⁸ Loewenson, R., M. Modisenyane, and M. Pearcey. "African perspectives in global health diplomacy." *Journal of health diplomacy* 1, no. 2 (2014).

On behalf of a governmental body, state actors act. They have the authority to speak and act on foreign policy problems pertaining to specific assignments. When it comes to the impact of personality on foreign policy, it's important to remember that the various political circumstances in which leaders operate will naturally establish extremely varying limitations within which they can work. It is a given that a dictator in an authoritarian regime has far larger, unconditional, and unaccountable power to design and enforce policies that serve his personal interests than a democratic leader¹⁰⁹. In a government, the head of state is required to consider the views of other authorities and specialists to some extent, and must consult the Foreign Minister in particular when it comes to foreign affairs. However, the leader has the final say, and he has the authority to disregard other people's opinions if he so desires. Government leaders may also have the advantage of hand-picking persons they place in positions of authority. A leader is more likely to appoint important advisors who share his core values and whom he perceives to be typically cooperative, resulting in an environment conducive to groupthink.

The respondents were requested to indicate whether state actors have an influence on health security outcomes. The findings are shown in figure below.

¹⁰⁹ Kevany, Sebastian. "Diplomatic advantages and threats in global health program selection, design, delivery and implementation: development and application of the Kevany Riposte." *Globalization and health* 11, no. 1 (2015): 1-10.

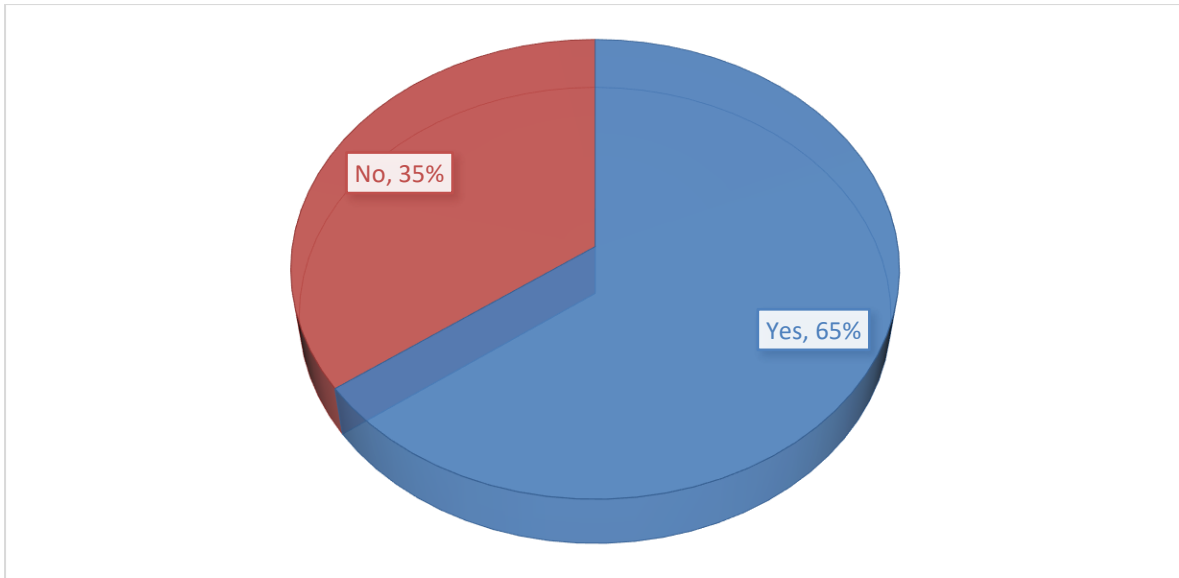


Figure 4.12. State Actors and Health Security Outcomes

Source: Field Data, 2022

From the findings majority (65%) of the respondents indicated that state actors have an influence on health security outcomes while 35% were of the contrary opinion. This depicts that state actors have an influence on health security outcomes.

4.5. Non-state Actors as an Influence on Health Security Outcomes

Nonstate players with global interests and the desire to make their voices heard on the world stage have emerged as a result of globalization and the progress of international society toward democracy. Non-state actors (NSAs) are individuals or organizations that engage in or act in international affairs. They are organizations having sufficient ability to influence and produce change, despite the fact that they are not affiliated with any established state entity¹¹⁰. They are individuals or organizations with significant economic, political, or social clout who may exert influence on a national and occasionally international scale, but who do not belong to or identify with any single country or state. National actors who are largely or entirely

¹¹⁰ Katz, Rebecca, Sarah Kornblet, Grace Arnold, Eric Lief, and Julie E. Fischer. "Defining health diplomacy: changing demands in the era of globalization." *The Milbank Quarterly* 89, no. 3 (2011): 503-523.

autonomous from the state, arising from civil society, the free economy, or political opportunity are also referred to as on-state actors.

These semi actors play a critical role in trying to establish multinational corporate relations by having provided their own proposals and suggestions through which civil society organisations from foreign nations can come together, create connections with various government entities, and engage in public public discussion and the preparation and implementation of foreign relations, thereby contributing towards the effectiveness from both the country and other global institutions¹¹¹. Certain NSAs' influence in foreign policy can be seen in their participation with topics that cut across national borders, such as climate change, commerce, wars, and human rights. Nonviolent NSAs, for example, use lobbying, negotiations, and protests to obtain states' attention, whereas violent NSAs, such as terrorist groups like Boko Haram in Nigeria, use violence as a bargaining tactic with state actors.

Non-state actors, such as the Human Rights Council, can help build public opinion in the foreign policy process. Non-state entities, notably NGOs, may be used by formal international organizations as implementation partners in the national context of foreign policy. They also provide information to government officials and policymakers, creating awareness, bringing attention to happenings on the ground or affecting relationships between countries, and providing diverse frameworks of analysis on foreign topics of relevance to East Africa¹¹². Furthermore, NSAs can help Kenyan policymakers fine-tune their present foreign policy. They're also pioneering the creation of new communication and influence engagement approaches, as well as chances for discourse between two or more countries, in the context of foreign policy formulation and implementation. They've also adopted new technology and

¹¹¹Kickbusch, I., Lister, G., Told, M., & Drager, N. (Eds.). (2012). *Global health diplomacy: Concepts, issues, actors, instruments, fora and cases*. Springer Science & Business Media.

¹¹² Kickbusch I (2011) Global Health Diplomacy: How foreign policy can influence health. *British Medical Journal* 342.

social media platforms, which have become their go-to means of communicating with both internal and external parties.

Non-state actors have complicated and complicated international relations. They have resulted in a reduction in the international system's foreign relations¹¹³. Some of them have served as progenitors of international security, while others have served as agents of western imperialism and vulnerability for developing nations. Their importance in international relations, particularly foreign policy, is growing in lockstep with the extent of interdependence in the world system. Collaboration between state actors, non-state actors, and local communities is required for the successful implementation of foreign policy.

4.6. Conclusion

Because fighting a disease should begin well before a new one appears, a new type of health diplomat is required, one who can better harness and rationalize data in order to provide timely data and realistic preparedness methods to decision makers. Beyond the annual international humanitarian conferences that pledge aid, there is still room to better prepare for future international health emergencies, which can be accomplished through proactive health diplomacy, capacity building, and data management¹¹⁴. Investing in more collaborative systems will help protect against future dangers.

It is unconscionable to learn a lesson after a virus, or any other disease for that matter, has claimed the lives of millions upon hundreds of people and destroyed the livelihoods more¹¹⁵.

Building more complex bilateral health data apparatuses among nations, as well as long-term data partnerships between governments, might provide innovative solutions to rising global

¹¹³ Loewenson, R., M. Modisenyane, and M. Pearcey. "African perspectives in global health diplomacy." *Journal of health diplomacy* 1, no. 2 (2014).

¹¹⁴ Mingst, K. (1999). *Essentials of International Relations*. New York: W. W. Norton & Company, Inc.

¹¹⁵ Kickbusch, I., Lister, G., Told, M., & Drager, N. (Eds.). (2012). *Global health diplomacy: Concepts, issues, actors, instruments, fora and cases*. Springer Science & Business Media.

health concerns. These are the kinds of ideas that can help the world better predict, control, and limit a global health threat before it falls behind and tries to catch up later.

CHAPTER 5: SUMMARY CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the summary, conclusions and recommendations. The general objective of this study was to examine the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa. This study adopted systematic review because it targets a wide scope of data. This proposal targeted a wide scope of study population including, NGOs like UNICEF, Community health workers, the Ministry of Health in East Africa Community countries. The reason for selecting them is because they have wide a versed knowledge in relation to the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa. This study used both stratified and purposive sampling techniques so that biasness is limited while at the same time ensuring comprehensive and credible data is collected from the study population.

Stratification ensures that the correct demographic aspects are considered and balanced while choosing the people to sample from the study population. This research used a questionnaire for respondents who can read and write comfortably in English while face to face interviews were used for respondents who may not be comfortable reading and writing in English or may who may prefer face to face interviews over questionnaires. The data collected was processed into a form that can be analyzed by descriptive Statistical analysis through Microsoft Excel and SPSS version 23. The processing involved cleaning and coding of the qualitative raw data. Coding helps with transforming the data into quantitative format so that qualitative analysis can be done. Descriptive statistics were used to analyze the information on health status within the sample of the study population. Analyzed data was presented using graphs and pie charts.

5.2. Summary of Study

The study successively met the set objectives and noted the urgent need of a health diplomacy policy. It has detailed out how health diplomacy is practiced in Kenya and also brought out the evidence of global health diplomacy dating back to 1940s. The conceptual and theoretical framework was well articulated. The concepts were operationalized and clearly identified the main actors both state and non-state and brought out the relationship between actors and in global health engagements. Healthcare is highly advanced in the developed countries as compared to the situation in Kenya and other developing countries. Healthcare in developing countries still focuses on primary health care and treatment of communicable disease. Communicable diseases like malaria, tuberculosis diarrheal diseases remain a big burden to the economy and lifestyles of the citizens.

Developing countries are weak politically and economically with weak national institutions incapable of dealing with the endemic diseases and emerging epidemics. Because of this, international donors, inter-governmental organizations like United Nations, WHO, and non-governmental organizations and other funding agents becomes important in provision of health care. Global health diplomacy in developed countries like UK, Switzerland and China is driven by the state and state agencies. The relationship between policymakers and the non-state actors was an important enabling factor that contributed to the integration of health into foreign policy in a number of ways. The noted government health actor's relationship with the academic community particularly university and medical schools will help establishment of the global health diplomacy training program in Kenya and the region. Health as a human right is enshrined in Kenyans constitution and as such provides a strong base for arguing for health issues in all policies. Health therefore became an overriding normative value and along with development, an ultimate goal of foreign policy health. The way forward in Africa's economic development and away from dependency is through regional integration. The study has identified health sector as key to East African community. The rationale for integrating health

into foreign policy enhances country's economic interests by working with its neighbouring countries to eliminate transnational diseases and keep patent drug prices low and increasing accessibility to generic equivalents.

5.3. Conclusion of the Study

The study concluded that majority of the respondents indicated that health diplomacy is important in the wellbeing of the people in various nations. The study also concluded that to a great extent that international diplomacy has promoted health security. International development has become more multidimensional, with ties connecting health and some other areas including global commerce and proprietary rights, economics, school, and the atmosphere becoming more prevalent.

The study concluded that majority of the respondents indicated that to a great extent that foreign policy in East Africa influences health promotion. The study further concluded that development policy influences health security. The study concluded that countries that have stronger collaboration across sectors in health, greater public literacy and engagement and greater domestic policy coherence have been found to have stronger leverage in GHD, through clear policy direction, common values, and coordinated national strategies leading to a clear, unified national position endorsed across sectors and addressed in multiple forums.

The study found that diplomatic problems influenced health security to a large amount. Rapid population ageing, increasing disability attributed to non-communicable diseases (NCDs) and multimorbidity of NCDs, antimicrobial resistance, rapid transmission of pathogens through travel and migration that have the potential to cause pandemics (e.g. the coronavirus disease COVID-19 pandemic), climate change, and natural disasters are all challenges that health systems face in the twenty-first century. The study further concluded that that state actors have an influence on health security outcomes. On behalf of a governmental body, state actors act.

They have the authority to speak and act on foreign policy problems pertaining to specific assignments.

5.4. Recommendations of the Study

Based on the findings, the study concludes that; the government through concerned ministry to develop a clear and specific policies regarding Global Health Diplomacy in Kenya. This will ensure establishment of strong international` health institution that will manage global health issue effectively bring all stakeholders together.

The global health actors to synergize their efforts, in order to enhance the growth and development of Global health diplomacy in East Africa. Government should embrace new opportunities presented by technological advancements in the medical space. In addition, the government should create frameworks and incentives not only to develop but retain human resource essential in enhancing healthcare.

Governments ought to form partnerships with state and state actors such as the private sector, non-governmental organization, development partners and international organization in enhancing the health sector so as to ensure maximum outreach to its citizens. This is informed by the fact that government cannot solely fully satisfy the health needs of its population due to limited resources.

5.5. Area for Further Research

The study focused on the role of diplomacy in achieving the global health security with a specific focus on health security in East Africa. A further study is recommended on role of diplomacy in achieving the global health security focusing on other parts of Africa for comparison purposes.

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APPENDICES

Appendix 1: INTRODUCTION LETTER



UNIVERSITY OF NAIROBI
Faculty of Social Sciences
Department of Diplomacy and International Studies

Tel : (02) 318262
Telefax : 254-2-245566
Fax : 254-2-245566
Website : www.uonbi.ac.ke
Telex : 22095 Varsity Ke Nairobi, Kenya
E-mail : director-idls@uonbi.ac.ke

P.O. Box 30197
Nairobi
Kenya

December 07, 2021

TO WHOM IT MAY CONCERN

RE: RUTH N. MOGAMBI – R50/75170/2014

This is to confirm that the above-mentioned person is a bona fide student at the Department of Diplomacy and International Studies (DDIS), University of Nairobi pursuing a **Master of Arts Degree in International Studies**. She is working on a research project titled, **“ROLE OF DIPLOMACY IN ACHIEVING GLOBAL HEALTH SECURITY: A CASE STUDY OF THE EAST AFRICA COMMUNITY”**.

The research project is a requirement for students undertaking Masters programme at the University of Nairobi, whose results will inform policy and learning.

Any assistance given to her to facilitate data collection for her research project will be highly appreciated.

Thank you in advance for your consideration.



Professor **Maria Nzomo**
Chair, DDIS
&
Professor of International Relations and Governance

APPENDIX I: QUESTIONNAIRE

Respondent profile

1. Gender

Female Male

2. Marital status

Single Married Divorced/Separated Windowed

3. Age bracket in yrs

< 20 21-30 31-40 41-50 > 50

SECTION B: The Role of International Diplomacy in Achieving Global Health Security

1. Is health diplomacy important in the wellbeing of the people in various nations

Yes No

2. Indicate the extent to which international diplomacy has promoted health security?

Very little extent

Little extent

Moderate extent

Great extent

Very great extent

3. Has Global Health Governance and Diplomacy influenced the reshaping of health security

Yes No

Kindly explain your answer.....

SECTION C: Role of Diplomatic Policies and Regulations on Health Security in East Africa

4. Do the existing public policy and regulation approaches in Africa have an influence on health security

Yes No

5. To what extent does foreign policy in East Africa influence health promotion

Very little extent

Little extent

Moderate extent

Great extent

Very great extent

6. Does development policy influences health security?

Yes No

SECTION D: Diplomatic Challenges Compromising Health Security Outcomes in East Africa

7. To what extent does diplomatic challenges influence health security?

Very little extent

Little extent

Moderate extent

Great extent

Very great extent

8. Explain the political challenges that influence the health security outcomes?

.....

9. Do the state actors have an influence on health security outcomes? Explain

.....
10. Do Non-State Actors have an influence on health security outcomes? Explain
.....

THE END

THANK YOU FOR YOUR PARTICIPATION

APPENDIX II: INTERVIEW GUIDE

1. Is health diplomacy important in the wellbeing of the people in various nations
2. Has Global Health Governance and Diplomacy influenced the reshaping of health security
3. Do the existing public policy and regulation approaches in Africa have an influence on health security
4. Explain the political challenges that influence the health security outcomes?
5. Do the state actors have an influence on health security outcomes? Explain
6. Do Non-State Actors have an influence on health security outcomes? Explain

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