

University of Nairobi
Institute of Diplomacy and International Studies

**INTERSECTION BETWEEN HUMAN SECURITY AND PUBLIC
HEALTH IN KENYA'S FOREIGN POLICY**

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**Thesis Presented in Partial Fulfillment of Requirements for the Award of
Master of Arts Degree in International Studies**

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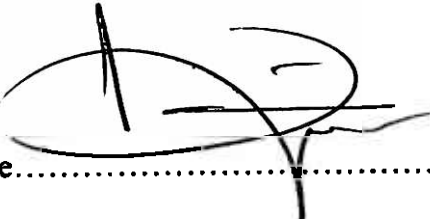

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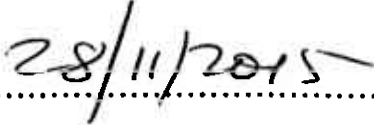
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DECLARATION

This Thesis is my original work and has not been submitted for a DEGREE in any other university.

Signature..........Date..........
Kimata, Patrick Mukui

This Thesis has been submitted for examination with my approval as the University Supervisor.

Signature..........Date..........
Prof. Maria Nzomo

DEDICATION

To all those who endeavor to make the world a safer place.

ACKNOWLEDGEMENTS

It is with great humility and gratitude that I wish to thank the many sources of moral and intellectual inspiration and encouragement that I drew from in undertaking this study.

My most sincere and special appreciation goes to my supervisor, Prof. Maria Nzomo who selflessly guided me throughout the study and encouraged me during the lowest moments.

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I thank The Almighty God for His unending blessings.

LIST OF ABBREVIATIONS

AIDS	- Acquired Immunodeficiency Syndrome
G8	- Group of Eight
GPGs	- Global Public Goods
HIV	- Human Immunodeficiency Virus
IR	- International Relations
IGOs	- Intergovernmental Organizations
IHR	- International Health Regulations
MNCs	- Multinational Corporations
NGOs	- Non-governmental Organizations
ODA	- Official Development Assistance
SARS	- Severe Acute Respiratory Syndrome
TB	- Tuberculosis
UN	- United Nations
UNDP	- United Nations Development Programme
USAID	- United States Agency for International Development
WHO	- World Health Organization
WHR	- World Health Report
WTO	- World Trade Organization

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ABSTRACT

Modern health matters touch on many issues of national security and socio-economic interest and embody the tensions between national sovereignty and global collective action, and therefore new skills are needed to negotiate global regimes. The study sought to examine the intersection between human security and public health in the Kenya's foreign policy and diplomacy. This study will contribute and generate new knowledge and evidence on the effectiveness of health promotion policies that could be sufficiently applied by public health experts. Liberalism was used in the study, and it is one of the main schools of international relations theory. Its roots lie in the broader liberal thought originating in the Enlightenment. The central issues that it seeks to address are the problems of achieving lasting peace and cooperation in international relations. A qualitative analysis of how Kenya's foreign policy articulates functions that impact on public health was carried out. The target population of the study included key policy advisors in the Ministry of Foreign Affairs, Ministry of Interior and Security, Ministry of Health, Ministry of Defence and others experts in the area under study. The analysis and findings were presented in the form of frequency tables, bar graphs, pie charts and narratives. The response rate is the proportion of the questionnaire returned after they have been issued to the respondents. In this study, out of the 40 questionnaires issued to participants, the response rate was 100%. The study found that the majority of the respondents (50%) moderately felt that health was an aspect of security, this goes to illustrate that health touches on matters of national security and socio-economic interest. The study therefore found that human security aims to strengthen the interface between protection and empowerment. In the context of public health, a protection approach aims to strengthen institutions in a society to prevent, monitor, and anticipate health threats. The study concludes that foreign policy makers must therefore broaden their horizons when seeking to further national interests. New tools of foreign policy have been debated as part of this new milieu including such ideas as health as a form of "soft power" and even health as a "bridge for peace". The study recommends that there is a great need for Kenya to articulate health issues in the foreign policy. Pandemics, emerging diseases and bioterrorism are real and direct threats to national and global security. Health issues are also important in other core functions of foreign policy, such as pursuing economic growth, fostering development, and supporting human rights and human dignity.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background of the Study

According to the United Nations Development Programme (UNDP), during the post-Cold war period there was optimism for the future cooperation of states and a new moral concern for individuals. The peace dividend also made way for the expansion of security parameters, which is represented by the initiation of human security.¹ Therefore the UNDP definition indicates that in contrast to the traditional definition of security that placed emphasis on militaristic national security, human security places the individual as the referent object.

The World Health Organization (WHO) refers to public health as all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.² Thus, according to WHO, public health is concerned with the total system and not only the eradication of a particular disease.

According to World Health Organization, the three main public health functions are: the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities; formulation of public policies designed to solve identified local and national health problems and priorities and to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.³ Feldbaum and Lee, consider relationships between public health and security. The definition of health itself has important consequences, and the authors refer to

¹ United Nations Development Programme UNDP. *New dimensions of human security: Human Development Report 1994*, United Nations Development Programme (1994), pp. 22-46.

² World Health Organization. United Nations (2014), p. 17.

³ Ibid, pp. 34.

an 'uneasy relationship' between public health and medicine.⁴ In trying to find a perfect definition of these concepts the authors observed that insecurity can be a risk to public health, and public health problems may constitute a risk to security, and therefore offer a decision tree that describes current public health thinking on global health security.

Whiting notes that attitudes to foreign and security policy communities within public health tend to fall into two broad categories: those that see the engagement of these communities as an opportunity to secure increased resources and political will; and those that are suspicious that foreign and security priorities are set by self interest rather than the humanitarian objectives that are central to public health.⁵

Human security was coined in the 1994 UNDP Human Development Report; the report outlined seven components, which are considered interdependent and sources of security namely economic security, food security, health security, environmental security, personal security, community security and political security. It was clarified in the report that human security is not to be equated with development even though the two are closely linked, as progress in development would enhance human security and vice versa.⁶

In 1999, the United Nations Security Council considered a health problem for the first time, declaring HIV/AIDS a national security threat.⁷ The scope of foreign policy health concerns has since been expanded to include problems of trans-border spread of other communicable diseases and protection of the poor and those living in failed states.⁸ The trend to link foreign policy interests to health problems has been criticized on the grounds that it may result in injecting great power politics and narrow national security interests into health. Critical to global health diplomacy is the relationship between human security, health and

⁴ Garrett L. *Betrayal of Trust: The collapse of global public health* Hyperion (2000), pp. 43-47.

⁵ Whiting J. 'Politics in medical journals' *Lancet* (2004), p. 363.

⁶ Aginam O. *Bio-terrorism, human security and public health: can international law bring them together in an age of globalization?* *Medicine and Law*; (2005) 24: pp. 455-462.

⁷ Elbe S. 'HIV/AIDS and the changing landscape of war in Africa' *International Security* (2002) p. 27.

⁸ Aginam O. *Bio-terrorism, human security and public health: can international law bring them together in an age of globalization?* *Medicine and Law*; (2005) 24: pp. 455-462.

foreign policy. Even though much of what affects health today is transnational in nature, countries remain core actors that must reorient their human security issues and foreign policies in ways that align their national interests with the diplomatic, epidemiological and ethical realities of a globalized world.⁹ This alignment involves governments adjusting to globalization by overcoming fragmented policy competencies in main governance systems.

The world's problems including security, social and environmental crises, global trade and politics, and major epidemics are making public health a pressing global concern. From this constantly changing scenario, global health diplomacy has evolved, at the intersection of public health, international relations, law, economics, and management, a new discipline with transformative potential.¹⁰ Lurie, and Greco broadly define foreign policy as an activity which entails actions, reactions, and interactions of state actors. It is a "liminal" activity in the sense that policy-makers exist on a frontier between two worlds – the domestic politics of state and its external environment.¹¹ The nineteenth century gave birth to the reflection of "higher and more important form of policy" connected to safeguarding the national interest (or survival of the state). It is a means of positioning of the state (society) toward its surroundings, hence, toward other states or other players.¹² In order to understand how Kenya addresses public health promotion in the foreign policy, it is important to understand how human security and public health intersect and how public health has risen in prominence as a foreign policy issue in the international relations.

⁹ Indiana University School of Law. Bloomington, IN, USA (2006).

¹⁰ Aginam, O. *Global Health Governance, Intellectual Property and Access to Essential Medicines: Opportunities and Impediments for South-South Cooperation*. Global Health Governance (2010) p. 4.

¹¹ Lurie, P., and D. Greco. *US Exceptionalism Comes to Research Ethics*. The Lancet (2005) pp. 117–119.

¹² Strange, Susan. *The Declining Authority of States*: David HELD a Anthony MCGREW, ed. The global transformations reader: an introduction to the globalization debate. Cambridge: Polity Press. (2003) 127–134.

1.2 Statement of the Problem

Some key elements have contributed to the ascent of global health diplomacy. First, foreign affairs ministries are becoming more involved in health because of its relevance for soft power, security policy, trade agreements, environmental and development policy.¹³

McInnes and Lee observe that historically, health has occupied the lower echelons of national priorities. Over time, however, national policy-makers have increasingly recognized the deleterious impacts that health crises may have on national interests. As a result, particular health issues occasionally have been elevated within national agendas, especially if they have implications for foreign policy and/or they are perceived as threats to national security.¹⁴ Therefore, there is no consensus on the role and limitations of foreign policy in public health and health security, and the subject has been described as ‘divided politically and fragmented analytically.’

Health touches on matters of national security and socio-economic interest and embodies the tensions between national sovereignty and global collective action. New skills are needed to negotiate global regimes.¹⁵ Despite this, few countries seem to have addressed this by seeking greater coherence “at home” between foreign policy and health policy through national global health strategies that bring together different ministries concerned with human security, domestic and global issues so they can speak with one voice in the global arena.

This is an important area of study where there is a research and policy gap, and it is on this basis that this study sought to establish how health diplomacy best articulates public health and human security dimensions of foreign policy.

¹³ Kickbusch I. Global health diplomacy: how foreign policy can influence health. *BMJ* (2011); p. 342.

¹⁴ C McInnes, and K Lee. Health, security and foreign policy. *Rev Int Stud*; (2006) 32: pp. 5-23.

¹⁵ Kanth P, Gleicher D, Guo Y. National strategies for global health. In: *Global health diplomacy*. Kickbusch I, Lister G, Told M, Drager N, editors. New York: Springer; (2013) pp. 285-303.

1.3 Objectives of the Study

The study sought to examine the intersection between human security and public health in the Kenya's foreign policy and diplomacy. The study specifically aimed;

- i. To examine and analyze the intersection between human security and public health in foreign policy.**
- ii. To examine and analyze how this intersection is articulated in diplomatic engagements.**
- iii. To examine, analyze and determine Kenya's foreign policy in promoting public health.**

1.4 Literature Review

According to the World Health Organization, the linking of health, human security and foreign policy has revealed substantive tensions between the three fields. At their most fundamental level, public health and foreign policy communities differ in their ideologies, functions, audiences and obligations, as well as approaches to solving problems. Yet despite these differences, health issues have featured in foreign policy circles with increasing frequency. At the global level, health has appeared on the agenda of the UN Security Council, G8 Summits, and World Economic Forum.¹⁶ At the nation state level, several governments have started to engage in health issues in a more comprehensive way through formal and informal approaches.

Health has been brought into foreign policy processes for several centuries, as one of the goals of foreign policy; a tool of foreign policy, to secure economic or security interests of states and an intended outcome in the collective negotiation of competing interests. There are also debates about whether it is in the best interest of public health to raise health as a global foreign policy issue, given the very different premises, norms and goals of foreign policy and health.¹⁷ Foreign policy issues primarily emerge from and they are framed by security issues. It initially and largely responds to public health as containment of risk.

A number of countries have increased their national and international efforts in the realm of foreign policy and global health in strategic ways, even though they have not adopted formal policy documents similar to those crafted by Switzerland and the United Kingdom (UK). At the invitation of WHO, four countries that are founding members of the Foreign Policy and Global Health initiative (FPGH) - Brazil, France, Indonesia, Norway, and Thailand - presented papers on their foreign policy activities on global health at a conference in Bangkok, Thailand in January 2009, and highlighted some of the initiatives and activities

¹⁶ World Health Organization. *Global Health and Foreign Policy: Strategic Opportunities and Challenges. Background Paper for the Secretary-General's Report on Global Health and Foreign Policy*. Geneva: WHO (2009), pp. 80-97.

¹⁷ *Ibid*, pp. 80-97.

these four countries have undertaken in order to provide a basic sense of what some countries are doing to strengthen global health as a strategic foreign policy interest.¹⁸

Health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world. One prominent example of the increased attention given to this area is the Oslo Declaration, signed in 2006 by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand.¹⁹

The Oslo Declaration launched the Foreign Policy and Global Health Initiative. According to the World Health Organization (WHO), the Foreign Policy and Global Health Initiative “has become one of the most prominent efforts in strengthening the foreign policy importance in global health”, playing an instrumental role in shaping the United Nations (UN) General Assembly Resolution 63/33 (UN, 2009) on global health and foreign policy adopted in November 2008. The resolution recognized “the close relationship between foreign policy and global health and their interdependence,” urging Member States “to consider health issues in the formulation of foreign policy.”²⁰

The linking of health and foreign policy has revealed substantive tensions between the two fields. At their most fundamental level, public health and foreign policy communities differ in their ideologies, functions, audiences and obligations, as well as approaches to solving problems. Yet despite these differences, health issues have featured in foreign policy circles with increasing frequency. At the global level, health has appeared on the agenda of the UN Security Council, G8 Summits, and World Economic Forum. At the nation state level, several governments have started to engage in health issues in a more comprehensive

¹⁸ World Health Organization. *Global Health and Foreign Policy: Strategic Opportunities and Challenges*. Background Paper for the Secretary-General's Report on Global Health and Foreign Policy. Geneva: WHO (2009).

¹⁹ Fidler, D. *Health and Foreign Policy: Vital Signs*. *The World Today* (2009) 65 p. 2.

²⁰ Feldbaum, H. *Building U.S. Diplomatic Capacity for Global Health*. Washington, DC: Centre for Strategic and International Studies (2010), pp. 10-17.

way through formal and informal approaches.²¹

Public health experts may act without awareness of larger diplomatic strategies or tensions that may be at play. Although they clearly owe their first loyalties to humanitarian imperatives, particularly during a crisis, multiyear health initiatives depend on goodwill and trust built with sensitivity to local sociopolitical and cultural contexts.

At the same time, the diplomatic community has only just begun to appreciate the complexity of the global health landscape, including the shadow of informal diplomacy for health. As individuals and international networks transcend traditional foreign policy channels, new tools will be needed for the increasingly inclusive sphere of global health diplomacy actors.²²

Historically, public health has predominantly been a domestic policy concern; but developments over the last two decades have forced public health experts and diplomats to think of health as foreign policy namely public health as important to states' pursuit of their interests and values in international relations.

Public health today features prominently in all foreign policy's basic functions. Those concerned with national and international security have realized public health importance concerning threats from biological weapons proliferation and bioterrorism. Debates concerning impact of international trade and investment on public health demonstrate public health's importance to the state's pursuit of its economic interests.²³ Since health promotion advocacy began health promotion advances in a context in which the role of public health features prominently in all foreign policy's functions.

There are arguably three distinct conceptions of human security that shape current

²¹ World Health Organization. *Global Health and Foreign Policy: Strategic Opportunities and Challenges. Background Paper for the Secretary-General's Report on Global Health and Foreign Policy*. Geneva: WHO (2009).

²² Adams, V., T. Novotny, and H. Leslie. *Global Health Diplomacy. Medical Anthropology* (2008) 27(4):315-323.

²³ *Ibid*, pp. 315-323.

debates. The first might be termed the natural rights/rule of law conception of human security, anchored in the fundamental assumption of basic individual rights to 'life, liberty, and the pursuit of happiness' and of the international obligation of states to promote and protect these rights. A second view of human security is humanitarian. This is the view advanced by Boutros-Ghali 1992 and others and informs the international efforts to deepen and strengthen the international relations, particularly regarding genocide and war crimes, and to abolish that are especially harmful to civilians and non-combatants.

A particular infectious disease seen as linking health and security is HIV/AIDS. The scale of the catastrophe caused by the pandemic has prompted humanitarian concerns; but HIV/AIDS has also begun to be considered within security context, particularly in relation to national and regional stability. This was highlighted by the 2000 UN Security Council Special Session on HIV/AIDS threat to Africa and the subsequent Security Council Resolution 1308 which recognized 'that the HIV/AIDS pandemic if unchecked may pose a risk to stability and security'.²⁴

Concern raised in the security context include the disproportionate HIV infection rate among security forces, the economic burden caused by disease, increased social fragmentation, reluctance to send and receive peacekeepers due to the risk of infection, and even its use as a weapon of war, principally through rape.²⁵ The spread of other acute and potentially epidemic infections including Ebola and SARS has also heightened concerns with the security community over risks to the health and economic wellbeing of citizens and communities.

Health has been brought into foreign policy processes for several centuries, as described in the next section. Health has been a goal of foreign policy (as in the negotiation

²⁴ Fidler D. 'The globalization of public health: Emerging infectious diseases,' *Indiana Journal of Global Legal Studies* (1997) 5(1), pp. 11-51.

²⁵ *Ibid*, pp. 11-51.

for people living with HIV); a tool of foreign policy, to secure economic or human security interests of states and other competing interests (negotiation recruitment and migration of health workers).²⁶

Health problems also affected foreign policy's involvement in development, which forced foreign policy makers to understand health's growing importance to human, economic and social development. The UN's eight Millennium Development Goals (MDGs) contain three health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality, and environmental sustainability). The macroeconomic case for health being located at the center for development policy further raised health's profile in foreign policy's management of development strategies.²⁷ The most recent and possibly the first such policy document has been developed in Switzerland, where a joint strategic approach to global health was developed by the Departments of the Interior and the Department of Foreign Affairs.

Security has thus been a consistent motivator of foreign policy exchange. Indeed, only rarely in the 1800s and 1900s did things work in the other direction, with humanitarian and human dignity elements of foreign policy affecting security and economic interests. 'Vaccine diplomacy' is said to be one such area. In the early 1800s when England and France were at war, British doctor Edward Jenner's smallpox vaccine was widely used in both countries and Jenner was elected as a foreign member of the Institute of France. Jenner himself observed in a letter to the National Institute of France, "*The sciences are never at war.*" In the 1950s the US developed the polio vaccine with some collaboration with the Soviet Union, despite the

²⁶ Fidler D. 'The globalization of public health: Emerging infectious diseases,' *Indiana Journal of Global Legal Studies* (1997) 5(1), pp. 11-51.

²⁷ Gostin, L.O.. *Global Health Law: Health in a Global Community. In Public Health Law: Power, Duty, Restraint*, Revised and Expanded 2nd ed., 229-83. Berkeley: University of California Press; (New York: Milbank Memorial Fund 2008), pp. 12 - 17.

cold war. In the 1990s, ceasefires were implemented in conflict situations to allow for immunisation campaigns.²⁸ The literature recognizes that security interests generated sufficient mistrust in the 2011 World Health Assembly to delay debate on the destruction of the remaining smallpox stocks for a further 3 years.

Globalization can be viewed as a process by which national regional politics, economies, societies, and cultures have become integrated through a global network of communication, transportation, and trade. Globalization is the process of increasing interconnectedness and intensification of worldwide social, economic and political relations between societies, such that, events in one part of the world more and more have effects on peoples and societies in other parts of the world, often simultaneously. Globalization has both positive and negative impacts. One of the negative impacts is spread of some of deadliest infections known to humans. Modern modes of transportation allow more people and products to travel around the world at a faster pace, but they also open the airways to the transcontinental movement of infectious disease vectors, including HIV/AIDS, Ebola and others. Health Diplomacy, Foreign Policy and Regional Security Strategies in East Africa developing such a regional approach individual states should first identify their interests in health diplomacy, and then negotiate common regional positions which will be articulated jointly.²⁹ In order to articulate such national interests, individual states need first to bring in issues of health diplomacy into the mainstream of their foreign policies. This will only be enhanced by having representatives of health ministries in the organs of national diplomacy such as the ministries of foreign affairs.³⁰

²⁸ Hotez P. *Vaccine Diplomacy Foreign Policy*, (2001) 124; pp. 68-69.

²⁹ Makumi Mwangiru. *Diplomacy and Its Relations: Essays on African Perspectives on contemporary diplomacy*. Institute of Diplomacy and International Studied (IDIS). Nairobi, Kenya (2012), pp. 34-39.

³⁰ *Ibid*, p. 41.

1.5 Justification of the Study

1.5.1 Academic Justification

The study aims to contribute and generate new knowledge and evidence on the effectiveness of health promotion policies that could be sufficiently applied by public health experts.

1.5.2 Policy Justification

Health has also been used for soft power in some foreign policies, as an image building strategy that seeks to make a state look better in the eyes of others. In this regard the health issue is employed as a strategy to promote a state's global reputation, and facilitate alliance building. While it is not possible to make direct attributions between soft power and positions on other areas of interest, it is argued to have leverage value.

1.6 Theoretical Framework

1.6.1 Liberalism Theory

Liberalism is one of the main schools of international relations theory. Its roots lie in the broader liberal thought originating in the Enlightenment. The central issues that it seeks to address are the problems of achieving lasting peace and cooperation in international relations, and the various methods that could contribute to their achievement.

Classically, 'liberalism' has served as the ideological justification for the rise of capitalism in that its central tenet includes liberty and private property as fundamental elements, and in that market structures are based on private property, which acts as a powerful signifier of freedom.

Neo-liberal political-economic ideology, theory and practice have had an immense influence on public and private life across the world, including the delivery of health care, and neo-liberalism has become the dominant economic paradigm.³¹

³¹ Hotez P. *Vaccine Diplomacy Foreign Policy*, (2001) 124; pp. 68-69.

Though health is rarely if ever explicitly addressed, it has had a huge indirect impact on global health security through institutions like WHO. There is therefore greater scope in neo-liberalism for health as an international issue (promoting global health as an absolute gain, emphasizing co-operative regimes), but more limited as security issue given the focus on state and narrow understanding of security. After the cold war the changed security issues of 1990s made the state-centric focus on security untenable.

Key to this increased prominence have been the emergence and spread of infectious diseases such as HIV/AIDS, SARS, Ebola and multiple drug resistant strains of TB and the risk from biological weapons such as bio-terrorism. Thousands of people died as the deadliest ever outbreak of Ebola took hold in West Africa. Non-communicable diseases are also on the rise as a result of lifestyle changes. Infectious diseases have never recognized state boundaries and systems of international cooperation attempting to control the spread long pre-date the establishment of World Health Organization in 1948. Moreover, there has long been humanitarian concern for international development through the work of charitable foundations, non-governmental organizations (NGOs), governments and multilateral organizations. What is different about recent attention to health issues is apparently successful attempt to move health beyond the social policy and development agenda into the realms of foreign and security policy. In the aftermath of 9/11, much of the attention has been focused on the perceived threats from biological weapons, most worryingly as wielded by terrorist organizations and/or rogue states. Undoubtedly there is an intersection between security and public health. Whether health issues are considered to be security issues within public health community is understood in two complimentary ways- whether insecurity is a risk to public health, and whether ill health is a risk to security.

It is found that the neo-liberal approach affects the nature and purpose of health care, for example by making health care part of the free, competitive market, by co modifying health

care, and by replacing the notions of the common good, social justice and public health care with an emphasis on the rational, self-interested consumer, individual responsibility and self-sufficiency. Another essential aspect of the neo-liberal approach is that it emphasises the ability to pay (user-pays system), rather than health care need, as the dominant determinant in health care.

Governments were recommended to decide their countries' health priorities and resource allocation policies according to cost-effectiveness and DALY. Less cost-effective services such as tertiary care, heart surgery, treatment of highly fatal cancers, expensive drug therapies for HIV, and intensive care for severely premature babies should not be paid by government; because "it is hard to justify using government funds for these medical treatments at the same time that much more cost-effective services which benefit mainly the poor are not adequately financed"³²

Neoliberal policies in healthcare are heavily criticized as they have misdiagnosed the problems and the treatment led to a much worse situation. Shrinking from welfare state to minimum liberal state, retreating from most of the public services and letting the area to irrationality of market dynamics is making pharmaceutical, medical technology, insurance, and law companies the lead actors. It is claimed that a system provides services according to the ability to pay rather than healthcare need. Liberalist theory appreciates the importance of State actors, but the real action for liberalism comes through non-State actors facilitating the development of social and economic interdependence between peoples and the spread of democratic politics within States in the international system.

The health sector has been an important subject for international cooperation and foreign aid schemes, by many multilateral organizations (the United Nations itself, by means of the Millennium Development Goals and its sectoral agencies, such as the WHO, UNICEF,

³² Hotez P. *Vaccine Diplomacy Foreign Policy*, (2001) 124; pp. 68-69.

UNDP and others), by the governments of developed countries (USA, Canada, European Union, European countries, Nordic countries and Japan, among others) or by emerging countries (such as Brazil), as well as by NGO and other institutions and initiatives that gather various of the previously-mentioned actors that work in the international sphere. These all add up the effort of states and state actors in the arena of global health diplomacy.

1.7 Conceptual Issues

It is apparent that key concept terms - human security and health – are either poorly or variably defined. Definition of human security shall be adapted from the 1994 UNDP annual report entitled '*New Dimensions of Human Security.*' It identified seven fields of human security including 1) economic security 2) food security 3) health security 4) environmental security 6) community security and 7) political security. Health security encompasses infectious diseases in the developing world and lifestyle diseases in the developed world. The concept of health has a wide variety of meaning. For the purpose of this study health will be defined as adapted in the preamble of WHO Constitution: 'Health is a state of complete mental, physical and social wellbeing and not merely the absence of disease or infirmity'.

“Public health” refers to all organized measures to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire population, not on individual patients or diseases. Thus public health is concerned with the total system and not only the eradication of particular disease. There are important causal relationships to be explored between human security, public health and foreign policy that will be demonstrated. Further it is also important to define what makes a health issue a foreign policy issue. The descriptive framework seeks to describe what health issues have been focused on, how certain debates have been carried out and what roles different actors have played.

The conceptual issues are therefore intended to form basis of the study and enable better policymaking by clarifying the link between health and foreign and security policy. Within the academic discipline international relations, and its sub-discipline security studies, debate over what is to be protected internationally remains intense. The traditional approaches to security studies identify state as the object of security protection. This perspective has come under sustained pressure since 1990s resulting in broadening of the field to include new forms of security.

It is widely recognized that cause and effects that cross, and even circumvent, state boundary are a key feature of global health security, while developments within states may have global health impacts or may arouse the concerns of external actors. First there is a strong sense that globalization means that states can no longer divorce their interests from wider global concerns. Secondly, there is an agreement that global health security concerns the health of populations rather than the individual.

Further what makes a health issue a global issue and part of the international agenda is the agreement that it cannot be resolved at the national level or it has implications beyond natural boundaries. Thus global health security is about protecting communities where there is agreement that an issue has implications beyond, or cannot be resolved by, individual state.

A far more limited way in which health and security issues are conceptualized in public health literature is the extent to which selected health issues pose a threat to state-based security. A particular infectious disease seen as linking health and security is HIV/AIDS. The scale of the catastrophe caused by the pandemic has prompted humanitarian concerns; but HIV/AIDS has also begun to be considered within security context, particularly in relation to national and regional stability. This was highlighted by the 2000 UN Security Council Special Session on HIV/AIDS threat to Africa and the subsequent Security Council Resolution 1308 which recognized 'that the HIV/AIDS pandemic if unchecked may pose a

risk to stability and security.’ A number of relationships between how health, foreign and security policy interrelate are possible. In the context of this study the relationship in which the tools and skills of various policy communities – development, security, public health and foreign policy – are brought together for the greater good.

1.8 Hypotheses

H₁: That there is no linkage between human security and public health in foreign policy.

H₂: That Kenya does not have a provision for health diplomacy in its engagement.

H₃: That Kenya does articulate public health promotion matters in its foreign policy.

1.9 Methodology

This study examined how foreign policy promotes public health. A qualitative analysis of how Kenya foreign policy articulates functions that impact on public health was carried out. The study used qualitative research approaches within a stage of the study or across two of the stages of the research process. The research also utilized quantitative primary data obtained through interviews of key policy advisors in the Ministry of Foreign Affairs, Ministry of Interior and Internal Security, Ministry of Health, Ministry of Defence and others experts in the area under study.

Secondary data was collected through books, journals, articles and periodicals. This helped capture what has already been done on intelligence from a global, regional, national and up to the local level. The study, in most part, was historical based on archival research. Secondary sources of information including, but not limited to: journal articles, official databases, official policy papers, reports and other publications from and on the Republic of Kenya was be extensively used and subjected to critical analysis.

Furthermore, wherever relevant, extensive use was made of mass media sources such as the print media, web-based newspapers, television reports, and other relevant authentic

internet sources. Data was presented to allow a reader to assess whether or not the interpretation was supported by the data.

The analysis and findings were presented in the form of frequency tables, bar graphs, pie charts and narratives.

1.10 Chapter Outline

Chapter One: Introduction to the Study

Chapter one makes up the introduction. It highlights the background to the study and also makes a theoretical framework of the issues to be addressed and particularly, what is to be investigated, why and how. In addition it has other components such as problem statement, objectives, literature review, justification and it ends with the chapter outline of the study.

Chapter Two: Intersection between Human Security, Public Health and Foreign Policy

There is growing acceptance of the concept of health security. However, there are various and incompatible definitions, incomplete elaboration of the concept of health security in public health operational terms, and insufficient reconciliation of the health security concept with community-based primary health care.

Chapter Three: Intersection between security and public health as articulated in Diplomatic Engagements

There is increasing acceptance that health is a legitimate foreign policy concern. The United Nations Security Council considered a health problem for the first time, declaring HIV/AIDS a national security threat. The scope of foreign policy health concerns has since been expanded to include problems of trans-border spread of other communicable diseases and protection of the poor and those living in failed states.

Chapter Four: Kenya's Foreign Policy and the Place of Diplomacy in Public Health

The past has witnessed relationships between health promotions and foreign policy intensify, expand and become more explicit. These developments reveal that a new context and a new reality for health promotion and foreign policy have emerged.

Chapter Five: Summary of the Findings, Conclusions and Recommendations

This chapter sums up the major findings in line with the objectives and hypotheses of the study. It acts as the final and ultimate verdict on the issues addressed in the research. It makes several key conclusions and recommendations.

CHAPTER TWO

INTERSECTION BETWEEN HUMAN SECURITY AND PUBLIC HEALTH IN FOREIGN POLICY

2.1 Human Security and Public Health Intersection

Health is widely recognized as a cornerstone of human development because it underpins the gamut of human functioning. But health is also essential to human security, since survival and protection from illness are at the core of any concept of people's wellbeing. Good health enables human choice, freedom, and progress. Poor health - illness, injury, and disability - undermines those essential human capabilities and can trigger potentially catastrophic reversals for individuals, communities and economies.

Despite the availability of a vast literature on 'human security', 'health security' and 'global public health security', there is no universally agreed definition.³³ Widespread but inconsistent use of the term by global public health stakeholders with widely divergent perceptions, priorities and agendas has created confusion and mistrust.

The main difficulty in analysing the place of the health security concept in relation to existing public health approaches is the problem of inconsistency in definition and understanding of the concept, as described above. For those who understand health security as it is presented in UNDP's 1994 Human Development Report, the concept is not incompatible with a primary health care approach, emphasizing community involvement, self-sufficiency and protection of vulnerable groups such as pregnant women and the poor.³⁴

But if health security is defined exclusively in terms of protection of national populations against external threats such as bio-terrorism, the concept becomes disengaged from usual public health epidemiologic approaches, which measure and respond to differential levels of risk and disease burden within populations. The preamble of the 1946

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1. Meleigy M. *Navy labs play public health role. Bulletin of the World Health Organization*; (2007), pp. 165-66.
 2. UNDP. *Human Development Report. Oxford: Oxford University Press (1994).*

constitution of the WHO refers to ‘... happiness, harmonious relations and *security* of all peoples’. The constitution states that ‘the health of all peoples is fundamental to the attainment of peace and *security*’³⁵

Human security is a classically liberal concept, where a state’s security rests on the premise that its citizens must be secure. Initially coming to prominence via the 1994 United Nations Development Report entitled *New Dimensions of Human Security*,³⁶ this concept was adopted by the International Relations community as a new mechanism for understanding security in the post-Cold War period; ‘one that could cope with multidimensional threats that did not emanate from a state nor were necessarily directed against state interests but which nonetheless detracted from the security of a state’.³⁷

Human security concerns are therefore of interest to a wide range of actors, not only including states, but also international organisations, international nongovernmental organisations (INGOs), domestic organisations, and the individual. Scholars and policy-makers have used the term to refer to the diverse array of issues that fall outside the purview of traditional military-centric security concerns.

Through the 1990s, in an age of fast travel and frequent movement of peoples and goods, the recognition that health hazards in one country could quickly spill across others began to influence international development policy. This recognition received impetus from the catastrophic trans-border impacts of emerging diseases such as HIV/AIDS, and of re-emerging ones such as cholera, tuberculosis and resistant strains of malaria. A culminating point was the publication of the 1994 Human Development Report (HDR), which gave a new developmental focus to emerging health challenges by positing ‘health security’ as a

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3. WHO. Geneva: *World Health Organization. Basic Documents* (forty-fifth edition, 2005).
 4. UNDP (1994) *Human Development Report*. Oxford: *Oxford University Press*.
 5. Shannon Julie and Thomas, Nicholas. *Human Security*. Hong Kong (2004).
 6. WHO. Geneva: *World Health Organization. Basic Documents* (2005).

component of human security.

In other areas of the health-security nexus, scholars and international organisations such as the World Health Organisation (WHO) have identified health and well-being as an important causal variable in conflict situations. One example of this is the Program on Human Security at Harvard University's Centre for Basic Research in the Social Sciences that has explored causal relationships between public health and conflict, in particular how various types of conflict (intra-state, ethnic, civil war) and their duration impact on the public health of civilian populations.

In 2001, the World Health Assembly's Resolution 54.14 'Global health security: epidemic alert and response' linked the health security concept to a global strategy for prevention of movement of communicable diseases across national borders. This resolution supported the revision of the IHRs, and was the first step in associating 'global health security' with IHR compliance. This was taken forward in 2007, when health security was selected as the theme of the World Health Day and of the annual World Health Report (WHR), titled *A Safer Future: Global Public Health Security in the 21st Century*.

As threats to security evolve, we are forced to re-examine our notions of security to determine their current contribution, to discard what is no longer relevant, and to search for new approaches to what still may be uncertain threats but very real challenges. One relatively novel but rapidly expanding paradigm examines the overlap of health and security issues. While it is clear that health issues often intersect with security issues, not all health challenges represent security concerns. In fact, health challenges are rarely immediate threats to national security. Therefore, to lend clarity to what constitutes the nexus of health and security, we must deepen our conceptual and analytical approaches to such problems.

2.2 The Foreign Policy and Global Health Interaction

Health has long been intertwined with the foreign policies of states. Lately, however, global health issues have risen to the highest levels of international politics and have become accepted as legitimate issues in foreign policy. This elevated political priority is in many ways a welcome development for proponents of global health, and it has resulted in increased funding for and attention to select global health issues. However, there has been less examination of the tensions that characterize the relationship between global health and foreign policy and of the potential effects of linking global health efforts with the foreign-policy interests of states.³⁸

According to Khanna, there are four ways in which foreign policy and health can interact. Foreign policy can endanger health when diplomacy breaks down or when trade considerations trump health; health can be used as an instrument of foreign policy in order to achieve other goals; health can be an integral part of foreign policy; and foreign policy can be used to promote health goals. These approaches cannot always be sharply differentiated and are better visualized as a continuum.³⁹

Global health's rise in foreign policy can be understood to mean that foreign policy makers have addressed global health challenges more frequently and prominently than in the immediately prior period. Existing literature describes how global health achieved this increased stature over the last ten to fifteen years. This phenomenon has been sufficiently prominent that the United Nations (UN) General Assembly adopted resolutions and requested reports from the UN Secretary-General on foreign policy and global health.⁴⁰

Smith states that health has long been the subject of diplomacy and cooperation across many fronts, including communicable disease control, contamination, occupational health

³⁸ Khanna P. *How to run the world: charting a course to the next renaissance*. Random House (2011), pp. 12-16.

³⁹ *Ibid*, pp. 23-31.

⁴⁰ Hotez P. *Vaccine Diplomacy Foreign Policy*, (2001) 124; pp. 68-69.

and safety standards, and protection from cross-border pollution. However, health has never had the foreign policy profile it obtained in the first decade of the 21st century. The current changes in international relations have elevated the political importance of global health for countries, international organizations, non-governmental organizations (NGOs), and multinational corporations (MNCs). This idea has allowed global health to become more of a strategic foreign policy concern.⁴¹ According to Smith the foreign policy efforts to address global health issues have had mixed results. This situation has generated interest in both policy communities to strengthen the relationship between global health and foreign policy in order to develop and maintain more effective collective action on global health challenges.

The World Health Organization urges governments, civil society organizations and international organizations to promote the inclusion of universal health coverage as an important element in the international development agenda and in the implementation of the internationally agreed development goals, including the Millennium Development Goals, as a means of promoting sustained, inclusive and equitable growth, social cohesion and well-being of the population and achieving other milestones for social development, such as education, work income and household financial security.⁴²

Global health issues have long been a concern for foreign-policy-makers. From sanitary cordons instituted to prevent plague from entering Croatia's Dalmatian Coast to the international sanitary conventions, which began in 1851, to the victories over malaria and yellow fever that permitted the construction of the strategic Panama Canal, health and disease have been intertwined with the pursuit of foreign-policy interests. However, over the last two

⁴¹ Smith, R. *Global change and health: Mapping the challenges of global non-healthcare influences on health* (2008), pp. 67-72.

⁴² World Health Organization (2008), "Foreign Policy and Global Health" in *Trade, Foreign Policy, Diplomacy and Health*.

decades, globalization has made global health more relevant across multiple aspects of foreign policy than ever before.⁴³

According to Smith, the moment nations integrate health into their broader foreign policy strategies, traditional population health concerns join other goals which in turn create the need for new resources. Stakeholders look to global health diplomacy as a means to accomplish a variety of outcomes, from the aspirational to the purely pragmatic. One result is the larger number of health actors. To counter the effects of disease burdens on economic development, wealthy donors have dramatically increased their willingness to pool and project resources for health. Indeed, the outpouring of new health assistance from governments and philanthropists over the last decade has set the stage for major new public-private partnerships and global health initiatives, a profusion that has elicited calls for more formal global health governance.⁴⁴

Global health concerns also appeared on foreign policy agendas when health initiatives created controversies because of diverging health and economic interests. Friction between trade and health has arisen within the World Trade Organization (WTO) in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and/or trade concerns also complicated advocacy for better collective action against the pandemics of tobacco-related diseases, obesity, and health care workers migrating low-income countries for employment in high-income nations.⁴⁵

Health problems also affected foreign policy's involvement in development, which forced foreign policy makers to understand health's growing importance to economic and social development. The UN's eight Millennium Development Goals (MDGs) contain three

⁴³ Aginam, O. *Global Health Governance, Intellectual Property and Access to Essential Medicines: Opportunities and Impediments for South-South Cooperation*. Global Health Governance (2010) pp. 1-4.

⁴⁴ Smith, R. *Global change and health: Mapping the challenges of global non-healthcare influences on health* (2008).

⁴⁵ Aginam, O. *Global Health Governance, Intellectual Property and Access to Essential Medicines: Opportunities and Impediments for South-South Cooperation*. Global Health Governance (2010) pp. 1-4.

health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality, and environmental sustainability). The macroeconomic case for health being located at the center for development policy further raised health's profile in foreign policy's management of development strategies.⁴⁶

The most recent and possibly the first - such policy document has been developed in Switzerland, where a joint strategic approach to global health was developed by the Departments of the Interior (represented by the Swiss Federal Office of Public Health) and the Department of Foreign Affairs. This document, *Agreement on foreign health policy objectives*, was presented to the Swiss Federal Council in October 2006.⁴⁷

The Swiss Federal Department of Foreign Affairs revealed that international spread of infectious disease outbreaks has clearly illustrated their political and economic ramifications and how political and economic decisions can influence their emergence and movement across national borders. Similarly, non-communicable diseases are becoming an increasingly important global health problem, and recognition of their political, economic and social determinants and cross-border implications is growing. Public health authorities traditionally respond to emerging infectious disease outbreaks that result from a breach in the species barrier between animals and humans with an emergency response once the infections have been detected in humans. However, the need for a 'One Health' approach that recognizes the interrelatedness of human, animal and environmental health is being recognized.⁴⁸

When foreign policy makers debate responses to challenges, they often ask whether their country wants to expend *blood and treasure* on an issue, and, if so, how much. *Blood*

⁴⁶ Gostin, L.O. *Global Health Law: Health in a Global Community*. In *Public Health Law: Power, Duty, Restraint*, Revised and Expanded 2nd ed., 229–83. Berkeley: University of California Press; New York: Milbank Memorial Fund (2008).

⁴⁷ Agreement on foreign health policy objectives. Adopted by the Swiss Federal Department of Foreign Affairs and the Swiss Federal Department of Home Affairs in Berne, Switzerland (2006).

⁴⁸ Agreement on foreign health policy objectives. Adopted by the Swiss Federal Department of Foreign Affairs and the Swiss Federal Department of Home Affairs in Berne, Switzerland (2006).

typically means commitment of military forces, and *treasure* means expenditure of public money. The more important the issue, the more blood and treasure get committed. The fall in global health's foreign policy significance will be determined by a health-relevant blood and treasure calculus - whether, and how much, states commit political and economic capital for global health.⁴⁹ The blood calculus involves states deciding how much civilian and military time and energy get tasked with supporting global health. The treasure measure focuses on how much public money states appropriate for global health.

States could limit a fall by establishing a *new normal* through embedding global health interests in foreign policy processes in ways that heighten the likelihood that policy makers consider such interests seriously and routinely. Support for this approach appears in recent country-specific foreign policy strategies on global health, and UN advocacy for more such strategies.⁵⁰

2.3 The Foreign Policy and Human Security Interaction

When the United Nations Development Programme (UNDP) published its 1994 report, nobody expected that the human security concept outlined within it would attract so much attention from politicians and academics alike. This is all the more astonishing as the concept has provoked a lot of criticism ever since its first appearance due to its excoriated analytical ambiguity and its disputed political appropriateness.⁵¹

One of the significant *changes* of human security concepts is that they put special emphasis on a horizontal and vertical extension. Thereby, new types of threats are taken into account with regard to a new referent object. Basically, all these *concepts* have in common

⁴⁹ United Kingdom Department of Health, *Health is Global: An Outcomes Framework for Global Health 2011-2015* (London: Department of Health, 2011); United Kingdom Department of Health.

⁵⁰ United Nations General Assembly, *Global Health and Foreign Policy—Strategic Opportunities and Challenges*, September 23, (2009).

⁵¹ United Nations General Assembly, *Global Health and Foreign Policy—Strategic Opportunities and Challenges*, (September 23, 2009).

that the object of security is not limited to the state but also includes the individual – no matter where he/she lives.⁵² Hence, these concepts implicitly emphasise that the various safety threats must be addressed through multilateral processes and by taking into account the patterns of interdependence that characterize the globalized world.

Advancement of human Security is increasingly becoming a major concern in shaping foreign policy agendas. The International Campaign to Ban Landmines (ICBL) and the Ottawa Treaty as well as the establishment of the International Criminal Court (ICC) cannot be understood without referring to the orientation, coordination and mobilization enabled by this new “political leitmotif”.⁵³ Furthermore, the current debate on state sovereignty and intervention strongly leans on the idea that states bear a responsibility to protect the security of their citizens and – if they fail to do so – have to face serious responses from the international community. Last but not least, Javier Solana triggered a controversial debate on a Human Security Doctrine for the EU.

These limits induced the horizontal broadening of the international security agenda. With proponents of the *Strategic Studies* (in the 1980s) and subsequently furthered by *multilateralists* (in the 1990s) step by step new security concepts emerged, mainly referred to as *extended* or *comprehensive* security concepts. These concepts not only incorporated an economic and environmental dimension, they also took into account a broad spectrum of additional threats to the security of states (e.g. cross-border refugee migration, the spread of epidemics, gross violations of human rights).⁵⁴ Nevertheless, they did not undermine the Realist logic of conventional Security Studies and remained mainly state-centred in that they still focused on the security of the state and its integrity and not so much on the capability.

⁵² United Nations General Assembly, *Global Health and Foreign Policy—Strategic Opportunities and Challenges*, (September 23, 2009)..

⁵³ Debiel, Tobias/Monika Sticht (2005): *Towards a New Profile? Development, Humanitarian and Conflict Resolution NGOs in the Age of Globalization*. Duisburg (INEF Report, 79/2005), pp. 44-57.

⁵⁴ United Nations General Assembly, *Global Health and Foreign Policy—Strategic Opportunities and Challenges*, (September 23, 2009).

2.4 Non-state Actors

Health touches on matters of national and economic interest; it embodies the tensions between national sovereignty, state, non-state and global collective action. Nishtar notes that beyond state actors, the plethora of non-state actors in global health is widely acknowledged. What is less clear is how this diversity of actors contributes to more or less effective global health governance. As Davenport warns, NGOs passionately believe they should be running whatever process is related to the issue around which they are formed.⁵⁵ This makes them better advocates than leaders of a complex legal negotiation, with its give and take and need for consensus.

Abbott states that a number of agreements between national governments are reached not through traditional diplomatic channels but through agreements between agencies in each country.⁵⁶ For example, divisions of the U.S. Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) may enter into separate agreements with a particular country's ministry of health. These agreements can take various forms, such as a memorandum of understanding (MOU) or a cooperative agreement, based on institutional culture and program goals. Although these agreements are technically contracts, generally executed through the U.S. diplomatic mission, the negotiations may take place primarily among technical experts in the respective country agencies.

According to Nishtar, public and private-sector institutions now jointly support dozens of global health partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the GAVI Alliance (launched as the Global Alliance for Vaccines and Immunization); Stop TB; Roll Back Malaria; and the Global Polio Eradication Initiative.⁵⁷

⁵⁵ Nishtar, S. *Public-Private "Partnerships" in Health—A Global Call to Action*. *Health Research Policy and Systems* (2004) 2:5–12.

⁵⁶ Abbott, F.. *The WTO Medicines Decision: World Pharmaceutical Trade and the Protection of Public Health*. *American Journal of International Law* (2005): pp. 317–58.

⁵⁷ Nishtar, S. *Public-Private "Partnerships" in Health—A Global Call to Action*. *Health Research Policy and Systems* (2004) 2:5–12.

These public-private partnerships, generally governed by a board of directors rather than through the consensus process more common among traditional multilaterals, bring a new dimension to the field.⁵⁸

The UN system itself has a number of institutions that have mandates that affect health and policy platforms for health. Beyond the UN Assembly, there are a number of specialized agencies, Funds and Programs, with different governance mechanisms. These include UNICEF largely and intergovernmental agencies (e.g. WHO, ILO). United Nations Children's Fund (UNICEF) works on health issues of children including procurement of medicines.⁵⁹ The United Nations Population Fund (UNFPA) supports countries on population policies both of which are supportive health initiatives.

Global issue diplomacy continues in connection with human immunodeficiency virus infection, children's health and non-communicable diseases – and it is particularly in this area that nongovernmental organizations, foundations and companies have become health diplomats.⁶⁰ Globalization, new donor–recipient relationships, new types of health alliances and the rise of cooperation between low- and middle-income countries have heightened the need for health diplomacy. More long-term negotiation processes for both binding and non-binding agreements are taking place.

The Bill & Melinda Gates Foundation has for example become the second largest donor to the WHO after the United States. As private foundations have become increasingly influential in global health in the 2000s, the spectrum of actors raise new challenges to negotiating public policy interests in health. These include concerns about transparency and conflicts of interest in health policy setting processes, particularly given that some of the private actors in partnerships and the alliances have funds that exceed the contributions to UN

⁵⁸ Nishtar, S. *Public-Private "Partnerships" in Health—A Global Call to Action*. Health Research Policy and Systems (2004) 2:5–12.

⁵⁹ Nowotny T. *Diplomacy and governance*. Piscataway: Transaction Publishers; (2011), p. 29.

⁶⁰ *Ibid*, p. 29.

organisations of member states.⁶¹

Multilateral institutions as well as governments often negotiate with governments or political factions on behalf of vulnerable populations during conflicts. Negotiations that achieved cease-fires for public health activities in the midst of civil wars in El Salvador and Lebanon in the 1980s showed the promise of multistakeholder health diplomacy during conflicts (MacQueen *et al.*).⁶²

Kickbusch *et al.* write that GHD aims to capture “multi-level and multi-actor negotiation processes.” Within the public health community, this need to engage with diverse actors is well-recognised. Analyses of GHD to date suggest that some negotiation, such as the FCTC, have involved diverse actors interacting across the public and private sectors, and different sectors. The foreign policy community, however, has yet to reach such an epiphany in relation to global health, but there are encouraging signs.⁶³ The Group of Eight (G8) countries have addressed health issues to an unprecedented degree over the past decade, and issue specific meetings, such as the International AIDS Conference and the International Workshop on Influenza Pandemic Preparedness and Control held in Beijing, have seen the participation of heads of state. Most notably, the Oslo Declaration is significant as a statement by seven foreign ministers of the need for closer links between global health and foreign policy.⁶⁴

⁶¹ Seatini, Tarsc. *Global Actors in health policy* EQUINET Policy brief number 29, EQUINET, ECSA HC Harare Produced (March 2012).

⁶² MacQueen, G., J. Santa-Barbara, V. Neufeld, S. Yusuf, and R. Horton. 2001. Health and Peace: Time for a New Discipline. *The Lancet* 357(9267):1460.

⁶³ Hotez PJ. *Vaccines as instruments of foreign policy*. EMBO Reports 2001; 2(10): 862-868.

⁶⁴ Packer, Corinne A.A. & Donald Rukare. *The New African Union and Its Constitutive Act*, 96(2). American journal of international law (2002) p. 365.

2.5 Conclusion

The study notes that in the past, ministers of health would take the lead in international health negotiations. As health has gained political clout this has changed: diplomats are called in by their respective countries to take charge and health experts realise that they need to better understand how to negotiate in a highly politicised context. Having the evidence is no longer sufficient – good negotiation skills are part of the road to success.

The study observes that health issues have become increasingly salient in foreign and security policy, while broader developments in these policy fields have at the same time many implications for health both in the World.

CHAPTER THREE

INTERSECTION BETWEEN HUMAN SECURITY AND PUBLIC HEALTH AS ARTICULATED IN DIPLOMATIC ENGAGEMENTS

3.1 Correlation between Diplomacy and Health Issues

Drager and Fidler state that the Severe Acute Respiratory Syndrome (SARS) outbreak of 2003, followed by the 2009 (H1N1) influenza A pandemic, exemplified how quickly emerging infections can spread, costing lives and curtailing travel and trade among interdependent economies. Practitioners and policymakers alike who might once have advocated international health programs now speak of global health.⁶⁵ The increased numbers of commitments to global cooperation in public health surveillance and response have placed new demands on international institutions and legal instruments.

Health Diplomacy occupies the interface between international health assistance and international political relations. It may be defined as a political change agent that meets the dual goals of improving global health while helping repair failures in diplomacy, particularly in conflict areas and resource - poor countries. The CDC has cited health diplomacy as a way of improving trust and providing resources for health protection and promotion around the globe.

According to Mwangi, the discipline of diplomacy has from time to time gone through disciplinary challenges that have sought to make it reflect and address important emerging dimensions in the environment of diplomacy.⁶⁶ These disciplinary challenges have forced diplomacy to address evolving issues. Thus from time to time there has evolved new sub-disciplines of diplomacy.

These have included for example, border diplomacy which seeks to explain the effects

⁶⁵ Drager, N., and D. Fidler. *Foreign Policy, Trade and Health: At the Cutting Edge of Global Health Diplomacy*. Bulletin of the World Health Organization (2007), 3: pp 161-244.

⁶⁶ Makumi, Mwangi. *Diplomacy and Its Relations: Essays on African Perspectives on contemporary diplomacy*. Institute of Diplomacy and International Studies (IDIS). Nairobi, Kenya (2012).

of territorial borders on communities and relations between states; human rights diplomacy which seeks to understand the roles of diplomacy in the context of evolving generations and perspectives of human rights and their effects on the international political system; the diplomacy of trade, which sought to challenge traditional diplomacy in creating and negotiating.⁶⁷

International health diplomacy began in 1851, when European states gathered for the first International Sanitary Conference to discuss cooperation on cholera, plague, and yellow fever. These states had previously dealt with trans-boundary disease transmission through national quarantine policies. The development of railways and the construction of faster ships were among the technological advances that increased pressure on national quarantine systems. However, disease control became a subject of diplomatic discussion as a result of the cholera epidemics that swept through Europe in the first half of the 19th century. National policies not only failed to prevent the spread of the disease but also created discontent among merchants, who bore the brunt of quarantine measures and urged their governments to take international action.⁶⁸ In today's parlance, cholera was an emerging infectious disease that caught Europeans unprepared.

The concept of "medical diplomacy" was introduced as early as 1978 by Peter Bourne, special assistant to the president for health issues during the Carter administration. He argued that "the role of health and medicine as a means for bettering international relations has not been fully explored by the United States. Certain humanitarian issues, especially health, can be the basis for establishing a dialogue and bridging diplomatic barriers because they transcend traditional and more volatile and emotional concerns"⁶⁹ One of the

⁶⁷ Makumi, Mwagiru. *Diplomacy and Its Relations: Essays on African Perspectives on contemporary diplomacy*. Institute of Diplomacy and International Studies (IDIS). Nairobi, Kenya (2012).

⁶⁸ Howard-Jones N. *International public health between the two world wars: the organizational problems*. Geneva, World Health Organization (1978).

⁶⁹ Bourne, P. *A Partnership for International Health Care*. Public Health Reports 93(2): 114-23. CDC (Centers for Disease Control) (1978).

best examples of the close cooperation between the Ministry of Foreign Affairs and the Ministry of Health in Brazil is global policy on (HIV/AIDS), in particular, the access to antiretroviral drugs. The presence of health experts was crucial, since a diplomat when discussing his own field of expertise, such as intellectual property, does not necessarily know about specific aspects of production of drugs in the country or the policies on drug prices.⁷⁰

The greatest responses of the discipline of diplomacy to emerging perspectives happened when it was confronted with the environmental dimensions of the international diplomatic, political and legal systems.⁷¹ The challenges posed for diplomacy by the changing realities of the environment, and its meaning for international law, international relations and diplomacy, leading to the emergence of the sub-disciplines of environmental diplomacy and bio-diplomacy contain lessons for the emerging sub-discipline of global health diplomacy.

Sidibé observes that increasingly we have rightly seen health occupy a more central place in development and on occasion rise to a foreign policy issue of utmost salience. AIDS was the first health issue brought to the UN Security Council and General Assembly.⁷² Today, Ebola is creating diplomatic challenges for African countries as they struggle to limit the horrific damage it is inflicting on their communities and economies.

According to Sidibé, more and more, political actors are deploying soft power as a means to reach agreement on priorities and strategies for global health. In 2007, seven far-sighted Foreign Ministers from Africa, Asia, Latin America and Europe came together to form the Foreign Policy and Global Health Initiative in an attempt to use diplomacy to secure better health for all and to raise the profile of global public health.⁷³ One year later, the UN

⁷⁰ Berridge GR. *Diplomacy. Theory and practice*. London and New York: Palgrave, Macmillan; (2005).

⁷¹ Ibid.

⁷² Sidibé, Michel. *Shaking Up the Global health Architect*. UNAIDS (2015).

⁷³ Ibis.

recognized “the close relationship between foreign policy and global health and their interdependence” in Resolution 63/33.

3.2 Drivers of Global Health Diplomacy

Gautum observes that many Europe countries such as the United Kingdom, Germany, and France as well as Europe’s collective efforts through the European Union (EU) view official development assistance (ODA) and global health contributions as an increasingly critical foreign policy and soft power tool. Europe ODA contributions have greatly increased over time.⁷⁴ Global health assistance in particular has increased dramatically, doubling in size between 2001 and 2007, with 17 percent of that increase occurring from 2007 to 2008.

According to Heather Norwegian ODA and support for global health has increased substantially since 2000, despite recent currency appreciation and a drop in its exports to Europe.⁷⁵ In 2006 Norway played a key role in establishing the initiative for Foreign Policy and Global Health, which in 2007 published the Oslo Ministerial Declaration, and called for a stronger focus on health as a foreign policy issue.

Peng indicates that Japan has been a frontrunner in development assistance, and its state- led development model has effectively transformed Asia from a backwater to the pulsing heart of the global economy. Yet Japanese development assistance for health has lagged behind, despite the large sums of money that Japan has put into official development assistance (ODA) and Japan’s own enviable record of improving its own healthcare system to achieve longevity and well- being for a long time now.⁷⁶

⁷⁴ Gautum, Naik. “Gates Urges Support for Global Health Programs,” Wall Street Journal (2012).

⁷⁵ Heather, Conley and Uttara, Dukkupati. *Leading from Behind in Public- Private Partnerships?* (Washington, DC: CSIS, 2012), p. 7.

⁷⁶ Peng, Lam. *Japan’s Relations with Southeast Asia: The Fukuda Doctrine and Beyond* (London: Routledge, 2012).

Given the centrality of improving health to poverty alleviation, the enthusiasm among the Japanese for spreading the lessons of their own experience, and the increasing dynamism of transnational, intergovernmental, and public-private partnerships, health diplomacy can become a substantial new tool for Japan in the coming years.

Russia's first watershed moment in global health leadership was its presidency of the Group of Eight (G8) in the summer of 2006. Here it placed infectious disease control and prevention firmly on the G8 agenda for the first time, along with monitoring of the health commitments of G8 member states. In preparation for that event, Russia also began to plan its own strategic vision and priorities for foreign aid, culminating in the 2007 publication of a concept paper, "Russia's Participation in International Development Assistance." That Foreign Ministry document, with its thematic focus on health, education, and energy security, was accompanied by an action plan that was never approved.

Bliss notes that when it comes to the United States, the United States Agency for International Development (USAID's) activities in this area began in 2007 with a series of seminars and exchange visits to present best practices in areas including management, budgeting, and disaster assistance. A March 2010 USAID workshop in Budapest also included representatives from new development aid agencies in Turkey, Hungary, the Czech Republic, and Slovakia, with a focus specifically on the challenges new donors face in the start-up phase. Russia-specific sessions in early 2010 and mid-2011 dealt specifically with USAID contracting procedures, and included not only government officials but also representatives from Russia's nongovernmental and private sectors.⁷⁷ Some of these programs sent Russian medical professionals to Botswana, Ethiopia, Namibia, Tanzania, and Uzbekistan to help develop laboratory services and treatment, care, and surveillance for HIV, tuberculosis (TB),

⁷⁷ Bliss, Katherine. *Key Players in Global Health: How Brazil, Russia, India, China, and South Africa Are Influencing the Game*. Washington, DC: CSIS (2010).

and other infectious diseases, with particular success around the development of rabies vaccine production capacity in Ethiopia.

China's expansion of South- South collaborations in health will be firmly grounded in its own successful development and programmatic models. The most impressive initiative under way is the large- scale health care reforms, which aim to achieve universal coverage by 2020.⁷⁸ Liu *et al.*, further notes that the reforms are instructive in understanding how China addresses challenges in its own health sector, as this view will shape approaches to investments and activities abroad.⁷⁹ In addition, the experiences in dealing with such challenges are likely to influence China's position in global health agenda.

China has a three - tiered health care system managed differently for rural and urban areas, where municipal, provincial, and district hospitals and community health centers are the main health care providers in urban areas.⁸⁰ In rural areas, on the other hand, these are replaced by county and township hospitals and village health clinics. China started actively collaborating with the Global Fund in 2003, giving and receiving aid, eventually becoming the country to receive the largest funding. At the same time as receiving, China donated US\$20 million, pledging to increase contributions in 2012 and 2013.⁸¹

International cooperation on health in the Americas takes a variety of forms. Starting in the early twentieth century, private organizations such as the Rockefeller Foundation supported initiatives related to infectious disease control, as well as water and sanitation. In the 1950s, the U.S. government began to complement such private initiatives through support for a range of population and disease control initiatives in the region. Over recent decades,

⁷⁸ Y. Liu *et al.*, "China's health system performance," *The Lancet* 372, no. 9653: (2008) pp. 1914– 1923.

⁷⁹ *Ibid*, pp. 1914– 1923.

⁸⁰ Bliss, Katherine. *Key Players in Global Health: How Brazil, Russia, India, China, and South Africa Are Influencing the Game*. Washington, DC: CSIS (2010), p. 12.

⁸¹ *Ibid*, p. 17.

other donor governments, including Canada, Spain, the Nordic countries, and Japan, have made Latin America and the Caribbean a prime destination for health-related outreach.

3.3 Health Linkage in Foreign Policy

Smith observes that health has long been the subject of diplomacy and cooperation across many areas, including communicable disease control, occupational health and safety standards, and protection from cross-border pollution. However, health has never had the foreign policy profile it obtained in the first decade of the 21st century. Changes in international relations have elevated the political importance of global health for countries, international organizations, non-governmental organizations (NGOs), and multinational corporations (MNCs).⁸² This phenomenon has allowed global health to become more of a strategic foreign policy concern.

The foreign policy efforts to address global health issues have had mixed results. This situation has generated interest in both policy communities to strengthen the relationship between global health and foreign policy in order to develop and maintain more effective collective action on global health challenges.

As nations integrate health into their broader foreign policy strategies, traditional population health concerns join other goals, which in turn create the need for new resources. Stakeholders look to global health diplomacy as a means to accomplish a variety of outcomes, from the aspirational to the purely pragmatic. One result is the larger number of health actors. To counter the effects of disease burdens on economic development, wealthy donors have dramatically increased their willingness to pool and project resources for health. Indeed, the outpouring of new health assistance from governments and philanthropists over the last decade has set the stage for major new public-private partnerships and global health

⁸² Smith, R. *Global change and health: Mapping the challenges of global non-healthcare influences on health* (2008).

initiatives, a profusion that has elicited calls for more formal global health governance.⁸³

Global health concerns also appeared on foreign policy agendas when health initiatives created controversies because of diverging health and economic interests. Friction between trade and health has arisen within the World Trade Organization (WTO) in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and/or trade concerns also complicated advocacy for better collective action against the pandemics of tobacco-related diseases and childhood and adult obesity, and the “brain drain” of health care workers leaving low-income countries for employment in high-income nations.⁸⁴

According to Gostin, health problems also affected foreign policy’s involvement in development, which forced foreign policy makers to understand health’s growing importance to economic and social development.⁸⁵

The UN’s eight Millennium Development Goals (MDGs) contain three health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality, and environmental sustainability).⁸⁶ The macroeconomic case for health being located at the center for development policy further raised health’s profile in foreign policy’s management of development strategies. The most recent and possibly the first - such policy document has been developed in Switzerland, where a joint strategic approach to global health was developed by the Departments of the Interior (represented by the Swiss Federal Office of Public Health) and the Department of Foreign Affairs. This

⁸³ Smith, R. *Global change and health: Mapping the challenges of global non-healthcare influences on health* (2008).

⁸⁴ Aginam, O. *Global Health Governance, Intellectual Property and Access to Essential Medicines: Opportunities and Impediments for South-South Cooperation*. Global Health Governance (2010), p. 4.

⁸⁵ Gostin, L.O. *Global Health Law: Health in a Global Community*. In *Public Health Law: Power, Duty, Restraint*, Revised and Expanded 2nd ed., 229–83. Berkeley: University of California Press; New York: Milbank Memorial Fund (2008), pp. 77-80.

⁸⁶ *Ibid*, pp. 77-80.

document, *Agreement on foreign health policy objectives*, was presented to the Swiss Federal Council (the government cabinet) in October 2006.⁸⁷

The reviewed literature revealed that international spread of infectious disease outbreaks has clearly illustrated their political and economic ramifications and how political and economic decisions can influence their emergence and movement across national borders. Similarly, non-communicable diseases are becoming an increasingly important global health problem, and recognition of their political, economic and social determinants and cross-border implications is growing.⁸⁸ Public health authorities traditionally respond to emerging infectious disease outbreaks that result from a breach in the species barrier between animals and humans with an emergency response once the infections have been detected.

Health diplomats are global leader in the practice of health diplomacy within complex multi-stakeholder environments. Some of our current projects include: Development of HIV/AIDS good practice guidelines for health professionals in resource poor countries, global health security and uncovered regions, and governmental advocacy campaign for International Health Regulations (IHR).⁸⁹

The Group of Eight (G8) countries have addressed health issues to an unprecedented degree over the past decade, and issue specific meetings, such as the International AIDS Conference and the International Workshop on Influenza Pandemic Preparedness and Control held in Beijing, have seen the participation of heads of state.⁹⁰ Most notably, the Oslo Declaration is significant as a statement by seven foreign ministers of the need for closer links between global health and foreign policy.

⁸⁷ Agreement on foreign health policy objectives. Adopted by the Swiss Federal Department of Foreign Affairs and the Swiss Federal Department of Home Affairs in Berne, Switzerland (2006), p. 91.

⁸⁸ Agreement on foreign health policy objectives. Adopted by the Swiss Federal Department of Foreign Affairs and the Swiss Federal Department of Home Affairs in Berne, Switzerland (2006), p. 91.

⁸⁹ Hotez P.J. *Vaccines as instruments of foreign policy*. EMBO Reports (2001); 2(10): 862-868.

⁹⁰ Packer, Corinne A.A. & Donald Rukare. *The New African Union and Its Constitutive Act*, 96(2) American Journal Of International Law (2002) p. 365.

3.4 Challenges of Global Health Governance

Zhu argues that a revolution in global health has occurred in the past ten to fifteen years, resulting in the creation of radically new regimes, an unprecedented growth in funding for global health, and the growing influence of policymakers, activists, and philanthropists who viewed global health as a foreign policy issue of first-order importance.⁹¹ Nevertheless, many deficiencies remain in global health governance, which create suboptimal outcomes for individual and population health.

Blumenthal and Hsiao suggest that the use of long-standing institutions and well-established international legal regimes relevant to global health, new programs and initiatives emerged, opening the door to both competition and cooperation among states, intergovernmental organizations (IGOs), and non-state actors.⁹² Global health governance innovations include new legal frameworks, public-private partnerships, national programs, innovative financing mechanisms, and greater engagement by nongovernmental organizations, philanthropic foundations, and multinational corporations.

Global health transformations have produced a complicated governance landscape, composed of overlapping and sometimes competing regime clusters that involve multiple players addressing different health problems through diverse processes and principles. Together, these regime clusters form a global health governance regime complex in which states, intergovernmental organizations, and non-state actors apply old and new institutions, rules, and processes to strengthen collective action against health threats.

Although unprecedented in international cooperation on health, the current regime complex for global health governance suffers from defects that many experts believe are responsible for suboptimal outcomes for individual and population health. These defects include failures to prevent health problems from becoming global dangers, to produce

⁹¹ Zhu, Chen. "Policy Briefing on China's Health Care Reform," Ministry of Health, Beijing, (February, 2012).

⁹² D. Blumenthal and W. Hsiao (2005), "Privatization and Its Discontents: The Evolving Chinese Health Care System," *New England Journal of Medicine* 353: pp 1165– 1170.

effective responses to global health threats, to implement important treaties on global health, to develop stronger health systems in developing countries, and to stimulate sufficient progress on social determinants of health. Many proposals for addressing these defects assume that global health's importance in world affairs will continue at the same level or increase, but the potential for far-reaching reforms in global health governance in the next decade are minimal for many reasons.

The United States will influence how cooperation on health unfolds in the twenty-first century. It provided leadership in the global health governance revolution through expanded foreign assistance, bilateral engagements, regional initiatives, and participation in multilateral organizations. However, without more effective strategies and better policy implementation, the U.S. role in the next phase of global health governance will diminish under the pressures of competing priorities and shrinking financial resources.⁹³ To provide leadership over the course of the next decade, the United States should take the following steps to improve global health governance.

3.5 Conclusion

The study notes that in thinking about both definitional and operational issues related to health and foreign policy, it is important to note an inherent tension between the use of foreign policy in foreign policy for achieving better global health outcomes, and the use of health as a tool for achieving foreign policy goals.

The literature shows that health proponents have focused on the former, hoping that the foreign policy recognition and diplomatic activity in this area will help raise the policy profile of global health.

⁹³ Q. Meng *et al.* "Mobility of primary health care workers in China," *Human Resources for Health*. (2009) 7: p 24.

Finally, links between human security, public health in foreign policy and development are increasingly being made, lending further impetus to the effort to understand the place of health in the policy agenda and ensure that health issues receive appropriate consideration.

CHAPTER FOUR

KENYA'S FOREIGN POLICY AND THE PLACE OF DIPLOMACY IN PUBLIC HEALTH

4.1 Introduction

This chapter focuses on the demographic information of the respondents, presentations, interpretations and discussion of the research findings. The presentations were done based on the research objectives. The study sought to examine the intersection between human security and public health in the Kenya's foreign policy.

The collected data was sorted and analysed using document analysis and contents analysis techniques, based on the emerging issues under study. The outcomes of the study were presented in histograms, tables and narrative form.

This study aims to contribute and generate new knowledge and evidence on the effectiveness of health promotion polices that could be sufficiently applied by public health experts.

4.2 Questionnaire return rate

The response rate is the proportion of the questionnaire returned after they have been issued to the respondents. In this study, out of the 40 questionnaires issued to participants in the Ministry of Foreign Affairs, Ministry of Interior and Internal Security, Ministry of Health, Ministry of Defence and other experts, all of them (100%) were returned.

This percentage return rate was above the recommended 80% by Borg, & Gall, and hence deemed adequate for the study.⁹⁴ Response rate (also known as completion rate or return rate) in survey research refers to the number of people whom answered the survey divided by the number of people in the sample. It is usually expressed in the form of a percentage.

⁹⁴ Borg, R. & Gall, D. *Education Research*. 6th Edition. New York Longman Inc (1996).

4.3 Respondent Interpretation of Human Security & Public Health in Foreign Policy

Most participants stated; *that the term health security is often used to describe preparedness for and response to serious health incidents that are cross-border in nature and that pose a risk to security, destabilize economies, disrupt social cohesion, and affect the critical business of government.*

Their views were supported by other authors, such as, example, Ronald defines diplomacy, as the art and practice of conducting negotiations between representative of groups or states. It is also concerned with the management of relations between states and between states and other actors. From a state perspective diplomacy is concerned with advising, shaping and implementing foreign policy.⁹⁵

Table 1: Health as an aspect of security

Response	Frequency	Percentage
1 = Very much	10	25
2 = Moderate	20	50
3 = A little	5	12.5
4 = Not at all	5	12.5
Total	40	100

Table 1 shows that majority of the respondents (75%) felt that health was an aspect of security, and illustrated that health touches on matters of national security and socio-economic interest. The participants' observations are supported by various authors who point that health mainly refers to those health issues which transcend national boundaries and governments and call for actions on the global forces that determine the health of people.

⁹⁵ Ronald, Peter Barton. *Modern Dipomacy*. Publisher, Pearson Longman (2006).

Increasingly the negotiations on global health matters are not only conducted between public health experts representing health ministries of nation states but include a growing array of other major players in the global arena.⁹⁶ Dodgson, Lee and Drager, states that health governance refers to actions and means adopted by a society to organize itself in the promotion and protection of the health of its population.⁹⁷ According to Kickbusch, Global Health Diplomacy refers to the multi-level negotiation processes that shape and manage the global policy environment for health. Ideally these result in both better health security and population health outcomes for each of the countries involved as well as improving the relations between states.⁹⁸

Beal states that the end of the Cold War highlighted the limitations of the narrow paradigm that had conceived of security purely in terms of inter-state violence. In the context of the evolving international security setting, states are no longer the exclusive determinants of security.⁹⁹ Beal observes that even citizens have no confidence in the ability of governments to protect them at all times.

McInnes and Lee observe that historically, health security has occupied the lower echelons of national priorities. Over the past decade, however, national policy-makers have increasingly recognized the deleterious impacts that health crises may have on national interests.¹⁰⁰ At the moment particular health issues occasionally have been elevated within national agendas, especially if they are perceived as threats to national security.

Bonnel cites that as the 1994 UNDP report explains, human security is a comprehensive concept. Within that framework, access to basic health services has been identified as one of the priority issues. A person's health is a central pillar not only to the

⁹⁶ Kickbusch Ilona, W. Hein. "Global Health Diplomacy" Welche Rolle spielt Deutschland (2009).

⁹⁷ Richard Dodgson, Kelley Lee and Nick Drager. *Centre on Global Change & Health. Dept of Health & Development.* London School of Hygiene (2002).

⁹⁸ Kickbusch I. *Global health governance: some new theoretical considerations on the new political space.* In: Lee K, ed. *Globalization and health.* London: Palgrave; (2003), pp. 192-203.

⁹⁹ Beal, Clifford. 'Everything Has Changed... Nothing Has Changed', (2002) Vol. 38, No. 11, pp. 8 - 9.

¹⁰⁰ C McInnes, and K Lee. *Health, security and foreign policy.* Rev Int Stud; (2006), pp. Vol. 32: 5-23.

quality of his life but also to his very survival. It is not difficult for anyone to understand how health challenges impact the ability to earn a living, care for our families, and learn the skills necessary to live to the fullest potential.¹⁰¹ Yet, in many countries, basic lifesaving prevention and treatment are not available to large segments of the population, leading to soaring levels of lost productivity and unthinkable rates of preventable death.

The respondents further noted that despite this, few countries seem to have addressed this by seeking greater coherence “at home” between foreign policy and health policy through national global health strategies that bring together different ministries concerned with human security, domestic and global issues so they can speak with one voice in the global arena.

Critical to global health diplomacy is the relationship between health and foreign policy. Even though much of what affects health today is transnational in nature, countries remain core actors that must reorient their health and foreign policies in ways that align their national interests with the diplomatic, epidemiological and ethical realities of a globalized world.¹⁰² This alignment involves governments adjusting to globalization by overcoming fragmented policy competencies in national governance systems.

The concept of “medical diplomacy” was introduced as early as 1978 by Peter Bourne, special assistant to the president for health issues during the Carter administration. He argued that, the role of health and medicine as a means for bettering international relations has not been fully explored by the United States. Certain humanitarian issues, especially health, can be the basis for establishing a dialogue and bridging diplomatic barriers because they transcend traditional and more volatile and emotional concerns.¹⁰³

In recent years, health has risen as a strategic foreign policy and diplomatic concern

¹⁰¹ Bonnel, Renel. “*Economic Analysis of HIV/AIDS*,” ADF Background Paper, World Bank (2000).

¹⁰² Indiana University School of Law. Bloomington, IN, USA (2006).

¹⁰³ Drager, N., and D. Fidler. *Foreign Policy, Trade and Health: At the Cutting Edge of Global Health Diplomacy*. Bulletin of the World Health Organization (2007), pp. 161–244.

for many countries and regions of the world. One prominent example of the increased attention given to this area is the Oslo Declaration, signed in 2006 by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand.¹⁰⁴ Public health experts may act without awareness of larger diplomatic strategies or tensions that may be at play.¹⁰⁵

4.4 Demographic data

4.4.1 Occupation

The respondents indicated their occupation as shown in figure 1.

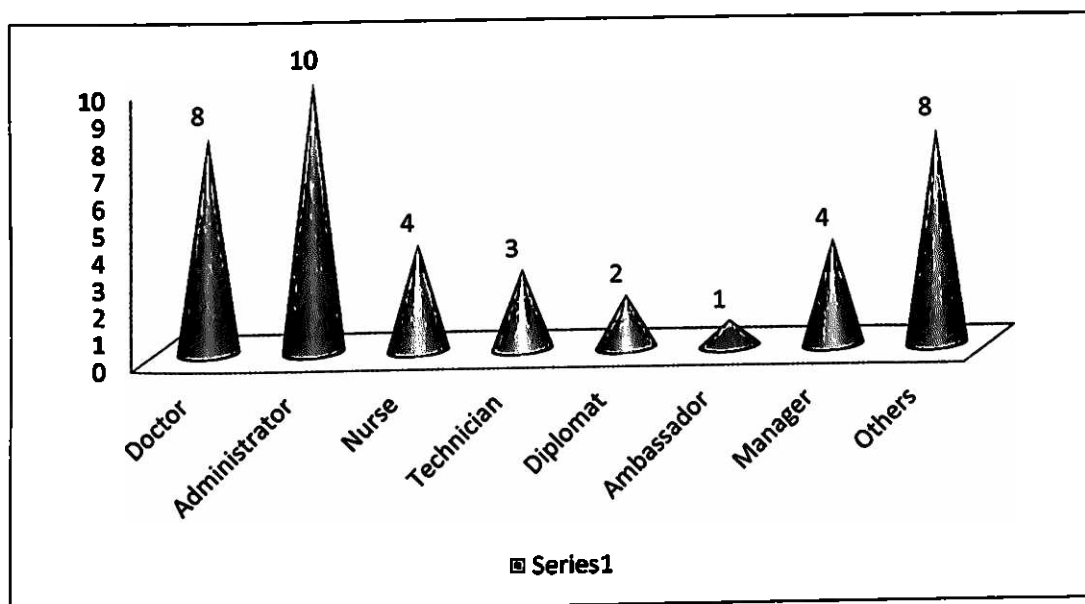


Figure 1: Occupation of Respondents

Figure 1 shows the distribution of occupation of respondents as administrator (10), doctor (8), others (10), nurse (4), manager (4), technician (3), diplomat (2), and ambassador (1). These were practitioners from the security sector and ministry of foreign affairs who were expected to have knowledge of the subject under study.

¹⁰⁴ Fidler, D., *Health and Foreign Policy: Vital Signs. The World Today* (2009) p. 65.

¹⁰⁵ Adams, V., T. Novotny, and H. Leslie. *Global Health Diplomacy. Medical Anthropology* 27(2008):315–23.

4.4.2 Ministry

The respondents indicated their ministry as shown in figure 2.

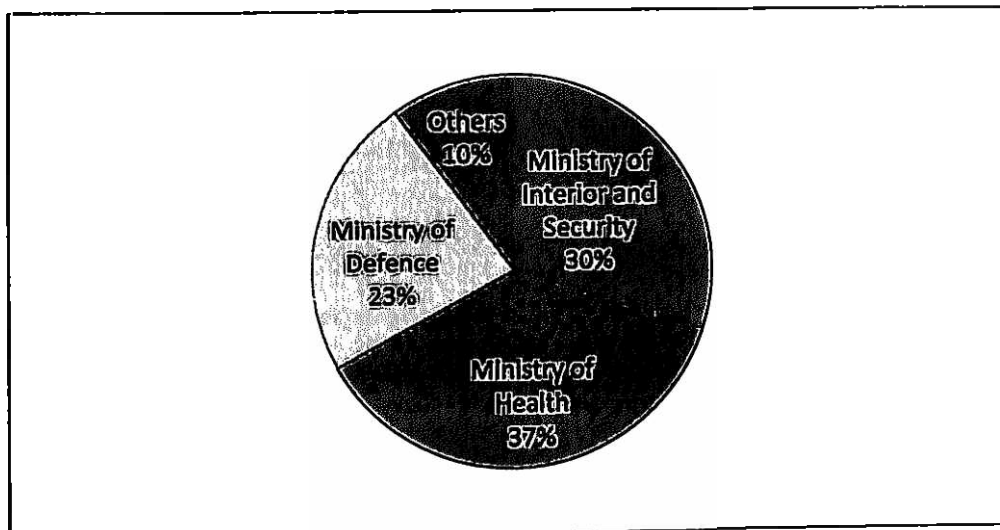


Figure 2: Ministry of Respondents

Figure 2 shows occupation of respondents per ministry as ministry of health (37%), ministry of interior and security (30%), ministry of defence (23%) and others (10%). The study found that the ministry of health personnel were actively involved in issues of global health, and hence were better placed to better articulate human security and public health matters in the Kenya's foreign policy.

4.4.3 Designation

The respondents indicated their designation as shown in figure 3.

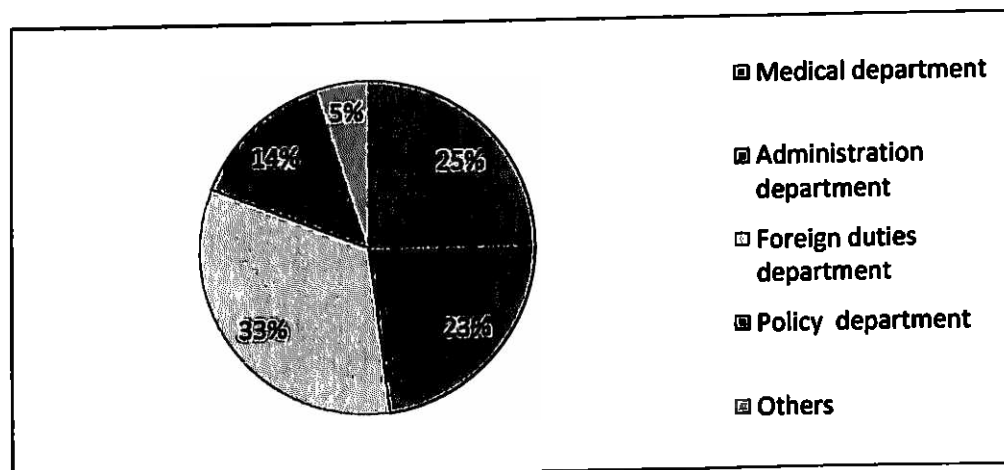


Figure 3: Designation of Respondents

Figure 3 indicates the designation of respondents. 33% were in foreign duties department while the rest were in the medical, policy and administration departments. Those who had served in foreign missions were more aware of the role diplomacy may play in promoting security and public health.

4.4.4 Duration

Table 2: Duration of respondents

Duration (years)	Frequency	Percentage (%)
1 – 6	3	8
7 – 12	4	10
13 – 18	8	20
19 – 24	10	27
25 – 30	6	17
31 – 36	5	13
Above 37	2	5
Total	38	100

The table 2 shows that majority of the respondents had been at least 25 – 30 years (17%) in service, while the lowest numbers had served 1 – 6 years (8%) respectively. A longer duration of stay in the office was interpreted as an advantage to most of the respondents, as they were expected to have a better understanding of Kenya's foreign policy.

4.5 The Intersection between Human Security and Public Health in Foreign Policy
 The response scale was Where 1 = Very much; 2 = Moderate; 3 = A little; 4 = Not at all, respectively.

Table 3: Awareness

Response	Frequency	Percentage (%)
1 = Very much	16	40
2 = Moderate	20	50
3 = A little	4	10
4 = Not at all	0	0
Total	40	100

The table 3 shows that majority of the respondents (90%) felt that there was moderate to strong linkage between human security and public health. The majority stated that, *in recent years, health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world.* Others stated that, *conditions of insecurity whether caused by sudden crises or chronic deprivations, lead to health deterioration and diminish people's capacity to achieve and maintain their greatest level of health and wellbeing.*

The study therefore found that human security aims to strengthen the interface between protection and empowerment. In the context of public health, a protection approach aims to strengthen institutions in a society to prevent, monitor, and anticipate health threats.

The respondents were also asked if there was a connection between security and a country's foreign policy. The range was very much (1) to not at all (5). The study revealed that the respondents strongly agreed (60%), agreed (30%) and others were undecided (10%). The majority of the respondents (60%) noted that foreign policy is designed to protect the national interests of the state. Modern foreign policy has become quite complex. In the past, foreign policy may have concerned itself primarily with policies solely related to national

interest for example, security, military power or treaties.

Other respondents felt that recent and far-reaching security changes in the world present a challenge to leaders who make foreign policy, as well as to those who study foreign policy. The study found that the effect of security on the foreign policy of a receiving country is determined by a number of considerations: if the numbers of immigrants are small or they are otherwise easily assimilated into society, the impacts on the foreign policy of the host country are likely to be small; if security gain entry through the appropriate legal processes, the effect on foreign policy also may be negligible.

The interests of the society for which government has to concern itself are basically those of its military security, the integrity of its political life and the well-being of its people. These needs have no moral quality. They arise from the very existence of the national state in question and from the status of national sovereignty it enjoys. They are the unavoidable necessities of a national existence and therefore not subject to classification as either "good" or "bad." They may be questioned from a detached philosophic point of view.

The respondents were asked on diplomacy as a tool of international public health promotion. The study found that the respondents indicated very much (20%), moderate (50%), a little (10%), and (20%) not at all. The (50%) stated that, *accelerated globalization has produced obvious changes in diplomatic purposes and practices. Health issues have become increasingly preeminent in the evolving global diplomacy agenda. More leaders in academia and policy are thinking about how to structure and utilize diplomacy in pursuit of global health goals.*

Majority stated that, *in recent years, health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world.* Others stated that, *conditions of insecurity whether caused by sudden crises or chronic deprivations, lead to health deterioration and diminish people's capacity to achieve and maintain their greatest*

level of health and wellbeing.

The study found that as nations integrate health into their broader foreign policy strategies, traditional population health concerns join other goals, which in turn create the need for new resources. Stakeholders look to global health diplomacy as a means to accomplish a variety of outcomes, from the aspirational to the purely pragmatic. One result is the larger number of health actors. To counter the effects of disease burdens on economic development, wealthy donors have dramatically increased their willingness to pool and project resources for health. Indeed, the outpouring of new health assistance from governments and philanthropists over the last decade has set the stage for major new public-private partnerships and global health initiatives, a profusion that has elicited calls for more formal global health governance.

The study further found that health has entered the realm of foreign policy due to national security concerns and as a soft power mechanism to serve geopolitical interests. However, the foreign policies of countries also and increasingly serve the goals of health—this is beginning to be more recognized in the literature. For example, to enhance development, diplomats have negotiated international agreements such as the Millennium Development Goals and RIO+20; they have also contributed to the negotiation of major health agreements such as the Framework Convention on Tobacco Control and are instrumental in the creation of many major global health alliances.

The study revealed that today, diplomats play a critical role in the creation and management of global partnerships for health that cover a wide variety of actors. Global health diplomacy builds on this notion of diplomacy as being engaged in the management of globalization and tries to capture multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health. Given the interdisciplinary nature of the young field, a literature review on global health diplomacy requires the consideration of

introductions to diplomacy, global health, and global health governance.

Globalization has changed traditional ways of conceptualizing and organizing the medical, economic, political, and technological means to improve health. The rise of health as a foreign policy concern reflects this development and the challenge of moving toward a new global social contract for health.

Global health diplomacy can be seen as a process of social involvement of a wide array of actors at different levels of governance. If well conducted, this process leads to better population health outcomes for all countries. For this purpose global health diplomacy seeks to position health in foreign policy negotiations with the aim of creating new forms of governance that either stimulate progress within the global health system (global health governance) or help to improve health through the actions of actors in other global policy-making arenas (global governance for health). The general overviews presented here take this two-fold governance challenge into account when describing the intersectoral and interdisciplinary nature of global health diplomacy as well as discussing its value base.

In a new era of global health diplomacy, the most important tool for decision-making is negotiation. Globalization is binding countries, issues and people together as never before.

In the domain of public health, traditional international concerns like the spread of infectious diseases have been joined by new concerns and challenges in managing the health impacts of trade and intellectual property rights, and by new opportunities to create effective global public health agreements and programs.

In study also noted that in order to address the major health crises of today and to prevent or mitigate them in the future, countries must seek collective agreement and action within and across their borders. However, the world of international negotiation is not the world in which health decision-makers reside or are most comfortable. The goal of this approach is to provide health policy-makers with practical information and negotiation tools,

to help them create better international health agreements and programs.

4.6 Diplomatic Engagements

Table 4: Human Security and Public Health in Kenya's Foreign Policy

Response	Frequency	Percentage (%)
1 = Very much	0	0
2 = Moderate	4	10
3 = A little	16	40
4 = Not at all	20	50
Total	40	100

The table 4 shows that 90 % of respondents indicated that Kenya's foreign policy does not articulate public health concerns as stipulated in the hypothesis.

In looking at whether diplomatic personnel should include health diplomacy, most respondents were in agreement, as they stated that health was one of the first trans-boundary challenges which currently employ a new diplomatic mechanism – but they felt that this aspect of health, important as it was, it was non-the-less, not well articulated when it came to Kenya's foreign policy document.

In addition, the respondents felt that the new health diplomats included the Acquired Immunodeficiency Syndrome (AIDS) activists and the representatives of the development agencies, for them the institutionalized form of the World Health Organization (WHO) did not deliver what was necessary-neither the capacity to implement programmes nor the political clout to affect change.

Majority of the respondents had read Kenya's new foreign policy document, and stated that,

as a result of the latest document (Kenya's foreign policy 2015) Kenya's external relations and consolidate contribution of the Kenyan diaspora to the country's development. The new foreign policy was pegged on five pillars – economic diplomacy, peace diplomacy, environmental diplomacy, cultural diplomacy and Diaspora diplomacy. The majority (80%) of respondents felt that the new foreign policy document 2015 does not clearly articulate health issues.

4.7 Determine Kenya's Foreign Policy in Promoting Public Health

According to the respondents the strengthening of response preparedness for global health threats has gained increasing attention on both public health and security agendas. Since the end of the Cold War, a majority of new wars have taken place within, rather than among, nation states and it has become increasingly clear that people cannot be protected solely through military defense of national borders. Similarly, an improved understanding of human development has highlighted numerous neglected insecurities that are faced daily by poor and marginalized individuals and communities. Increased globalization has also generated new risks and vulnerabilities, not only for those in developing nations, but for all, in a growing and ever more interconnected world.

The human security framework offers a novel approach for addressing various global issues, including global public health, that have stemmed from an imbalanced focus on economic development alone. It enables the development of people-centred initiatives, sound policy formulation and implementation, and a solid basis for international co-operation and multi-sectoral partnerships. Besides highlighting the problem of resources, this article also examines some of the issues and challenges that states and societies face as they respond to the multiplicity of problems related to global public health and human security.

The ministry of health has realized that a functioning health systems are the bedrock of global public health security. Their objective is to provide the highest level of health protection and healthcare across the population and to act as the first line of disease surveillance, for both infectious and chronic diseases. However, health systems can become rapidly overwhelmed. Additionally, more often than not, the power of modern health interventions, tools and technologies is simply not matched by the power of local systems to deliver services to those in greatest need, in a comprehensive way and on an adequate scale. Health systems are highly context-specific, and hence there is no single set of best practices that can be put forward as a model for best performance. However, they can be studied in terms of how they are regulated, governed and funded, and how services are provided, accessed and utilized.

Weak health systems disproportionately impact the poor, as they are given less respect, less access to information, less choice of providers and lower quality amenities. Indeed, a lack of access to healthcare, as well as disparities in quality of care provided, magnify social divides between males and females, rich and poor families, urban and rural areas, and indigenous and non-indigenous peoples and, by extension, ensure the continued impoverishment of those who are denied health services.

The majority of the respondents from the Ministry of foreign affairs also stated that factors contributing to weak health systems include a lack of resources and poor health infrastructure, resulting from under-investment or because the existing infrastructure has been damaged or destroyed by armed conflict or natural disasters. In addition to financial limitations, health system constraints such as shortage of health workers and support staff, and weak supply-chain management, significantly hamper the implementation and expansion of health interventions.

In Kenya for example, there is presently a shortage of doctors, midwives, nurses and health support staff. Other major challenges include inadequate payment, motivation, training and supervision, as well as poor working environments. Furthermore, while appropriate local health information and data often do exist, they are often not utilized by policy makers or policy analysts, either because they do not have access to the information or because the appropriate data has not been used to answer important questions about health system performance.

The study therefore found that health system strengthening is a long-term continuous process of implementing effective changes in policies and management within the health sector. It requires both technical and political knowledge, and sustained action. While a majority of the now-developed countries built up universal services from a patchwork of public, private for-profit and charitable providers, this challenge now exists for many developing countries. The urgency of this matter is apparent, since the effectiveness of international collaborations, partnerships and networks, whose role it is to identify and respond to disease outbreaks in the coming decades, depends on the alertness and response capacities of the weakest health systems.

Recent studies have indicated that reducing bureaucracy by streamlining management, increasing cost-effectiveness, and improving efficiency through re-organizing services, decentralizing, and allocating resources to better address the needs of the population, result in sustainable strengthening of a health system.

Vast improvement can be achieved by introducing standards, norms, accountability and transparency, through international health law, ensuring rapid public-private responses, and sharing and translation of available knowledge. Apart from increased international and regional cooperation, it is essential that strengthening health systems also includes better targeting for budget allocation – available resources are not always optimally allocated, as

funds tend to be directed to high-tech and high-cost curative services that benefit a select few in urban areas.

Similarly, for the human elements of capacity building, key constraints related to health worker staffing, quality control, infrastructure and logistics must be addressed, including ensuring high standards of safety, comprehensive bio-risk management and expanded health worker training. From the technical and operational angles the focus must also extend to laboratory infrastructure, technology/equipment use and maintenance, bio-specimen storage and transport and access to reference strains for specific diseases.

The study further acknowledged that research is a critical part of any effort to improve global public health. Local research capacity strengthening is indeed a vital tool in developing local ownership and improving long-term sustainability of any health project. Biomedical and technological innovations cannot improve people's health without research to find out how to apply the new products and technologies within diverse political, social, economic and environmental contexts. There is also a need to undertake research on social interventions aimed at improving public health – for example, those aimed at housing, welfare, employment, fiscal, transport and other policies and interventions – forming part of the cross-disciplinary fields of political epidemiology and social epidemiology. Moreover, functioning local health systems require good communication and transportation networks.

In addition, the study established that research for health can make a major contribution to global public health security and, more generally, to global development agendas. Evidence-informed health policy that will maximize the synergies between research and policy is dependent upon generating improved ways of priority setting, as well as advances in problem-based planning and resource allocation.

In moving forward, evaluation of existing health systems is an important step toward identifying capabilities, critical gaps, and areas where local, national and international

priorities overlap. It is vital for countries to now move beyond pure rhetoric, and to participate more fully and more seriously in the principle of a global public health security regime – the One World & One Health – utilizing a global public goods (GPGs) approach.

A GPG is defined as having non-excludable, non-rival benefits that cut across borders, generations and populations. Each nation's capacity to prevent and manage public health emergencies, and to take part in joint initiatives with other countries, is vital to decreasing health vulnerabilities, increasing health security, broadening partnerships and building diplomatic relations. A global approach takes into account that diseases do not recognize national boundaries and as a result policies and some interventions need also transcend political borders.

Treating public health as a GPG implies that society must ensure that the value of health is understood as a key dimension of global citizenship and keep it high on the global political agenda, as the provision of global public goods should have priority over national and sector-specific interests. Hence, there is a need to build and maintain a sense of global community, commitment and partnership. Indeed, approaching public health security within a context of collective global solidarity enhances the security of all. Global public health efforts are likely to flounder unless, and until, nation states cooperate in combining their national interests with a more inclusive GPGs approach, in order to provide more efficient and sustainable policies and strategies.

In conclusion the study found that the global public health security concept may provide a new way of working collaboratively and sustainably towards a common goal, embracing human rights and well-being, rather than only enlightened national self-interest. With the goal of human security in mind, the global community is now faced with novel opportunities, as well as challenges, in moving beyond the health securitization rhetoric to improving health for all. There is now a unique opportunity to build upon and strengthen

existing health systems using a human security framework, in order to improve the organization, resource management, technical guidance, monitoring, evaluation, capacity and overall mechanics of health care. This is ultimately where the key challenge exists – from establishing the global public health security framework to operationalizing it.

4.8 Conclusion

The study literature review indicated that recently there have been new attempts to embark on a debate as to which values should drive global public health action. These values are reflected in discussions around the impact of globalization, human rights, global public goods, global solidarity and global social contracts. Whilst connecting health more directly to the self-interests of states in security, economic well-being and development has been a necessary starting point, it is not a sufficient step along the road to greater global public health security.

This study finds that the literature on the links between the environment and security is useful for its methodological discussions. In particular the literature engages with the question of how to test the theory that the environment (or health) may affect security.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Findings

The study sought to examine the intersection between human security and public health in the Kenya's foreign policy and diplomacy. The study specifically aims to; examine and analyze the intersection between human security, public health in foreign policy. To examine and analyze how this intersection is articulated in diplomatic engagements, and to examine and analyze and determine Kenya's foreign policy in promoting public health.

In this study, out of the 40 (100%) questionnaires issued to in the Ministry of Foreign Affairs, Ministry of Interior and Security, Ministry of Health, Ministry of Defence and others expects, all of them (100%) were returned.

The figure 1 found that occupation of respondents as administrator (10), doctor (8), others (10), nurse (4), manager (4), technician (3), diplomat (2), and ambassador (1). Most of this respondents were Ministry of Interior and Security, Ministry of Health, Ministry of Defence and others practitioners. The respondents were asked if health is a component of security. The study found that most of the respondents indicated very much (40%), moderate (50%), a little (10%), and (0%) not at all.

The study found that majority of the respondents (60%) noted that foreign policy is designed to protect the national interests of the state. Modern foreign policy has become quite complex. In the past, foreign policy may have concerned itself primarily with policies solely related to national interest for example, security, military power or treaties.

In recent years, health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world. One prominent example of the increased attention given to this area is the Oslo Declaration, signed in 2006 by the Ministers of

Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand.¹⁰⁶

According to Okazaki *et al.*, human security aims to strengthen the interface between protection and empowerment. In the context of public health, a protection approach aims to strengthen institutions in a society to prevent, monitor, and anticipate health threats.¹⁰⁷ As a result an empowerment approach aims to enhance the capacity of individuals and communities to assume responsibility for their own health. Therefore it would be safe to state that human security and public health are deeply interconnected.

The Pan African Health Organization observes that the principles and practices underlying human security and public health approaches are also deeply related. Human security and public health both conceive of population threats broadly and seek to proactively address and prevent their root causes are often called social determinants, rather than treat their consequences. Furthermore, the parallels between these approaches provide an aligning process to exercise the essential public health function of health promotion, and to strengthen the provision of services and the stewardship role of the public health system.¹⁰⁸ Human security aims at the satisfaction of the basic freedoms for all, and, as a consequence, it provides health an active role in development and human security.

Public health can also further advance human security by providing a natural basis for understanding the concept of human security, clearing up the concerns around its application, giving it the proper delineation from national security concerns, and illustrating its practice and added value.¹⁰⁹ The UN Security Council considers HIV/AIDS a threat to international peace and security. Strategic visions of reforming the United Nations prominently

¹⁰⁶ Fidler, D., 2009. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2).

¹⁰⁷ Okazaki I, Watanabe T, Kinoue T, Watanabe Y. Infectious disease and human security In: Strategic Peace and International Affairs Research Institute, Tokai University, ed. Human security in the 21st century. Tokyo: Tokai University Press, 2007: 105–17.

¹⁰⁸ Ibid.

¹⁰⁹ Pan African Health Organization (2014), Health and Human Security. World Health Organization, United Nations.

emphasized the importance of public health to the concept of "comprehensive collective security." The World Health Organization (WHO) presented its new strategy against the global threat of communicable diseases as one that would strengthen "global health security."¹¹⁰ Therefore increasing threats individuals and populations face from different disease problems directly connected public health with the human security concept.

The study applied Liberalism theory, in order to examine the intersection between human security and public health in the Kenyans foreign policy and diplomacy. This theory has its roots lie in the broader liberal thought originating in the Enlightenment. The central issues that it seeks to address are the problems of achieving lasting peace and cooperation in international relations, and the various methods that could contribute to their achievement.

Liberal international relations (IR) theory elaborates the insight that state-society relations, the relationship of states to the domestic and transnational social context in which they are embedded - have a fundamental impact on state behaviour in world politics.

Societal ideas, interests, and institutions influence state behaviour by shaping state preferences, that is, the fundamental social purposes underlying the strategic calculations of governments. For liberals, the configuration of state preferences matters most in world politics - not, as realists argue, the configuration of capabilities and not, as institutionalists (that is, functional regime theorists) maintain, the configuration of information and institutions.

This study codifies this basic liberal insight in the form of three core theoretical assumptions, derives from them three variants of liberal theory, and demonstrates that the existence of a coherent liberal theory has significant theoretical, methodological, and empirical implications. Restated in this way, liberal theory deserves to be treated as a paradigmatic alternative empirically coequal with and analytically more fundamental than the

¹¹⁰ World Health Reports. (2007).

two dominant theories in contemporary IR scholarship: realism and institutionalism.

Grounding liberal theory in a set of core social scientific assumptions helps overcome a disjuncture between contemporary empirical research on world politics and the language employed by scholars to describe (international relations) as a field. Liberal hypotheses stressing variation in state preferences play an increasingly central role in IR scholarship.

These include explanations stressing the causal importance of state-society relations as shaped by domestic institutions (for example, the “democratic peace”), by economic interdependence (for example, endogenous tariff theory), and by ideas about national, political, and socioeconomic public goods provision (for example, theories about the relationship between nationalism and conflict).

Liberal hypotheses do not include, for reasons clarified later, functional regime theory. Yet the conceptual language of IR theory has not caught up with contemporary research. International Relation theorists continue to speak as if the dominant theoretical cleavage in the field were the dichotomy between realism and (“neoliberal”) institutionalism.

Liberals have responded to such criticisms not by proposing a unified set of positive social scientific assumptions on which a non-ideological and non-utopian liberal theory can be based, as has been done with considerable success for realism and institutionalism, but by conceding its theoretical incoherence and turning instead to intellectual history. It is widely accepted that any non-tautological social scientific theory must be grounded in a set of positive assumptions from which arguments, explanations, and predictions can be derived.

Yet surveys of liberal IR theory either collect disparate views held by “classical” liberal publicists or define liberal theory teleological, that is, according to its purported optimism concerning the potential for peace, cooperation, and international institutions in world history. Such studies offer an indispensable source of theoretical and normative

inspiration. Judged by the more narrowly social scientific criteria adopted here, however, they do not justify reference to a distinct “liberal” IR theory.

5.2 Conclusions

In assessing that there is no linkage between human security, public health in foreign policy. The study found that there is growing attention to the links between health, foreign policy and security. In part, the need to understand the links among these different policy communities arises from recognition within public health of the broader determinants of health. Factors such as socio-cultural environment, and political and economic structures, are now readily acknowledged, alongside biology, individual behaviour and health systems, as important influences on health status and outcomes. Furthermore, many of these determinants are increasingly trans-border in nature, in that their origins, reach and consequences transcend territorial boundaries, notably the borders of sovereign states. This has led to widespread interest among health researchers, policy makers and practitioners in the emerging field of global health.

Alongside this paradigm shift within the health field has been a desire by the foreign policy and security policy communities to understand better a wider range of factors that impinge on their respective domains. Traditionally defined, foreign policy concerns the realm where the external environment impacts on domestic policy, requiring mediation between the two milieus. Thus, factors such as the resource base of the state, its position geographically in relation to others, the nature and level of economic development, demographic structure, ideology and fundamental values form the domestic or internal milieu.

Nonetheless, there are many factors external to the state which impact on the realisation of these policy decisions which are ostensibly addressed through a specific branch of government. Indeed, following the end of the Cold War and amid processes of globalisation, it is argued that there is a proliferation of external factors that play a growing

role in shaping domestic policy making.

The study concludes that foreign policy makers must therefore broaden their horizons when seeking to further national interests. New tools of foreign policy have been debated as part of this new milieu including such ideas as health as a form of "soft power" and even health as a "bridge for peace".

The study further concludes that health and foreign policy communities are perhaps most directly linked through international trade. From the perspective of public health, trade liberalisation can create both risks and opportunities. Benefits include the potential to positively affect some of the broader determinants of health, such as diet, socio-economic status and educational levels, through better access to goods and services, and employment. Given the traditional role of foreign policy to promote the national economic interests of a country abroad, this link has largely been in the form of efforts to facilitate trade of health-related goods and services.

That Kenya does not have a provision for health diplomacy in its engagement. The study found that indeed – Kenya does not have much on health diplomacy. In the East African context, as elsewhere, these levels can be identified as the national, regional, and international levels. In this sense, states of the region must first capture issues of health diplomacy from the level of their national interests, which centre around national security. It is following that process that they will be able to engage in the regional level of health diplomacy, and in so doing establish a regional approach, and identify regional interests in the field of health diplomacy.¹¹¹

One of the challenges that Kenya faced at independence was the lack of trained personnel to man its public institutions across board. This challenge was experienced in the field of diplomacy, where at independence there were barely a handful of locals in the foreign

¹¹¹ Makumi Mwangi. 2012. *Diplomacy and Its Relations: Essays on African Perspectives on contemporary diplomacy*. Institute of Diplomacy and International Studies (IDIS). Nairobi, Kenya.

ministry. These had university degrees, but no diplomatic training. These small numbers of officials were in charge of running the departments of the ministry of foreign affairs - which was challenging enough with no proper training. This meant that the government could not release them for any prolonged period of time to enable them to study diplomacy and diplomatic practice at any great depth.¹¹² The study therefore concludes that the interaction between health and trade has led to a rethink of the role of health diplomacy by African regional integration organizations including Kenya. The primary objective of much of African regionalism is liberalized trade promotion. However, the realization that public health threats present a danger to trade and investment in Africa has heightened the engagement of regional groupings in health diplomacy.

That Kenya does articulate public health promotion matters in its foreign policy. The study found that indeed Kenya had very little with regards to articulating health matters in the latest foreign policy (2015) document. Global health diplomacy has been going Kenya since 1949 (but on the periphery) when the convention on road traffic accident Geneva, of 19th September, 1949 was negotiated. Its aim was to establish nationwide emergency response system. Equip emergency providers with adequate means for safety evacuation of casualties Improve health facility capacity to response to casualties of road traffic In Kenya government global health diplomacy is conducted by the ministries of foreign affairs and international trade, health, East African affairs and tourism and ministry of defence. In all these key government ministries it was noted that there was no policy in health diplomacy. This made it difficult to articulate global issues. The issues of health are crosscutting among many government bureaucracies and require established offices and mechanisms. The study therefore concludes that there is still no clear policy on health diplomacy in the ministry of foreign affairs and international trade dealing with health issues look reactive and in ad hoc

¹¹² Ibid.

basis. This is despite the fact that all ministries recognize the need of a policy and anchoring of global health diplomacy in the country's foreign policy.

5.3 Recommendations

There is a great need for Kenya to articulate health issues in the foreign policy. Pandemics, emerging diseases and bioterrorism are real and direct threats to national and global security. Health issues are also important in other core functions of foreign policy, such as pursuing economic growth, fostering development, and supporting human rights and human dignity.

The Kenya government together with other developing and developed countries must take global health issue seriously in their foreign policy. Health is deeply interconnected with the environment, trade, economic growth, social development, national security, and human rights and dignity. In a globalised and interdependent world, the state of global health has a profound impact on all nations developed and developing. Ensuring public health on a global scale is of benefit to all countries, especially Kenya.

The study acknowledges that there are clear links between global health issues and economic interests that require further analysis. Attention has so far focused on how health issues might positively (e.g. increased exports of health-related goods and services) or negatively (e.g. HIV/AIDS undermining of economic capacity) impact on a country's economy. Foreign and security policy has been explored as tools for furthering such opportunities, or protecting against such risks. What is less understood is the potential impact of economic policies on health which, in turn, may create foreign and security policy implications. The implications of multilateral trade agreements on health development, for example, have been given growing attention within the health community but have been of limited interest elsewhere.

The study recommends further research documenting a fuller range of links, supported by available statistics, would be a useful way of encouraging a broader perspective.

5.4 Areas for further research

- **Global health diplomacy issues in Africa**
- **One Health issues in Kenya**
- **Health systems and governance**

APPENDICES

Appendix 1: Questionnaire

The study seeks to examine the intersection between human security and public health in the Kenyans foreign policy and diplomacy. The personal information is optional - this study is purely for academic purposes only.

Request that you please give a verbal consent to be a participant in this study, before we begin.

Thank you for taking time to participant in this research, please fill in the questionnaire appropriately.

Part A: Personal Information

1. Participant's age?.....
2. Occupation?.....
3. Ministry?.....
4. Designation?.....
5. Duration in office?.....

Part B: Human Security and Public Health in Kenyan Foreign Policy

Please rate the following statements on the Intersection between Human Security and Public Health in Kenyan Foreign Policy and give your main reasons.

Where 1 = Very much; 2 = Moderate; 3 = A little; 4 = Not at all, respectively.

6. Is health a component of security?

Rate.....

Reasons.....

.....

.....

7. Is there a connection between security and a Country's foreign policy?

Rate.....

Reasons.....

.....

.....

8. Is health a foreign policy concern?

Rate.....

Reasons.....

.....

.....

9. Diplomacy is a tool of international public health promotion.

Rate.....

Reasons.....

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10. Diplomatic personnel should include health diplomacy.

Rate.....

Reasons.....

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11. Have you read Kenya's foreign policy document 2015?

Yes.....

No.....

12. If so, does the foreign policy document articulate health issues?

Yes.....

No.....

13. Your Ministry has shown an interest in global health matters and how has this been expressed?

Rate.....

Reasons.....

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.....

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14. How would you rate the future development of global health diplomacy in the Country?

Rate.....

Reasons.....

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.....

15. Your Ministry has a significant commitment to Global health in its development budget.

Rate.....

Reasons.....

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16. Kenya's public health experts are aware of their health diplomatic role?

Rate.....

Reasons.....

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17. What are the main mechanisms of communication between health and foreign affairs?

Rate.....

Reasons.....

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18. Final comments.

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Part C: Supporting documents

Some examples of supporting documents that will be interrogated include;

- a. Bilateral agreements**
- b. Kenya's foreign policy**
- c. Standard operating procedures**
- d. Others.**

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