UNIVERSITY OF NAIROBI

INSTITUTE OF DIPLOMACY AND INTERNATIONAL STUDIES

EMERGING INTERNATIONAL ISSUES IN HEALTH DIPLOMACY
A CASE STUDY OF KENYA

BY

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Supervised by

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A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
DEGREE OF MASTER OF ARTS IN INTERNATIONAL STUDIES

MAY 2014
DECLARATION

This project is my original work and has not been submitted for any award in any other University.

George K. Nganga

Signature………………………………………….. Date……………………………

This project has been submitted for examination with my approval as University supervisor.

Prof. Maria Nzomo

Signature………………………………………….. Date……………………………
TABLE OF CONTENTS

DECLARATION ....................................................................................... i
Table of Contents ................................................................................ ii
DEDICATION ......................................................................................... vi
ACKNOWLEDGEMENT ............................................................................. vii
ABSTRACT ............................................................................................... viii
LIST OF ABBREVIATIONS ........................................................................ ix
CHAPTER ONE .......................................................................................... 1
INTRODUCTION ......................................................................................... 1
  1.1 Background of the Study .................................................................... 1
  1.2 Statement of the Problem .................................................................... 5
  1.3 Objectives of the Study ...................................................................... 6
    1.3.1 General Objective ........................................................................ 6
    1.3.2 Specific Objectives ....................................................................... 7
  1.4 Research Questions ............................................................................ 7
  1.5 Definition of Terms ........................................................................... 7
  1.6 Literature Review ............................................................................. 8
  1.7 Theoretical and Conceptual Framework ............................................. 13
    1.7.1 Theoretical Framework ................................................................ 13
  1.8 Hypothesis of the Study .................................................................... 19
  1.9 Justification of the Study ................................................................... 19
  1.10 Research Methodology .................................................................... 20
  1.11 Chapter Outline ............................................................................. 23
CHAPTER TWO .......................................................................................... 25
THE DIPLOMACY OF HEALTH ................................................................ 25
  2.1 Global Health and Foreign Policy ..................................................... 25
  2.2 The Diplomacy of International Global Health .................................. 27
  2.3 Key Players in Global Health Diplomacy ......................................... 29
    2.3.1 State Actors ............................................................................... 29
    2.3.2 Partnerships between Government Agencies .............................. 32
2.3.3 Global Initiatives and International Organizations ............................................. 32
2.3.4 Health Diplomats ................................................................................................. 36
2.4 African and Health Diplomacy .............................................................................. 38
2.5 Health Diplomacy in East Africa .......................................................................... 42
2.6 Challenges of Health Diplomacy .......................................................................... 45
2.7 Conclusion ................................................................................................................ 47

CHAPTER THREE .............................................................................................................. 49
ACTORS, PRACTICE AND POLICY IN HEALTH DIPLOMACY IN KENYA ...................... 49
3.1 Global Health Diplomacy Stakeholders in Kenya .................................................... 49
3.2 The Ministry of Foreign Affairs and International Trade ...................................... 50
3.3 The Ministry of Health ............................................................................................ 55
3.4 The Ministry Of State for Defence ......................................................................... 60
3.5 The Ministry of East African Affairs, Commerce and Tourism .............................. 65
3.6 Global health negotiations ....................................................................................... 68
3.7 Other Government Ministries ................................................................................. 70
3.8 Non-State Actors ..................................................................................................... 71
3.9 Health sector international conventions and treaties, memorandum of understanding and bilateral agreements .......................................................................................................................... 71
3.9.1 Protocol to Eliminate Illicit Trade in Tobacco Products 5th session of the Conference of the Parties (COP) to the WHO FCTC, 12 November 2012 Seoul, Korea .......................................................... 72
3.9.2 Convention establishing the Great Lakes Initiative on AIDS (GLIA) .................. 72
3.9.3 Basel Convention on the Control of Trans boundary Movements of Hazardous wastes and their disposal 1989 ............................................................................................................. 73
3.9.4 Treaty Establishing the East African Community ............................................... 73
3.9.5 TRIPS agreement .................................................................................................. 74
3.9.6 Kenya/Brazil Complimentary Agreement to the Agreement on Technical Cooperation for the implementation of the project “Strengthening the HIV/AIDS Response in Kenya” (15th August, 2008) 75
3.9.7 East Central and Southern Africa Health Community and Government of Kenya under the World Bank East Africa Public Health Laboratory Networking Project (EAPHLNP) ...................... 75
3.10 Conventions ,Treaties and Memorandum of Understanding Concluded by Kenya .... 76
3.10.1 Conventions and Treaties ................................................................. 76
3.10.2 Memorandum of Understanding Concluded by Kenya ...................... 77
3.10.3 Bilateral Agreements Concluded by Kenya ........................................ 78
3.11 Conclusion............................................................................................. 78

CHAPTER FOUR ........................................................................................................ 80
EMERGING ISSUES IN HEALTH DIPLOMACY KENYA CONTEXT .................... 80
4.1 Health diplomacy in Kenya ........................................................................... 80
4.2 Health Diplomacy Policy .............................................................................. 80
  4.2.1 Foreign Policy and Global Health Diplomacy in Kenya ......................... 82
  4.2.2 Global Health Diplomacy Global Perspective ......................................... 87
  4.2.3 Practice of Global health in Kenya ......................................................... 91
  4.2.4 Non-State Actors in Kenya Health Diplomacy ....................................... 96
  4.2.5 Regional organizations ............................................................................ 97
  4.2.6 Africa Union (AU) .................................................................................. 97
  4.2.7 East African Community (EAC) ............................................................ 99
  4.2.8 NEPAD .................................................................................................. 100
4.3 Challenges of Health Diplomacy in Kenya .................................................. 100
  4.3.1 Negotiation ............................................................................................. 100
  4.3.2 Health Attaché ......................................................................................... 104
  4.3.3 Budget for health diplomacy ................................................................... 107
4.4 Evidence and trends on Health Diplomacy in Kenya ................................... 108
4.5 Emerging Issues in Global Health ................................................................ 115
  4.5.1 Health Tourism ....................................................................................... 115
  4.5.2 Health Worker Migration ......................................................................... 117
  4.5.3 Globalization ............................................................................................ 119
  4.5.4 Emerging Opportunities in Health Diplomacy ....................................... 122
4.6 Conclusion ..................................................................................................... 126
DEDICATION

I dedicate this work to my loving family; Peris my wife and children Joy, Ivy and Louis Kiguta
ACKNOWLEDGEMENT

I acknowledge my supervisor Prof. Maria Nzomo for her guidance and never ending support during my studies. I would like to acknowledge commandant NDC and the college for opportunity and support in doing the study. I acknowledge my key informants from Ministries of Defence, Health, Foreign Affairs and International Trade and East African Affairs and Tourism. I acknowledge Joy Kiguta for her assistance in data entry and all my colleagues for their encouragement.
ABSTRACT
Diplomacy is the art and practice of conducting negotiations between representative of groups or states. Health Diplomacy is the multi-level negotiation processes that shape and manage the global policy environment for health. This concept developed and matured over recent decades, and policymakers and researchers now are familiar with the term Global Health Diplomacy. In recent years, health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world. This study aims to establish the status of Health Diplomacy as an international issue with a specific focus on Kenya. These study aims to step-up Health Diplomacy within Kenya and the concerned Ministries, it aims to raise awareness on international health-related issues and opportunities. The study’s main objective was to establishes and evaluate the status of Health Diplomacy as an international issue with a specific focus on Kenya. With specific objectives of determining the policy on Health Diplomacy in Kenya, as an aspect of Global Health Diplomacy, establish the practice on Health Diplomacy in Kenya and establish the existing evidence and trends on Health Diplomacy in Kenya. The study collected Primary data was collected using participant observation and questionnaire interview of key informant, from key Kenyan government ministries. The collected data was sorted and analyzed using document analysis and thematic analysis techniques, based on the emerging issues under study. The study was able to determine the status of health diplomacy policy, the key state and non-state actors and the practice of health diplomacy in Kenya. The study was able to identify the gap in global health diplomacy in Kenya and the challenges faced.
### LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACP</td>
<td>African Caribbean and Pacific</td>
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<tr>
<td>AG</td>
<td>Attorney General</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>AMISOM</td>
<td>African Union Mission in Somalia</td>
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<td>AMREF</td>
<td>Africa Medical Research Foundation</td>
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<td>API</td>
<td>Active Pharmaceutical Ingredients</td>
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<td>AU</td>
<td>African Union</td>
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<tr>
<td>BRICS</td>
<td>Brazil, the Russian Federation, India, China and South Africa</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDF</td>
<td>Chief of Defence Forces</td>
</tr>
<tr>
<td>COP</td>
<td>Conference of the Parties</td>
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<tr>
<td>DEID</td>
<td>Department of Emerging Infectious Diseases</td>
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<tr>
<td>EAC</td>
<td>East Africa Community</td>
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<tr>
<td>EAC-MRH</td>
<td>East African Community Medicines Registration Harmonization</td>
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<tr>
<td>EACPMPOA</td>
<td>EAC Regional Pharmaceutical Manufacturing Plan of Action</td>
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<td>EAPHLNP</td>
<td>East Africa Public Health Laboratory Networking Project</td>
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<td>Abbreviation</td>
<td>Full Name</td>
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<tr>
<td>ECOSOC</td>
<td>Economic and Social Council</td>
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<td>ECSA</td>
<td>Central and Southern African Health Community</td>
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<td>EU</td>
<td>European Union</td>
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<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
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<td>FDI</td>
<td>Foreign Direction Investments</td>
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<td>FPGH</td>
<td>Foreign Policy and Global Health Initiative</td>
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<tr>
<td>G20</td>
<td>Group of Twenty</td>
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<td>G8</td>
<td>Group of Eight</td>
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<tr>
<td>GATS</td>
<td>General Agreement on Trade in Services</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<tr>
<td>GHI</td>
<td>Global Health Initiative</td>
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<tr>
<td>GLIA</td>
<td>Great Lakes Initiative on AIDS</td>
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<tr>
<td>H1N1</td>
<td>Influenza A (H1N1) Virus</td>
</tr>
<tr>
<td>H5N1</td>
<td>Avian Influenza A virus subtype H5N1</td>
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<tr>
<td>HENNET</td>
<td>Health Non-Governmental Organizations Network</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>IDIS</td>
<td>Institute of Diplomacy and International Studies</td>
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<td>IGAD</td>
<td>Intergovernmental Authority on Development</td>
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<tr>
<td>IGOs</td>
<td>Intergovernmental Organizations</td>
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<td>IGWG</td>
<td>Inter-Governmental Working Group</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>IHU</td>
<td>International Health Unit</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>KDF</td>
<td>Kenya Defence Forces</td>
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<td>KEBS</td>
<td>Kenya Bureau of Standards</td>
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<tr>
<td>LDCs</td>
<td>Least Developed Countries</td>
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<tr>
<td>LNHO</td>
<td>League of Nations Health Office</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MFA</td>
<td>Ministry of Foreign Affairs</td>
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<tr>
<td>MFIT</td>
<td>Ministry of Foreign Affairs and International Trade</td>
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<tr>
<td>MNCH</td>
<td>Maternal, Neonatal and Child Health</td>
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<td>MNCs</td>
<td>Multinational Corporations</td>
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<tr>
<td>MOD</td>
<td>Ministry of Defence</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<tr>
<td>OBA</td>
<td>Output Based Assistance</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<tr>
<td>OIHP</td>
<td>International Office of Public Hygiene</td>
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<tr>
<td>OPV</td>
<td>Oral Polio Vaccine</td>
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<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<tr>
<td>SWAP</td>
<td>Sector Wide Approach</td>
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<tr>
<td>TRIPS</td>
<td>Aspects of Intellectual Property Rights</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>US</td>
<td>United States</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USAMRU-K</td>
<td>United States Army Medical Research Unit, Kenya</td>
</tr>
<tr>
<td>USD</td>
<td>United States Dollar</td>
</tr>
<tr>
<td>USDOD</td>
<td>United States Department of Defence</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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MAP OF STUDY AREA

Source: Google (2014)
CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The second half of the twentieth century saw an unprecedented increase in the importance of multilateralism as countries came together to rebuild the world in the wake of the second world war. During the 1945 San Francisco Conference that established the United Nations (UN), the 46 delegations that attended the meeting agreed to create a specialized health organization. For the first time in history, the leading role for health diplomacy was in the hands of an international institution, with broad mandate for strategic leadership at an international level. It would carry the functions of both the International Office of Public Hygiene (OIHP) and the League of Nations Health Office (LNHO). A new permanent venue for health diplomacy was established in Geneva. The intention was that it would prove to be more effective if it was not subsumed into the political UN as an office, but would work as a specialized technical agency of the UN with its own governing bodies.¹

Under its Constitution, the World Health Organization (WHO) works with its members towards the attainment by all peoples of the highest possible level of health. The context in which WHO and its Members pursue this goal has radically changed since 1946. The interdependence produced by globalization has broken down traditional ways of conceptualizing and organizing the medical, economic, political and technological means to improve health. Nowhere is this transformation more apparent than in the rise of health as a foreign policy concern.²

¹ Howard-Jones, N. *The scientific background of the international sanitary conferences*. Geneva: WHO1975

² Department of Ethics, Trade, Human Rights and Health Law, World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland.
An increase in the number of international agreements on “soft issues”\(^3\) such as the environment and health; it is now recognized that some of these issues have significant “hard”\(^4\) ramifications on national economies. The term “global health diplomacy” aims to capture these multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health.\(^5\)

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. This alignment involves governments adjusting to globalization by overcoming fragmented policy competencies in national governance systems.\(^6\)

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\(^3\)In recent years there has also been an increase in the number of international agreements on “soft issues”, such as the environment and health; Soft power is a concept developed by Joseph Nye of Harvard University to describe the ability to attract and co-opt rather than coerce, use force or give money as a means of persuasion. Soft power can be wielded not just by states but also by all actors in international politics, such as NGOs or international institutions. It is also considered the “second face of power” that indirectly allow you to obtain the outcomes you want. A country's soft power, according to Nye, rests on three resources: "its culture (in places where it is attractive to others), its political values (when it lives up to them at home and abroad), and its foreign policies (when others see them as legitimate and having moral authority.

\(^4\)Diplomacy is frequently referred to as the art and practice of conducting negotiations, therefore hard power is the use of military and economic means to influence the behavior or interests of other political bodies. “Hard power issues” are a form of political power is often aggressive, and is most effective when imposed by one political body upon another of lesser military and/or economic power. Hard power contrasts with soft power, which comes from diplomacy, culture and history.

\(^5\)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, on 9 October 2006. Available from: www.bag.admin.ch/international.

\(^6\)Indiana University School of Law. (2006). Bloomington, IN, USA.
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.”

This concept developed and matured over recent decades, and policymakers and researchers now are familiar with the term *global health diplomacy*, thanks to the trailblazing work in this field. Furthermore, government officials and international organizations are increasingly embracing global health diplomacy as a tool to simultaneously carry out programs and improve health and international relations. 

The world’s problems including 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.

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 and environmental and development policy. Countries need to address trans-border challenges that can undermine global stability, such as pandemics and climate change.

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8 Ibid.


Health touches on matters of national and economic interest; it embodies the tensions between national sovereignty and global collective action. New skills are needed to negotiate global regimes. Some countries 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 domestic and global issues so they can speak with one voice in the global arena.11

Second, the venues of health diplomacy are expanding; many new actors outside WHO have become (health) diplomats. “Global health diplomacy” refers to both a system of organization and to communication and negotiation processes that shape the global policy environment in the sphere of health and its determinants.12

A report of the ministerial and senior leadership scope workshop - delegates welcomed the initiatives Kenya had undertaken and the role it continues to play in Global Health Diplomacy for the East, Central and Southern African Health Community (ECSA) and the African region as a whole.13

They agreed on the need to strengthen each country’s capacity in global health diplomacy but most importantly recognized that as a region, a collective voice on any issue carries a lot of weight. A number of countries including Uganda and Swaziland said they were in early stages of developing International Health Desks and welcomed the expose` from Kenya that had provided insights on the way forward. Other countries such as Malawi and Zambia said they used different mechanisms to

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deal with global diplomacy issues including the SWAP Secretariat and the Directorate of Policy and planning respectively.\textsuperscript{14}

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. 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 and diplomatic missions, especially multilateral missions where issues of global health diplomacy are articulated.\textsuperscript{15}

Kenya's ministry of foreign affairs proposed to do away with attaches in diplomatic missions and instead train diplomats in the various issues. This flies in the face of the need to bring in issues of health diplomacy into the mainstream of foreign policy. It is in any case easier and cheaper to train a doctor in skills of diplomatic negotiation than to train diplomats to be doctors.\textsuperscript{16}

1.2 Statement of the Problem

According to recent scholars, such as studies on infectious diseases prevalence, the potential extent of HIV/AIDS and the Green Revolution, are now an increasing range of health issues that transcend national boundaries and require action on the global forces that determine the health of people. The broad political, social and economic implications of health issues have brought more diplomats into the health arena and more public health experts into the world of diplomacy. Therefore the simple

\textsuperscript{14} Ibid.


\textsuperscript{16} Ibid.
classifications of policy and politics - domestic and foreign, hard and soft, or high and low-no longer apply.\textsuperscript{17}

Global health diplomacy is gaining in importance and its negotiators should be well prepared. Some countries have added a full-time health attaché to their diplomatic staff in recognition of the importance and complexity of global health deliberations; others have added diplomats to the staff of international health departments. Their common challenge is to navigate a complex system in which issues in domestic and foreign policy intertwine the lines of power and constantly influence change, and where increasingly rapid decisions and skillful negotiations are required in the face of outbreaks of disease, security threats or other issues.

An important part of Health diplomacy still takes place within the World Health Organization. Indeed it has recently gained new momentum through the negotiation during the past five years of the Framework Convention on Tobacco Control and the International Health Regulations. But the venue of Health diplomacy has shifted to include other spaces of negotiation and influence, and the number of organizations dealing with health has increased exponentially. A large part of the problem lies with lack of information on the status of health diplomacy in Kenya and other African countries. This study therefore aims at bring out the lacking information on the policy actors and the practice of health diplomacy in Kenya.

\section*{1.3 Objectives of the Study}

\subsection*{1.3.1 General Objective}

To establish and evaluate the status of Health Diplomacy as an international issue with a specific focus on Kenya.

1.3.2 Specific Objectives

1. To determine the policy on Health Diplomacy in Kenya, as an aspect of Global Health Diplomacy.

2. To establish the practice on Health Diplomacy in Kenya.

3. To establish the existing evidence and trends on Health Diplomacy in Kenya.

1.4 Research Questions

1. What is the policy on Health Diplomacy in Kenya, as an aspect of Global Health Diplomacy?

2. What is the practice on Health Diplomacy in Kenya?

3. What are the existing evidence and trends on Health Diplomacy in Kenya?

1.5 Definition of Terms

Diplomacy – refers to 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.\(^{18}\)

Global Health – 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. 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.\(^{19}\)

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Governance – refers to the conscious creating, shaping, steering, strengthening and using of international and trans-national institutions and regimes of principles, norms, rules and decision making procedures that influence how autonomous actors behave.  

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.

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.

1.6 Literature Review

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.

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.”  

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 state level, several governments have started to engage in health issues in a more comprehensive way through formal and informal approaches.  

Global health diplomacy, if well conducted, results in improved global health, greater equity, better relations and trust between states and a strengthened commitment on the part of stakeholders to work together to improve health nationally and globally.  

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 the following

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highlights some initiatives and activities 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.27

The venues of health diplomacy are expanding; many new actors outside WHO have become (health) diplomats. “Global health diplomacy” refers to both a system of organization and to communication and negotiation processes that shape the global policy environment in the sphere of health and its determinants. Health is part of summit diplomacy in the United Nations and of club and head-of-state diplomacy involving countries such as the group of eight (G8), the group of twenty (G20) and BRICS (Brazil, the Russian Federation, India, China and South Africa).28

The European Union (EU) has adopted the European Council’s conclusions on the EU’s role in global health in 2010 and the Organization of Islamic Cooperation has recently established a unit for health issues. Global health 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. The ministries of health now play a dual role: to promote the country’s health and to advance the health of the global community.29

The many health negotiations taking place in different venues involve interactions at many levels of governance and a new interface between domestic and foreign policy. Representatives of countries and other interested actors are continuously engaged in negotiations in hubs such as


29 Ibid.
Geneva, New York, Brussels and Addis Ababa, and health attachés play an important role, but not many countries can dedicate substantial resources to these negotiation processes. At the recent session of WHO’s Executive Board, Member States underlined the importance of good preparation at the national and, increasingly, at the regional level.\textsuperscript{30}

Diplomacy is changing. Countries and their representatives do not interact solely through traditional diplomatic channels, and the influence of independent actors on foreign policy is substantial. Despite widespread calls for more effective country-level coordination by health actors, formal mechanisms of communication are often fragmented by disease, sector, or bureaucratic silos.\textsuperscript{31}

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.\textsuperscript{32}

The Treaty for the Establishment of the East African Community contains provisions for cooperation in health. Article 18 of the treaty specifies the areas for cooperation in health activities. These are: joint action in the prevention and control of communicable and non-communicable


diseases, and control of pandemics and epidemics of communicable and vector borne diseases; promoting the management of health delivery systems and planning mechanisms for health care services in the region; developing a common drug policy, including quality control and procurement practices; harmonising drug registration procedures, national health policies and regulations and promoting information exchange on health issues; encouraging joint use of training and research facilities and developing common management plans for trans-border protected areas; and encouraging ratification of, accession to, and implementation of international instruments. 33

These provisions of the treaty should be seen in the context of existing regimes of global health, and in particular the General Agreement on Trade in Services (GATS). There is serious opinion about the usefulness of the GATS regime for promoting health services in developing countries. However, reading the provisions of the East African treaty alongside the provisions of GATS gives an idea of the scope of current international discourse. 34

Diplomacy and its relations the content of a regional global health strategy for East Africa that takes into account the imperatives of interdependence in the health sector. In GATS, there are four modes for trade in health services. These are: cross-border provision of health services (generally meaning telemedicine); cross-border movement of consumers of health services (meaning the movement of patients to receive health services); commercial presence of providers of health care (concerned with foreign ownership of health services); and cross-border movement of providers (meaning temporary migration of health professionals). 35 Issues of trade in health services will only


34 Ibid.

35 Ibid.
be of serious importance for the East African region once the provisions of the East African treaty have been achieved, or are well underway to achievement.\textsuperscript{36}

1.7 \textbf{Theoretical and Conceptual Framework}

Fidler highlights that historically international relations theorists have shown little interest in health and health scholars and practitioners have not been engaged with international relations theory, concluding that there is scant theoretical literature to draw on in thinking about the conceptual and theoretical aspects of Global Health Diplomacy.\textsuperscript{37}

1.7.1 \textbf{Theoretical Framework}

The discipline of international relations has developed many theories that explain the impact of the condition of anarchy. The main international relations theories - realism, institutionalism, liberalism and social constructivism - aim to help explain the impact of anarchy on state and non-state actors and thereby shed light on the behaviours of state actors when considering the integration of health into global diplomacy. All theories recognize the process of diplomacy as important in making international produce results. Global health diplomacy has no grand theory and the theories of international relations do not agree on the nature of diplomacy and its potential in international politic. In fact, for most major theories, diplomacy is not a central theoretical concern in their attempts to make empirical or normative sense of anarchical politics.\textsuperscript{38}

Realists argue that anarchical states are necessarily the primary actors, which forces them to act in a calculating, self-interested way. Diplomacy is therefore bargaining instrument in pursuit of

\textsuperscript{36} Ibid.
\textsuperscript{37} Fidler D. Health as foreign policy: Between principle and power. The Whitehead Journal of Diplomacy and International Relations 2004; Summer/Fall: 179-94.
\textsuperscript{38} David Fidler, Navigating the Global Health Terrain: Mapping Global Health Diplomacy \textit{Indiana University Maurer School of Law}, dfidler@indiana.edu
power, survival and self-interest. Liberalism holds that individuals and non-state actors are the primary actors in international relations. For liberals, the two issues that dominate are the protection of individual rights and the existence of democratic governments. Individual and non-state actors are seen as driving state behaviour in anarchy to achieve the proliferation of economically interdependent democracies. Common interests articulated through diplomatic processes are only undertaken and considered if they help achieve this goal.  

Liberalist theory appreciate 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, 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. 

The state and state institutions are the main the main actors in health diplomacy. However they function with and through non-state organizations that include United Nations and its specialized agencies, international Non–governmental organization like Red Cross, local and regional Non-governmental originations, Multinational corporations, individuals and philanthropic foundation.

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These have become important actors in advocacy and proving funding and driving health diplomacy especially in developing world. The study uses the liberalist theory of international relation in this study’s analysis. This because health is a basic human right and Global health recognizes that health is determined by problems, issues and concerns that transcend national boundaries. Global health places a priority on improving health and achieving equity in health for people worldwide and emphasizes transnational health issues, determinants, and solutions. It involves many disciplines beyond health sciences and promotes interdisciplinary collaboration. For liberals, two issues dominate: the protection of individual rights and the existence of democratic governments. Individual and non-state actors are seen as driving state behaviour in anarchy to achieve the proliferation of economically interdependent democracies. The study therefore aims as identifying these actors and defining their role.

Conceptual Framework sets out the concepts or variables in the study. Global health diplomacy is defined for descriptive and analytical purposes by breaking down its definition into its three component parts or concepts. Using this approach ‘global’ involves the actors that include state or public, inter- and non -governmental organizations, individuals and civil society sectors who engage in international bilateral or multilateral policy processes, ‘health’ encompasses problems that involve the protection or promotion of human health or public health and the ‘links between the social determinants of health anywhere in the world. Diplomacy refers to the process in which state and non-state actors interact in articulating, advocating for and defending their interests on health-related matters.40

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As a whole, ‘global health diplomacy’ aims to capture the ‘multi-level and multi-actors negotiation processes that shape and manage the global policy environment for health that is policy-shaping processes through which state, non-state and other institutional actors negotiate responses to health challenges, or utilize health concepts or mechanisms in policy-shaping and negotiation strategies, to achieve other political, economic or social objectives.’

Who are the main actors in the?

Policy formulation

Practice

Implementation

of Global Health diplomacy

STATE ACTORS
- Government Ministries
- Government agencies

NON-STATE ACTORS
- Inter-governmental organizations – IGOs
- International Non-governmental organizations INGOs
- Non-governmental organizations
- Regional organizations – RECS
- Multinational Corporations – MNCs
- Individuals and Philanthropy groups

Realist theory identifies these as the main actors

Liberalist theory identifies these as the main actors

Source: Author (2014)
<table>
<thead>
<tr>
<th>Background variable(s)</th>
<th>Operationalization</th>
<th>Indicator(s)</th>
</tr>
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</table>
| Health Diplomacy       | Refers to the relationship between health and foreign policy.                                                                                                                                                                                                                                                                                                                                                       | • Health vision and health future  
• Highest possible level of health  
• Clear health roles and responsibilities |
| Policy                 | Refers to the decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.                                                                                                                                                                                                                                                                                    | • Guidelines on global health engagement  
• Health consensus, manual and standard procedures  
• Working documents |
| Practice               | Refers to health actions taken to maintain quality as an alternative to mandatory legislated standards and can be based on self-assessment or benchmarking.                                                                                                                                                                                                 | • Health related treatises and agreements  
• Increased attention to specific health concerns |
| Actors                 | Refers to key players, agency directing and coordinating authority on international health work, particularly in setting norms and standards and policies in public health.                                                                                                                                                                                                                                              | • Relationship between actors in global health engagements  
• Specialized agencies and professional groups  
• Governmental health administrations |
| Global Health          | Refers to health issues which transcend national boundaries and governments and call for actions on the global forces that determine the health of people.                                                                                                                                                                                                                                                             | • Better health security and population health outcomes  
• Health priorities |
| Global Public Health Security | Refers to improvement in health issues which transcend national boundaries and governments.                                                                                                                                                                                                                                                                                                                     | • Status of the country’s global health engagement  
• Improves public health care  
• Universal health |
1.8 Hypothesis of the Study

1. Health Diplomacy is an emerging foreign relations issue globally where Kenya engages with no existing clear policy.

2. The practice of health diplomacy is limited to Health Ministry.

3. Non-state actors who influence the practice of health diplomacy in Kenya

1.9 Justification of the Study

This study aims to highlight on new knowledge and evidence that exists on the effectiveness of Health Diplomacy strategies that could be sufficiently applied by public health experts.

This study aims to help step-up Health Diplomacy within Kenya and the concerned Ministries in particular, raise awareness on international health-related issues and opportunities, including strengthening the Kenya International Health Relations Department’s capacity in Global Health Diplomacy.

This study will contribute to scholarly literature on Health Diplomacy in Kenya, which will strengthen diplomatic information, negotiation skills and understanding of development principles for key stakeholder.

This study aims to demonstrate Health Diplomacy activities which will help different countries continue relationships with governments at a non-political level, or foster dialogue and grow new partnerships with academic institutions, nongovernmental organizations, and civil society.
1.10 Research Methodology

Literature review from books, journal, articles and periodicals helped capture what has been done on Health Diplomacy globally, and at regional, and national level. This information helped in creating understanding of Health Diplomacy. This helped in identifying the actors and the practice of health diplomacy in other parts of the world. It clearly identified state and institutions are important actors. This knowledge formed the basis of collecting primary data. Primary data collection was done using the qualitative research approach. Primary data was collected using participant observation and questionnaire interview of key informant, that is, stakeholders in Health Diplomacy. The face-to-face interviews were used so as to get more facts and minimize the biases.

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers. These data relate to the social world and the concepts and behaviors of people within it. Qualitative research can be found in all social sciences, including political sciences and in the applied fields that derive from them.

The targets were key Health and Diplomacy stakeholders from government ministries of foreign affairs, health, defence and regional. The target population was a true representative of the target group. The study employed purposive sampling specifically for health experts; this is because purposive sampling is common in qualitative research. Particular individuals are chosen with characteristics relevant to the study who are thought will be most informative. Purposive sampling also may be used to produce maximum variation within a sample. Participants are chosen based on their work and experience in the field of Health Diplomacy.

The research tool, a questionnaire was written to obtain information from study subjects. Developing a questionnaire was the last step in designing this study after all variables and their indicators of interest had been identified. By first identifying the information that is needed to answer
the study objectives, questions were limited only to those needed to obtain the required information. A general rule is that questionnaires should be as simple as possible; the study collected only needed information that should be valid and verified.

Questions were both closed-end or open-ended. Closed-end questions allowed a limited number of answers, leaving no room for additional information to be volunteered; they require only recognition and a choice from among answer options. Advantages of closed-end questions are greater precision, uniformity, easier recall for the respondent, easier coding and easier analysis than open-ended questions. Because open-ended questions are not pre-categorized, they gather more information but require respondents to have a good recall and to explain their answers.

Participant observation refers to a form of research methodology in which the researcher takes on a role in the social situation under observation. The researcher immerses themselves in the social setting under study, getting to know key actors in that location in a role which is either covert or overt, although in practice, the researcher will often move between these two roles. The aim is to experience events in the manner in which the subjects under study also experience these events. This study employed participant observation as a research tool mainly to discover the nature of health diplomacy reality by understanding the actor's perception, understanding and interpretation of that health diplomacy world. Whilst observing and experiencing as a participant, the study retained a level of objectivity in order to understand, analyze and explain the topic under study.

The collected data was sorted and analyzed using document analysis and thematic analysis techniques, based on the emerging issues under study.

Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic. Analyzing documents incorporates coding content into themes similar to how focus group or interview transcripts are analyzed. A rubric
(based on the Health Diplomacy variables under study) was used to grade or score a document. There were three primary types of documents - Public Records: The official, ongoing records of an organization’s activities. Personal Documents: First-person accounts of an individual’s actions, experiences, and beliefs. Physical Evidence: Physical objects found within the study setting (often called artifacts). Examples include flyers, posters, agendas, handbooks, and training materials.

Thematic analysis is a qualitative analytic method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes the main data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic.

A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. As with all qualitative analysis, it is vitally important that the researcher is extremely familiar with their data if the analysis is to be expedited and insightful. Thus data familiarisation is a key to thematic analysis as it is for other qualitative methods. For this reason, it is generally recommended that researchers carry out their data collection themselves (for example, conduct their own in-depth interviews) and also transcribe the data themselves.

Sufficient data was presented to allow a reader to assess whether or not the interpretation is supported by the data. The outcome will set the record straight and result into a greater understanding of the current Health Diplomacy in Kenya, and these will also act as a baseline for further studies in this area.
1.11 Chapter Outline

Chapter One: Introduction to the Study

This chapter introduces and creates the initial impression of the study. This section is mainly made up of background of the study, the conceptual framework of the issues to be addressed and particularly, what is to be investigated, why and how. Other components of this section are the problem statement, objectives, literature review and justification for the study.

Chapter Two: The Diplomacy of Health

This chapter highlights the changes in international relations that have elevated the political importance of global health for countries, international organizations, non-governmental organizations, and multinational corporations. In addition this section tries to highlights the outcomes 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.

Chapter Three: Data on Policies, Actors and Practice in Health Diplomacy in Kenya

This chapter shows how multi lateral health negotiations matter, as they touch upon national and economic interests and reflect the tension between national sovereignty, global collective action and involve many health experts from various government ministries as well as those between expansive business interests and the protection of the health of vulnerable groups.

Chapter Four: Emerging Health Diplomacy Issues in Kenya

This chapter illustrates the emerging issues in Global Health Diplomacy from a Kenyan standpoint. A number of factors are contributing to the increased engagement of African Countries like Kenya in global health diplomacy. This section explores the relationship between health and diplomacy at the Kenya and global levels in the context of select regional integration organizations.

Chapter Five: Discussion, Conclusion 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 important recommendations on the way forward.
CHAPTER TWO

THE DIPLOMACY OF HEALTH

2.1 Global Health and Foreign Policy

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). This phenomenon has allowed global health to become more of a strategic foreign policy concern. To date, 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.\(^\text{42}\)

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-

\(^{42}\) Smith, R. Global change and health: Mapping the challenges of global non-healthcare influences on health. London School of Hygiene & Tropical Medicine Keppel Street London. 2008
private partnerships and global health initiatives, a profusion that has elicited calls for more formal global health governance.43

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.44

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 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.45 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

43 Smith, R. Global change and health: Mapping the challenges of global non-healthcare influences on health. London School of Hygiene & Tropical Medicine Keppel Street London. 2008


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 (the government cabinet) in October 2006.\(^{46}\)

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. 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 increasingly being recognized.\(^{47}\)

2.2 The Diplomacy of International Global Health

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. These disciplinary challenges have forced diplomacy to address evolving issues. Thus from time to time there has evolved new sub-disciplines of diplomacy.\(^{48}\)

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\(^{46}\) Agreement on foreign health policy objectives. 2006. Adopted by the Swiss Federal Department of Foreign Affairs and the Swiss Federal Department of Home Affairs in Berne, Switzerland.

\(^{47}\) Ibid.

These have included for example, border diplomacy which seeks to explain the effects 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 - and global - political system; the diplomacy of trade, which sought to challenge traditional diplomacy in creating and negotiating.\textsuperscript{49}

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. In today’s parlance, cholera was an emerging infectious disease that caught Europeans unprepared.\textsuperscript{50}

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

\textsuperscript{49} Ibid.

\textsuperscript{50} Howard-Jones N (1978) \textit{International public health between the two world wars: the organizational problems}. Geneva, World Health Organization.
emotional concerns.” One of the 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 the production of drugs in the country or the policies regarding drug prices. 52

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. 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 important lessons for the emerging sub-discipline of global health diplomacy. 53

2.3 Key Players in Global Health Diplomacy

Multi-stakeholder diplomacy refers to international negotiations and interactions in which various state, non-state, and multilateral actors work together to address common issues (Hocking). 54

2.3.1 State Actors

President Barack Obama created the Global Health Initiative (GHI) to improve the coordination and implementation of U.S. global health programs with the goal of deepening the impact of U.S. global


53 Ibid.

health investments.\textsuperscript{55} Also established was the new office of Global Health Diplomacy (S/GHD) is bringing the full force of U.S. diplomatic efforts to advance our nation’s global health goals. S/GHD’s mission is to support Ambassadors and health teams on the ground to strengthen high-level diplomatic engagement needed to enhance partner country capacity, political will and shared responsibility required to build sustainable country-owned health systems that effectively improve the health status of their populations.\textsuperscript{56}

Foreign affairs ministries are becoming major actors in health because of its relevance for soft power, security policy, trade agreements and environmental and development policy. States need to address trans-border challenges that undermine global stability, such as pandemics and climate change.\textsuperscript{57} Health touches on matters of national and economic interest; it embodies the tensions between national sovereignty and global collective action. New skills are needed to negotiate global regimes. Some countries 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 domestic and global issues so they can speak with one voice in the global arena.

Ministries of Health now play a dual role: to promote the country’s health and to advance the health of the global community. Globalization requires that ministers of health act with other countries in order to ensure the health of the population at home. Ministries must be astute and practical in ensuring that health interests are represented and met when other foreign policy priorities


\textsuperscript{56} \url{http://www.state.gov/s/ghd/action/index.htm}. Accessed 18 November 2013.

are at stake and must advocate strongly against positions which endanger health. For this ministries of health need strong international health departments.  

The military sector’s role in global health has gained visibility in recent years following its disaster responses to the South Asian Tsunami of 2004 and the earthquake that hit Haiti in 2010, in addition to humanitarian assistance activities conducted throughout the world. The military sector’s impact on global health is also rendered indirectly through collective security, which supports social order. This is further exemplified through the employment of peacekeeping forces that facilitate and enable the transition from conflict to peace in war torn nations. Military assets also contribute to the global good on issues of national security such as bioterrorism, infectious diseases, and humanitarian assistance.

The military sector also supports and provides technical assistance to the global health community through research and development programs focusing on neglected diseases, HIV/AIDS, and surveillance activities. Technical assistance extends into the disaster preparedness and response domain where the military maintains a comparative advantage in mitigating and rapidly responding to international crises. Ministry of Defence has also use humanitarian assistance or what is called civil military cooperation (CIMIC) in order to “win hearts and minds”.

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59 Ibid.

2.3.2 Partnerships between Government Agencies

This is where a substantial number of agreements between national governments are reached not through traditional diplomatic channels but through agreements between agencies in each country (Abbott). 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. Such agreements outline obligations, but unlike formal treaties, they are not necessarily legally binding in international law or on sovereign states. The nature of global health has changed dramatically in the past two decades, bringing in many actors to expand responses to global health needs, including service delivery, prevention, and research and development. Besides governmental activities, the involvement in health of nongovernmental organizations, non-state providers of health industry, faith-based organizations and civil society has increased.

2.3.3 Global Initiatives and International Organizations

Under here various terms have been used to describe the need for diplomatic representation for organized non-state entities (Ross). Multi-stakeholder diplomacy encompasses the larger sphere of interactions among non-state actors, as well as state actors that have not traditionally participated in

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62 Ibid.

foreign affairs. As global health assistance has increased over the last two decades, the number of long-term partnerships between government and nongovernmental organizations (NGOs) to implement health services delivery, capacity-building projects, and research has risen as well.⁶⁴

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 (Nishtar).⁶⁵ 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.⁶⁶

The UN system itself has a number of institutions that have mandates that affect health and policy platforms for health. Beyond the UN General Assembly, there are a number of specialized agencies, Funds and Programs, with different governance mechanisms. These include intergovernmental agencies (example WHO, ILO). United Nations Children’s Fund (UNICEF) works on health issues of children including procurement of medicines. The United Nations Population Fund (UNFPA) supports countries on population policies both of which are supportive health initiatives.⁶⁷ Health is part of summit diplomacy in the United Nations and of club and head-of-state diplomacy involving countries such as the group of eight (G8), the group of twenty (G20) and BRICS (Brazil, the Russian Federation, India, China and South Africa). The European Union (EU) has adopted the European Council’s conclusions on the EU’s role in global health in

⁶⁴ Ibid.


⁶⁶ Ibid.

2010 and the Organisation of Islamic Cooperation has recently established a unit for health issues. Global health 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. 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.\(^{68}\)

World Health Organization (WHO) was established as the agency for directing and coordinating authority on international health work, particularly in setting norms and standards and policies in public health, establishing and maintaining effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and other organizations. It is a major actor in the international Global Health Diplomacy practice.\(^{69}\)

Private foundations have become significantly more influential institutions in global health, directly and in partnership with the WHO. According to WHO, the number of global health partnerships has increased steadily over the past decade and more than 100 private global foundations now exist. 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

\(^{68}\) Nowotny T. *Diplomacy and governance*. Piscataway: Transaction Publishers; 2011

\(^{69}\) Ibid.
policy setting processes, particularly given that some of the private actors in partnerships and the alliances have funds that exceed the contributions to UN organizations of member states.\textsuperscript{70}

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 multi-stakeholder health diplomacy during conflicts.\textsuperscript{71} The 1990 World Declaration on the Survival, Protection and Development of Children formalized the concept of cease-fires for vaccination or humanitarian corridors (United Nations).\textsuperscript{72} Successes include the four-month “Guinea worm cease-fire” of 1995, when the government of Sudan and opposing forces allowed international and local health workers to deliver essential treatments and vaccines to thousands of villages in the midst of civil war (CDC).\textsuperscript{73} WHO Member States formally recognized “Health as a Bridge for Peace” as a strategic element in 1998. WHO used this concept as a framework that gives public and private-sector health leaders tools to negotiate space for public health interventions during conflict, ultimately supporting political, structural, and social peace building (Rodríguez-Garcia et al.).\textsuperscript{74} 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. This makes them better advocates than leaders of a complex legal negotiation, with its give and take and need for consensus.  

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.

2.3.4 Health Diplomats

These 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).

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

75 Ibid.

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

seven foreign ministers of the need for closer links between global health and foreign policy. In general, there is acceptance that closer interaction between the health and foreign policy communities is desirable and mutually beneficial.\(^7^8\)

Global health diplomacy brings together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manages the global policy environment for health. The relationship between health, foreign policy and trade is at the cutting edge of global health diplomacy.\(^7^9\)

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. For example, the chairs of the negotiations on the International Health Regulations and the Framework Convention on Tobacco Control were experienced diplomats from Ireland and Brazil respectively, not health ministers.\(^8^0\)

The many health negotiations taking place in different venues involve interactions at many levels of governance and a new interface between domestic and foreign policy. Representatives of countries and other interested actors are continuously engaged in negotiations in hubs such as Geneva, New York, Brussels and Addis Ababa, and health attachés play an important role, but not

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\(^8^0\) Ilona Kickbuscha & Mihály Kőkényb. 2013. *Global health diplomacy*: five years on. *Bull World Health Organ* 2013;91:159–159A.
many countries can dedicate substantial resources to these negotiation processes. At the recent session of WHO’s Executive Board, Member States underlined the importance of good preparation at the national and, increasingly, at the regional level.\textsuperscript{81}

### 2.4 African and Health Diplomacy

Diplomacy is changing. Countries and their representatives do not interact solely through traditional diplomatic channels, and the influence of independent actors on foreign policy is substantial. Despite widespread calls for more effective country-level coordination by health actors, formal mechanisms of communication are often fragmented by disease, sector, or bureaucratic silos.\textsuperscript{82}

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.\textsuperscript{83}

\textsuperscript{81} Ilona Kickbusch, \textit{Global health diplomacy: how foreign policy can influence health} BMJ; 342 doi: http://dx.doi.org/10.1136/bmj.d3154 (Published 10 June 2011)


\textsuperscript{83} Drager, N., and D. Fidler. \textit{Foreign Policy, Trade and Health: At the Cutting Edge of Global Health Diplomacy}. Bulletin of the World Health Organization 85(3): 161-244.
In 2003, the people of Kano State in northern Nigeria began refusing WHO-supported polio vaccination based on rumors, echoed by political and religious leaders, that the campaign represented a Western conspiracy to sterilize Muslims. These rumors gained momentum among communities sensitized by the "war on terror" as well as by a private-sector clinical trial alleged to have caused serious harm in local children.\textsuperscript{84} Over the next year, officials from the WHO, other UN agencies, the Organization of the Islamic Conference, and the U.S. government engaged in unusually intense diplomatic efforts with Nigerian authorities to resolve the impasse.\textsuperscript{85}

Ultimately, these negotiations plus switching production of the vaccine from the United States to Indonesia helped lead to the resumption of vaccinations (although not before outbreaks spread to previously polio-free countries in sub-Saharan Africa, Southeast Asia, and the Middle East). As Kauffmann and Feldbaum pointed out, however, there was no blueprint to solve the vaccine boycott; it was a health problem exacerbated by local and international political trends. Informal diplomacy had eroded public trust, and multi-stakeholder diplomacy proved demanding and time-consuming. State Department appeals for suggestions from U.S. agencies with health expertise, such as USAID and CDC, entered new territory. The technical experts who understood epidemiology had little idea of the tools that the U.S. mission could employ (such as, demarches, communiques, and/or direct contact between the ambassador and host government officials) or how to put them into action.\textsuperscript{86}

The negotiations surrounding the sharing of influenza viruses and access to vaccines have placed similar demands on technical and foreign policy skills. Traditionally, national public health


\textsuperscript{86} Ibid.
authorities have shared influenza virus samples from locally diagnosed human cases with one of the half dozen WHO collaborating centers for influenza. These centers confirm diagnostic testing, conduct strain analysis, and serve as repositories of virus strains for the international scientific community, including vaccine manufacturers. This process is a vital part of global influenza surveillance and response efforts for several reasons, such as the study of pathogen strains to look for changes in the virus or possible drug resistance, and for developing countermeasures such as vaccines.\(^{87}\)

A number of factors are contributing to the increased engagement of African regional integration organizations in global health diplomacy. The interaction between health and trade has led to a rethink of the role of health diplomacy by African regional integration organizations. 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. HIV/AIDS and Malaria have shattered communities whose markets are essential to trade expansion in Africa. For example, the negative economic impact of malaria include productivity losses as a result of pre-mature mortality and inefficiency attributable to spells of sickness and absenteeism from economically productive work in large parts of Africa. Therefore, diseases have and can effectively deter international trade, foreign investment, and tourism in Africa.\(^{88}\)

The threat of avian flu pandemics and Ebola and others, has triggered an increased interest in global health within regional integration organizations. The adoption of tobacco control measures by


\(^{88}\) William Onzivu. 2006. *Globalism, Regionalism or Both: Health Policy and Regional Economic Integration in Developing Countries, an Evolution of a Legal Regime?*, 15(1) MINN. J. INT’L L. 111, 123.
Parties to the WHO FCTC also contributed to the importance of health diplomacy in regionalism. For example, the Conventions labeling, packaging and product regulation requirements which binds Parties also imposes burdens of compliance by non-Parties who wish to export tobacco products to markets within Parties to the Convention.89

Fighting poverty, economic development, security and political stability dominate public policy goals of much of African regionalism. Regional law and policy making presents an important framework for health diplomacy. Through diplomacy, global and regional policies can be oriented to local conditions, needs and priorities. Regionalism promotes public health by integrating social policies into trade and economic accords and their general governance mechanisms. Regional approaches can succeed due to established mechanisms for collective experimenting and learning. Geographical proximity enables rapid diffusion of practices, promoting adaptation to new conditions. Through diplomacy, regionalism promotes crystallization of health standards and translates global health commitments to the national level.90 The African countries actively participated in the treaty’s negotiations. The African Union (AU) was represented in several of the WHO FCTC meetings. During the multilateral negotiations, State delegations in the treaty were composed of health, foreign affairs, trade, and finance ministries. Moreover, the negotiation process exhibited sectoral tensions between these ministries. Indeed, acknowledging this fact, the treaty calls for comprehensive multi-sectoral collaboration to implement the treaty at the national, regional and global levels.91

89 William Onzivu. 2006. Globalism, Regionalism or Both: Health Policy and Regional Economic Integration in Developing Countries, an Evolution of a Legal Regime?, 15(1) MINN. J. INT’L L. 111, 123.

90 Ibid

straddles the Great Lakes and Horn of Africa, regions that experience instabilities, close to the political fragility in Somalia and to an extent, Sudan Democratic Republic of Congo and Burundi.  

2.5 Health Diplomacy in East Africa

Diplomatic negotiations take place in two main contexts: multilaterally, when they involve more than two parties, and bilaterally, where only two parties are involved. Multilateral diplomatic negotiations often take place in international organizations, including universal organizations such as the United Nations, regional organizations such as the African Union, and sub-regional organization such as the East African Community. However, actors can also engage in multilateral negotiations outside the umbrella of international organizations. The most important requirement for multilateral negotiations is that they involve three or more actors.

The classic distinction between bilateral and multilateral diplomatic negotiations was done mostly for analytical purposes. In practice, this distinction is not always clear-cut. In practice, it has been demonstrated that often multilateral negotiations become bilateralised; and on the other hand bilateral negotiations become multilateralised. The bilateralisation of multilateral negotiations happens mostly in negotiations such as those between the European Union and African Caribbean and Pacific (ACP) countries. The outward structure of those negotiations is multilateral, because the states involved belong to international organizations such as the EU. In the pre-negotiation stages where for example the agenda is negotiated, the format remains multilateral. But in the negotiation phases the structure of negotiations becomes bilateral, because then only two parties participate. Thus

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states of the European Union and of the ACP countries (which are made up of many states) negotiate bilaterally.\textsuperscript{94}

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. From this regional level, the states of the region, as the East African Community, can negotiate as a region at the international level. In this interdependence, national health and security policies have a significant international - indeed global - dimension. On the other hand, the international dimension, seen for example in the increasing number of treaties on health issues also have an important effect on national policy making and institutions.\textsuperscript{95}

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 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


\textsuperscript{95} Ibid.
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.  

The economic growth in many Africa countries, decline in conflicts and important strides towards democracy and good governance are all contributing to health. Other wide ranging interventions are being implemented and important progress is being made in addressing the root causes of the disease burden in Africa.  

The AU adopted a nine year health strategy (2007-2015), to scale up health systems and promote international health partnerships in Africa. The AU and its organs are required to strengthen cooperation within Africa south-south and north-south collaboration to attain the goals of the strategy. The AU health diplomacy has focused on the adoption of other politico-legal Declarations. For example in 2010, the AU summit in Kampala adopted Decisions on NEPAD and the Group of Eight (G8) Muskoka Initiative on Maternal, New born and Under-5 Child Health. Another AU Decision focused on ending transmission of HIV/AIDS from mother to child. The AU diplomacy has recently been directed to address the impact of climate change on health and development in Africa.  

The EAC membership comprises Kenya, Uganda, Tanzania, Rwanda and Burundi. The East African Heads of State signed the Treaty for the Establishment of the East African Community in Arusha on November 30, 1999. The objectives of the Community are to develop policies and

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98 Decision on the Partnership for the Eradication of Mother-Child Transmission of HIV/AIDS, Doc. Assembly/AU/17 (XV) Add.1, Adopted by the Fifteenth Ordinary Session of the Assembly of the Union on 27 July 2010 in Kampala, Uganda. 

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programmes to widen and deepen co-operation among the partner states in political, economic, social and cultural fields, research and technology, defence, security, legal and judicial affairs.

The regional co-operation and integration envisaged in the EAC is broad based and includes cooperation in health. The aim of this cooperation is toward a healthy community. To cooperate in health activities, the Parties are required to take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector-borne diseases such as HIV/AIDS, cholera, malaria, and to co-operate in facilitating mass immunization and other public health campaigns, to promote the management of health delivery.

Diplomacy has been a fundamental feature of the EAC. The Community is working to harmonize foreign policies of its Member States to pursue harmonized East African foreign and security policy. The main institutions of the Community include the Summit of Heads of State and relevant Council of Ministers. The EAC possesses mechanisms to foster health diplomacy. Firstly, it has provided interagency cooperation frameworks between health, foreign and community ministries. Secondly, the treaty has established sectoral Council of Ministers of Health that meets regularly to discuss regional health matters. Their decisions are endorsed by the Community Council of Ministers before submission to Summit of Heads of State or Government for approval.

2.6 Challenges of Health Diplomacy
Health is mentioned explicitly in three of the eight MDGs which the international community pledged to meet in the 2000 Millennium Declaration. Apart from the three MDGs which are directly linked to health, achievement of the five other MDGs also contributes to improving health, and vice versa. Health is both a consequence and a source of progress in reducing extreme poverty and hunger (MDG

99 East African Community- Organs of the Community http://www.eac.int/
1), achieving universal primary education (MDG 2), promoting gender equality and empowering women (MDG 3), ensuring environmental sustainability (MDG 7), and developing a global partnership for development (MDG 8). ¹⁰⁰

Among the challenges for sustainability is the human resource deficit, Goosby explains. “The countries in which we work, virtually every one of them, do not have the tools to effectively manage and oversee programmes”, he says. “They have leadership that is well educated and ready but the minister of health then turns around to nobody to implement the idea.” To begin to overcome these obstacles, country leadership must be more involved. “The substantive permanency of these programmes is best realised when the Minister of Finance and the President are engaged in those dialogues and make those commitments”, Goosby told the meeting. PEPFAR recently earned praise from an Institute of Medicine evaluation for saving millions of lives worldwide and proving “that HIV/AIDS services can be successfully delivered on a large scale in countries with high burden of disease and limited available resources and infrastructure”. However, the report said that President's Emergency Plan for AIDS Relief (PEPFAR) should do more to help host countries manage on their own to sustain progress in controlling HIV. ¹⁰¹

The African Union’s priorities are predominantly focused on economic development and political independence. The preoccupation with trade liberalization has been accompanied by neo-liberal reforms in Africa such as private health insurance partly aided by regional trade agreements. While social issues have been a paramount aspect of AU policy, its health priorities have been ambivalent. While the focus on communicable diseases is appropriate, it has often exhibited resistance to


¹⁰¹ Suzan Jaffe. 2013. The USA and global health diplomacy: goals and challenges. Lancet. USA.
addressing NCDs. This has been accentuated by lack of common negotiation positions regarding health policy. This has also resulted in fragmented political positions of Agriculture, Trade, Health and Foreign Ministries often pushing for antagonistic positions. For example, in the 2010 summit of AU Ministers of Agriculture, Malawi’s Agriculture Minister sought the support of African governments in uniting to oppose WHO FCTC draft guidelines on Articles 9, 10 of the Convention. The resulting Resolution was entirely based on the submission by the Malawian Delegation despite the over 40 African States Parties to the Convention. The resolution reiterated the role tobacco growing plays in meeting the livelihood needs of hundreds of thousands of people in Africa in general and in south-eastern Africa in particular. It appreciated the need to establish a fair trading regime in the marketing of tobacco and other agricultural products. The Resolution opposed the said guidelines.

2.7 Conclusion

The literature review in this chapter brought out the relationship between foreign policy and health and the role of health plays in articulation countries foreign policy. It effectively brought out the actors in the field of the Global Health diplomacy, from the global perspective, Africa and East African region. The chapter also highlighted the challenges in Health diplomacy. The literature review identified the key state actors as the Ministries of Health, Foreign Affairs and Defence. The practice of health diplomacy in regional organization – Africa Union and East African community


103 Ibid.
helped to link Health diplomacy with Ministry of East African Affairs and Tourism. This was very important as it provided the basis and direction for chapter three data collection.
CHAPTER THREE

ACTORS, PRACTICE AND POLICY IN HEALTH DIPLOMACY IN KENYA

3.1 Global Health Diplomacy Stakeholders in Kenya

The literature review done in this study identified the actors and the practice of health diplomacy. The key government ministries were indented as the drivers of diplomacy related to global health issues. This formed basis of primary data collection using participant observation and questionnaire interview of key informant, that is, stakeholders in Health Diplomacy. The face-to-face interviews were used so as to get more facts and minimize the biases. The study targeted senior official, key technical staff and practitioners from the Ministry of Health, Ministry of Foreign Affairs and International Trade, Ministry of Defence and of East African Affairs and Tourism. By interviewing these key informants the study aimed at meeting the objectives of establishing and evaluating the status of Health Diplomacy as an international issue, determining the policy on health diplomacy, establishing the practice on health diplomacy in Kenya, and looking for evidence of existence and trends on health diplomacy in Kenya.

For any nation, the health and well-being of its population has broad social, political, and economic implications. As such, health cooperation is an important part of the Kenyan health system. In the Kenya context, these health experts in Health Diplomacy included ministry of health, minister of defense, minister of foreign affairs and international trade, inter-governmental agencies, non-governmental and humanitarian assistance agencies, who have a role in broad Global Health Diplomacy efforts. 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. Global health is one of the areas in which a new approach to diplomacy in the 21st century is most manifest. Today multi lateral health negotiations matter, as they touch upon national and economic interests and reflect the tension between national sovereignty, global collective action and involve many health experts from various government ministries as well as those between expansive business interests and the protection of the health of vulnerable groups.

The following sections in the chapter give details of the information gathered from key informant from the Ministry of Health, Ministry of Foreign Affairs and International Trade, Ministry of Defence and of East African Affairs and Tourism where the identified other actors both state and non-state actors, detailed the process of health diplomacy negotiation, and detailed the health sector international conventions and treaties, memorandum of understanding and bilateral agreements.

3.2 The Ministry of Foreign Affairs and International Trade

The Ministry had a high response rate. The ministry whose vision is to promote a peaceful and prosperous Kenya, effectively contributing to the realization of a stable continent and better International understanding did not have a designated Health Diplomacy desk.

In regards to the question on the availability of a policy on Global Health issues; there was consensus among the informants that there is no policy guiding global health diplomacy in the ministry of Foreign Affairs and International Trade, and Health Diplomacy situations are dealt with ad hoc as and when they arise.

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104 Khanna P. How to run the world: charting a course to the next renaissance, Random House. 2011

All informants appreciated that global health is an important area in the pursuance of the foreign policy and an emerging interest order under economic diplomacy focusing on Foreign Direct Investments (FDI) and Tourism. Like other issues in the Ministry of foreign affairs they are guided by the government priorities and currently by the *Jubilee manifesto* and also articulated in the Kenya Vision 2030. Health is part of the social pillar of Vision 2030 that encompasses basic needs aimed at poverty eradication and development so health issues are rated highly.

Informants noted that the best way the Ministry of Foreign Affairs and International Trade policy can deal with medical/health related issues in its pursuance of Kenyans foreign policy is to support the government competent authority on medical/health issues that is to the extent required to engage beyond the national borders in pursuit of such issues. The ministry of foreign affairs and international trade is privileged with the capacity to engage diplomatically, regionally and internationally. Most informants highlighted the importance of health diplomacy in foreign policy and noted with globalization, trans-nationals have brought about spread of disease like SARS and H1N1 virus which can be costly to government if not well addressed. The ministry is also involved in the MDG which has health as one of the goals. The fourth MDG is aimed to reduce child mortality rate, fifth to improve maternal health and sixth to combat HIV/AIDS, malaria and other diseases. These goals implementation has made great achievements in Kenya. They further informed that

106 Kenya Vision 2030 is the country's development programme covering the period 2008 to 2030. It was launched on 10 June 2008 by the then President, Mwai Kibaki. Its objective is to help transform Kenya into a "newly industrializing, middle-income (income exceeding World’s average currently at US$10000) country providing a high quality of life to all its citizens by 2030 in a clean and secure environment." Developed through "an all-inclusive and participatory stakeholder consultative process, involving Kenyans from all parts of the country," the Vision is based around three "pillars": Economic, Social, and Political. The Vision's adoption comes after the country's GDP growth, from 0.6% in 2002 to 6.1% in 2006. The Kenya Vision 2030 is to be implemented in successive five-year medium-term plans, with the first such plan covering the period 2008–2012 (with the next covering the period 2012–2017, and so until 2030). Under the Vision, Kenya expects to meet its Millenium Development Goals (MDGs) by the deadline in 2015, with some of them already met.
among the emerging threats to national security are diseases which spread due to globalization which has led to easier travel and increased movement of people, Information Communication Technology (ICT). Coupled with terrorism this can be used to spread biological agents which can affect the health of people. Policy helps in keeping Kenya safe from certain preventable communicable diseases such as polio.

The informants noted that the Government of Kenya established the office of medical counselor at Kenya permanent mission in Geneva in 2006. The office coordinates Kenya’s relation with WHO USAID Global fund to fight AIDS, tuberculosis and malaria, GAVI alliance, UN AIDS and other international organizations working in health. The Kenya mission to United Nation Geneva also covers WHO and as a senior official is charged with handling the docket. Some years back the officer was at the level of ambassador. These missions are coordinated by the directorate of multilateral affairs there the informant has vast experience. Since Kenya is a regional hub for a host of other services the multilateral directorate participates in WHO meetings and advices government accordingly. The Directorate handles most of the health issues with the United Nations in New York and Geneva and other specialized United Nations agencies. The informant from Africa affairs directorate noted that the Horn of Africa has actively participated in IGAD on health matters affecting the region in terms of the health industry as a source of trade and investment flows between Kenya and the world. Through IGAD the mission bilaterally negotiated between Kenya and Djibouti and entered memorandum of understanding to cooperate on matters of health affecting the region. Similarly the Windhoek mission accredited to Angola had pursued aggressively health diplomacy. In 2010 mission organized study tour to Angola health facilities by Kenya’s major public and private

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107 The Intergovernmental Authority on Development (IGAD) is an eight-country trading bloc based in Eastern Africa. It includes governments from the Horn of Africa, Nile Valley, and the African Great Lakes, and its headquarters are located in Djibouti.
hospital with an aim of starting health collaboration and medical tourism. The same mission had bilateral negotiations with Namibia and signed a memorandum of understanding on health matter pursuant to which Kenya has sent over 100 nurses and 30 doctors to Namibia since 2005.

Health diplomacy entails negotiations that take place at different levels and are both bilateral and multilateral. The informants stated that at the Ministry headquarters and in the Diplomatic missions abroad there are no specific teams that deal with health matter and negotiations are carried out as issues arise. They informed that bilateral negotiations are handled by specific directorates and diplomatic missions with the assistance and technical input from the ministry of health international health unit. Multilateral negotiations are coordinated by the directorate of multilateral affairs and diplomatic mission in United Nations and Geneva. Foreign affairs participate in meetings of health ministry it works closely with the Department of International Health and Ministry of Health. On HIV/AIDS, Global health coalition and global business coalition against HIV/AIDS based in New York, Kenya is a chapter and the informant who was the resident ambassador was a founding member.

Negotiations are conducted in consultation with ministry of health on technical matters and counselor of health in Geneva. Ministry of Foreign Affairs and International Trade facilitates Kenya delegation to health related conferences. There was consensus among the informants that issues are not very well coordinated and wished more effective coordination could be done. Informants cited that when there is an out-break, such as, Ebola, Avian flu there is a committee of stake holders that includes Ministry of Foreign Affairs and International Trade and Ministry of Health.

In regards to the training of Health Diplomats, the informants indicated the Ministry of Foreign Affairs and International Trade does not train diplomats on Health Diplomacy. Further information
revealed that the current health negotiators do not have health or medical background and they are not trained diplomats. It is only during diplomat’s minimal induction that training is given limited to seminar on HIV/AIDS. When there is health attaché like Geneva they undergo training in missions on job training. During negotiations the Ministry would have to borrow from ministry of health and Kenya Bureau of Standards (KEBS) on medical equipment standards issues.

In regards to future development of Global health diplomacy in the Ministry of Foreign Affairs and International Trade and in the Country as a whole, the informants revealed that Global health diplomacy need to be developed beginning from East Africa Community (EAC) region. With globalization and recent epidemics impacting on national and international security, it is inevitable that the government has to consider health diplomacy seriously. The issues of health are very key and they appear on a daily basis in New York, Geneva and Vienna and in order for Kenya to be able to take advantage and benefit, there’s need to develop the area of Health Diplomacy. The developments will go in tandem with health diplomacy. Kenya seems to be adopting health tourism for countries in the region. Kenya has very good health facilities which have been important to the establishment of UN office in Nairobi. Kenya should take advantage and develop medical tourism. Kenya can use its superb medical facilities to promote medical tourism especially in sub-Saharan Africa and growth of health tourism (medical tourism) to step up tourism leading to an increase in FDI through the production of health equipment and pharmaceuticals, including generics, for the regional market. The informants unanimously recommended that Global health diplomacy to be assigned instead to Ministry of Health.

Most of the informants informed that there is coordination of global health issues with the Ministry of Foreign Affairs and International Trade. They mainly collaborate on issues regarding
joint commissions of cooperation (country to country agreements), regional and global agendas coordinated by various intergovernmental agencies (example UN, WHO, WTO) through the national office and the officers at the embassies. They have collaborate on issues of ‘trips’ and of other trade matter related to public health, on issues of illicit trade example Tobacco Products among others. They however informed that Ministry of Foreign Affairs and International Trade does not have an office that specifically deals with Global Health Matters apart from a health attaché who was once based in Geneva, Switzerland. Currently there is no attaché in any of the Ministry of Foreign Affairs and International Trade foreign mission.

Though there is constant interaction between Ministry of Health and Ministry of Foreign Affairs and International Trade there is no formal coordinating body. The informants informed that Global Health issues are handled as part of international sector matters through a Joint Coordinating Commission. The International Health Relations Unit is in charge of coordinating all global health affairs for the Ministry of Health provides the link between the Ministry of Health and Ministry of Foreign Affairs and Trade. It was also noted that the mechanisms of cooperation and communication between health and foreign affairs is done through letters, and sharing of agreements letters, email, telephone. Formal communication to ministry of foreign affairs from the ministry of health is through formal letters, credentials meetings and communiqués.

3.3 The Ministry of Health

The informants revealed that the ministry of health did not have a policy guiding global health diplomacy. The informants appreciated the need to have a policy and noted that the policy was under development and the ministry is finalizing the process of developing the Kenya Health Policy (2013-}
Currently the ministry participates in Health Diplomacy through specific subject matter. On the coordination of global strategy, the informants noted that the ministry uses the overall health sector strategy developed based on specific global issues annual implementation plans.

Informants from all directorate interviewed indicated that their directorates were involved in global health issues in one way or other. This included technical directors and heads of administration and finance. The area of convergence included implementation of MDGs, infectious diseases reduction, medical products and management, attendance of meetings on global health; Implementation of specific global issue, global workforce and Human Resource for Health Millennium Development Goals Road safety. The involvement is at national, regional and global level.

Majority of the informants stated that there was coordination of global health issues with the Ministry of Foreign Affairs and International Trade. The Ministry of Health mainly collaborate with the Ministry of Foreign Affairs and International Trade on issues regarding joint commissions of cooperation (Country to Country agreements), regional and global agendas coordinated by various intergovernmental agencies (UN, WHO, WTO among others) through the national office and the officers at the embassies. They have collaborated on issues of ‘trips’ and of other trade matter related to public health, on issues of illicit trade example Tobacco Products among others. They however informed that Ministry of Foreign Affairs and International Trade does not have a office that specifically deals with Global Health matters apart from a health attaché who was once based in

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108 A new Kenya Health Policy (2012-2030) was adopted by Government in 2012. It is aligned to the 2010 Constitution and the country’s long-term development agenda (Vision 2030). Through Vision 2030, the country aims to transform itself into a middle-income nation. The health policy embraces this long term vision and has made use of the PHC approach to focus on the attainment of the right to health for all citizens as provided for in the constitution. A government-wide medium-term development plan (MTP) is at advanced stage of development. Alongside the MTP is a national health strategic plan (NHSSP III) also at advanced stage of development.
Geneva, Switzerland. Currently there is no attaché in any of the Ministry of Foreign Affairs and International Trade foreign missions.

Even though there is constant interaction between these two ministries, however, there is no formal coordinating body. The informants’ states that Global Health issues are handled as part of international sector matters through joint coordinating commission and the International Health Relations Unit is in charge of coordinating all global health affairs for the Ministry of Health provides the link. It was also noted that the mechanisms both formal and informal of cooperation and communication between heath and foreign affairs is done through letters, and sharing of agreements letters, email, telephone. Formal communication to ministry of foreign affairs from the ministry of health is through formal letters, credentials meetings and communiqués.

Informants’ pointed out that there is the International Health Unit at the ministry of health headquarters headed by an assistant Director of Medical Services. They however also informed that most international health activities involve the senior policy makers (Cabinet secretary, Principal Secretary, Director of medical services, Heads of directorates, division and units). The IHR unit helps coordinate and prepare teams that would be representing the country in a given agenda and sometimes the unit accompanies the team where necessary. This creates an opportunity for all those participating in global health meeting to actively participate in discussions and influence the content of documents being negotiated in ways that will be beneficial to the country. Other mechanisms of cooperation are done through ministerial and inter-sectoral meetings, training in global health diplomacy, and exchange of materials with the health attaché in Geneva.

The International Health Unit was appreciated by most informants as one of the key bodies when it came to dealing with Global Health Diplomacy matters. It was noted that this is a unit not a department or a directorate. It was downgraded recently to a unit. The study observed that this unit
did not have a designated office, instead shared space with other departments. Currently, the unit has five staff three of whom are technical officers. On professional training the unit normally has one week trainings on Global Health diplomacy every two years and all officers currently in the unit have undertaken the training. The officers also have gained experience through on the job training by preparing and participating in local, regional and global meeting in which regional, global health affairs are discussed.

The core functions of International Health Relations Unit include: Establish awareness within the Ministry and the nation on international health related issues and opportunities. Identify opportunities that would promote population’s health; facilitate the Ministry’s active membership and participation in intergovernmental meetings and negotiations for example World Health Assembly, Joint Coordinating Committees; serve and promote the national health interests regionally and globally, such as, EAC, ECSA, WHO meetings; follow-up on the decisions and resolutions made at the international meetings/forums; and to develop, strengthen and promote the Ministry’s role in bilateral technical co-operations in health.

The study thus far observed the achievements of this IHR unit, with included: The operationalization of an IHR Unit within the ministry; the negotiation for the inclusion of public health interests, sharing best practices and benefit sharing in the WHO global strategy and plan of action on public health, innovation and Intellectual property; the curriculum development for Masters programme in GHD and capacity building officers from the ministry of health, foreign affairs and trade in the ECSA region on GHD.

The current challenges facing the unit and hence Ministry of Heath, in its pursuit of Health diplomacy include; Lack of funding, poor understanding of the mandate of IHR by other directorates,
divisions and units within the Ministry causing lack of support to IHR Unit’s activities; lack of awareness of the existence of the IHR unit by other government sectors thus they do not involve the unit in their regional and international activities that may have a direct or indirect impact on health.

The study observed that most of the directorates of the ministry of health are involved in one way or other in the process of negotiation. This includes the Directorate of preventive and promotive Health Services, Directorate of Policy, Planning and Healthcare Financing, Unit of international health relations and directorate of finance which get involved there issues of funding and financing are concerned. The negotiations are both bilateral and multilateral. The key informants informed that the bilateral country to country negotiations are spearheaded by the ministry of foreign affairs. Multilateral negotiations are mainly carried out through regional and global inter-governmental agencies like the UN, WHO, WTO, Commonwealth, EAC, ECSA, AU, IDAD, NEPAD. Finance directorate was involved in Healthcare financing and Output Based Assistance (OBA) programmes in reproductive health and health insurance. Detailed negotiated health sector international conventions & treaties, memorandum of understanding and bilateral agreements articulated below.

The informants revealed that negotiators involved in health diplomacy mainly consist of the relevant technical officers from the relevant units in the ministry health, technical officers from other ministries depending on the issue and the diplomats from the ministry of foreign affairs assigned to participate. Both formal (during the meeting) and informal negotiations (negotiations on the corridor, tea, lunch and dinner breaks or after the meeting) are used. Officers involved at international meetings and negotiators are appointed by the ministry.

The informants further observe that the pre-negotiation stage involves multiple actors that include technical officers, secretariats of the host organization all the relevant technical unit and line
ministries technical officers (health). Diplomacy and negotiation at times is composed of the highest level in the ministry involving the cabinet secretaries and the principal secretary especially when preparing for the head of states summit. Other levels include director of medical services with technical directors who give input on the technical issues. Further input is given by the attorney general, national treasury all the relevant technical units and line ministries and the senior policy makers in the relevant line ministries. Once a meeting has been concluded a report is generated by the team that participated in the meeting with clear recommendations and action plan and forwarded to the cabinet secretary for approval. The study observed that as soon as the report is approved it is disseminated to all the relevant officers for implementation. These include, ministry of health staff technical officers at various departments of the ministry technical offices. The study observed some officers within the Ministry actively participating on GHD agendas that may be directly related to the mandate of their unit. The officers in IHR unit were currently being trained on diplomacy and international relations.

3.4 The Ministry Of State for Defence

Ministry of Defence (MOD) is both a policy Department of State and like any other government Ministry as well as being the highest level military headquarters in Kenya providing political control of all military operations. It controls resources for the Kenya Defence Forces and civilian personnel who work closely together to deliver Kenya's Defence.\(^{109}\)

The Ministries of Defence and the military globally are involved in health diplomacy. The researcher was able to interview senior officers from the medical branch at Defence Headquarters as key informants. They revealed that the ministry does not have a policy on health diplomacy and the issues are usually handled as they arise through the directorate of operations and training. However Kenya has been a recipient of health diplomacy from the international development partners and Kenya troops in various peacekeeping missions have used health diplomacy to win hearts and minds.

The informants stated that Kenya Defence Forces (KDF) has collaborated with international partners to improve the delivery of her health services. The following are the partnerships KDF entered on health, these include: The United State of America is one of the international partners. Kenya, East African countries and USA have been engaging in biannual joint military training exercises and have major health components through which the community where the exercise is taking place benefit from basic and specialized medical treatment. The USA has on various occasions supported KDF in training medical personnel on operational medical matters including aviation medicine for aviation doctors, field medical course for regimental medical officers and combat medic and advanced live support courses. Through military to military cooperation, one exchange programme between military hospital managers was organized between the DFMH and the Walter Reed Hospital for appreciation of practices of health services management between the two militaries. The USDOD assisted the KDF in building and equipping the DFMH Radiology Complex. The HIV Programme is by far the biggest beneficiary of the collaboration with over Kshs 750m invested by USA into the Programme. Genesis: After Presidential declaration of HIV/AIDS as a National Disaster in November 1999, resources were to be mobilized to fight the pandemic. USDOD
through (US Army Medical Research Unit, Kenya) USAMRU-K, availed opportunity for collaboration in the formation of a programme to fight HIV/AIDS in the Kenya Military.

They informed that they had made achievements for example the collaboration has enabled the Programme to establish 17 VCT sites, 14 PMTCT sites and 5 Comprehensive Care Clinics; 4 additional laboratories and trained over 1200 personnel in various aspects of HIV/AIDS management. The Programme has enabled the reduction of HIV rates in Kenya military from a high of 14% in 1999 to less than 3% currently. The Chief of Defence Forces (CDF) world aids day message to members of the Kenya Defence Forces on December 01, 2013 commended the development and implementation of the KDF HIV/AIDS. Particular mention must be made in recognition of our international partner the USDOD.

The informants also observes that with assistance of the USAMRU-K Department of Emerging Infectious Diseases (DEID), KDF has established five surveillance sites for disease such as Influence, Viral Hemorrhagic Fevers, Sexually Transmitted illness, Enteric Fevers, Malaria and Acute Febrile Illnesses. The capacity in terms of infrastructure, laboratory equipment and training of medical personnel has been enhanced.

Kenya and USA participate regularly in medical exercises. Natural Fire is a multi-national, globally resourced exercise focused on humanitarian assistance and disaster relief and MEDFLAG is a multi-national medical training exercise designed to enhance medical capabilities and readiness. In partnership with the United States Agency for International Development (USAID) and Africa in 2008 to establish a Pandemic Response Program (PRP) aimed at assisting African militaries to develop influenza pandemic response plans that are integrated into their country’s overall national response plans. The potential for a pandemic influenza event in Africa is high due to the level of cross-border travel and trade. The healthcare systems within the majority of African nations are
vulnerable to any excess capacity that may result from such a pandemic. KDF and other militaries can play key roles in the event of a pandemic, working in collaboration with other governmental, non-governmental and international organizations to maintain security provide logistical support for food, medicine and other commodities, maintain communications, and provide augmented medical care. PRP strives to improve the capacity for regional stability in the event of a complex emergency such as a pandemic event. Towards these ends, PRP provides training and technical assistance and identifies, and at times purchases, limited equipment needed for selected countries.110

The study observed another example of Federal Republic of Germany which as part of their diplomacy has provided specialized training for KDF senior consultants and provided field hospital equipments in 2006. KDF is currently engaging the Germany government for provision of one mobile Field Hospital. The German Government has also expressed interest in financing of construction of a Premier Military hospital for KDF.

The study also observed United Kingdom’s British Army has partnered with the Kenya military since the time that Kenya Army was formed from the Kings African Rifles, a regiment of the colonial British Army. The following are the collaboration KDF has had with the British Army:

Training; Exercise Askari Serpent. The British Army carries out biannual combat medic exercises with the KDF. This involves a 5 day training of KDF personnel on field medicine and KDF training the British Medicals on tropical diseases. This is then followed by a two week field simulation exercise. The British trains 240 medics and KDF trains twenty annually through this partnership. The British has been offering KDF at least a slot annually for training of doctors in aviation medicine.

At regional level, the EAC member countries have been working for common health policies to improve on health of member countries. The militaries have been working especially on HIV and

110 http://www.africom.mil/what-we-do/security-cooperation-programs/medcap
AIDS and Travel Health Policies. The Africa Union and KDF have participated in peace support operations. KDF has contributed Medical personnel for staff duties at the Force headquarters and participated in writing operational manuals. KDF also contributes levels II and III Hospitals for the missions.

United Nations - Kenyan troops have used heath or medical diplomacy to ensure their success in United Nation Peace Keeping operations. KDF has contributed troops for over 20 Peacekeeping operations. KDF Medical personnel deployed in this operation have participated in civil military operations providing medical assistance to the communities. This was particularly in Sierra Leone and East Timor. In East Timor the Kenyan Contingent though being small was the most successful because it used health diplomacy to endear itself to the community. It provided organized medical outreach clinic and was able offer medical care vaccination, attending to emergencies and health education. Acceptance of KDF troop in AMISON has been enhanced by use of medical diplomacy. KDF has continued to provide limited humanitarian assistance in terms of medical assistance and feeding old and weak Somali people.\footnote{http://www.mod.go.ke/?page_link=rehatting_jul2012}

Modern warfare involves winning the hearts and minds of the local people. What has the KDF done to empower communities in Somalia, especially with the language barrier? In every town that fell from Al-Shabaab into the hands of KDF, the situation was the same: lack of water, lack of food, no basic medical services, no schools, no access roads, and others. In Dhobley, KDF renovated the existing health facility and upgraded it to hospital status. KDF provided doctors and nurses to treat the local population. African Union Mission in Somalia (AMISOM) has now taken it up and converted it to a Level 2 hospital. Mobile clinics were set up by KDF in areas that had no health facilities. A makeshift facility was set up in the town of Ras Kamboni that had nothing at all despite

\footnote{http://www.mod.go.ke/?page_link=rehatting_jul2012}
being home to a large fishing community. KDF in AMISOM provided emergency medical treatment to Somali children during severe drought and humanitarian crisis.

3.5 The Ministry of East African Affairs, Commerce and Tourism

East Africa Community is the most important regional organization for Kenya. The diplomatic interaction with East Africa community is conducted by the state department of East African Affairs, and health diplomacy is articulated as part of this diplomacy. The study interviewed key informants from the ministry that included the deputy director and head of the health sector, and his assistant-senior assistant deputy director.

The state department of East African Affairs has four directorates namely, economic affairs, political affairs productive services and social affairs. Health is in the directorate of social affair together with education science and technology, labor, culture, gender, youth and sport. All the informants noted that the health section is the most active together with education.

They observed that regional integration policy is under development and therefore has no policy on health diplomacy. The practice is guided by treaties, rules of procedures and the guiding principles and tools of engagement. The sector provides coordination of health issue with the East Africa Community and not involved with implementation. The informants highlighted the following as part of the ongoing issue in the sector.

East Africa Public Health Laboratory Networking Project (part of the Africa Regional Communicable Disease Control and Preparedness Program), the project aims to strengthen capacities of participating countries for the diagnosis of TB and other communicable diseases. This is aimed at confirming diagnosis before treatment and this will help to curb drug wastage important drug resistance in the whole region. The initiative is funded by World Bank.

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East African Community Medicines Registration Harmonization (EAC-MRH) Initiative is the Project to promote the harmonization of medicines registration in the region, which is a key contributor to public health and leads to rapid access to good quality, safe and effective medicines for priority diseases. Essential medicines save lives and improve health when they are available, affordable, of assured quality and used rationally. However, lack of access to essential medicines remains one of the most serious global public health problems.

The EAC, the Open Health Initiative to Improve Reproductive, Maternal, Child, and Newborn Health in the East African Community Partner States (OHI) aims to support the partner states reach their goals for women’s and children’s health. The objectives of the Open Health Initiative are therefore to promote innovative interventions, enhance access to data and information for better results, and provide stronger oversight of results and resources for women's and children's health within the EAC towards the achievement of MDGs 4 and 5.

The EAC Regional Pharmaceutical Manufacturing Plan of Action 2012-2016. The EACRPMPOA has been put in place to address the challenges the region is facing in the provision of safe, efficacious, and affordable quality essential medicines. The provision of such medicines and other quality health commodities remains a major challenge in the region due to inadequate local production and over reliance on importation of finished pharmaceutical products from outside the region. EACRPMPOA is based on the six pillars of development including: Promotion of competitive and efficient pharmaceutical production regionally; Facilitation of increased investment in pharmaceutical production regionally; Strengthening of pharmaceutical regulatory capacity in the region; Development of appropriate skills and knowledge on pharmaceutical production in the region; Utilization of TRIPS flexibilities towards improved local production of pharmaceuticals and Mainstreaming innovation, research and development within regional pharmaceutical industry.
Centers of research and medical excellence, where East Africa in a regional integration framework will establish a network of centers of excellence in Kenya, Tanzania and Uganda. Kenya will establish a Centre of Excellence in skills and technology focusing on kidney sciences, Tanzania will establish a Centre of Excellence in Cardiovascular Training, Research and Service Delivery; and Uganda will establish a Centre of Excellence in Cancer sciences training and research for prevention and treatment. These centers will serve the whole region and beyond. The projects have not started but proposals and negotiations underway. When complete they will also enhance medical tourism.

The health section work closely with the EAC secretariat and the entire ministry directorate as health issues are cross cutting. The important actor or partners include ministries of education, devolution and planning, foreign affairs, agriculture, trade, and industry among others. Ministry of health is the key partner especially the department of international health, NASCOP and National Aids council. Pharmacy and poisons board is an important stakeholder especially in Good Manufacture practices (GMP) harmonization, and common registration of drugs and medicines. Kenya medical and dentist’s practitioners’ board, Nursing council and others medical professional bodies are key partner and are engaged in regional training setting standard and harmonization of the professional practice. Other important actor includes WHO, USAID, World Bank, European Union, NORAD, GTZ, Bill Gates foundation, Rockefeller Foundation.

They informed on the challenges and opportunities. At the level of partner state the decision making process is very good but the implementation on agreed issues was an major challenge, due to limited capacity of implementing ministries. Sometime decision making takes a long time especially crosscutting issues requiring wide consultations with stake holders this is more on donor funded initiatives requiring extensive negotiations. Funding was also noted to be a big challenge as most of the initiatives are donor funded and at times the funding is conditional with changing goal posts. On
opportunities it was noted that there is enormous support and political good will from the regional leadership and donors as health issues are commonly shared and diseases have no boundaries.

The state department of East African Affairs has three directorates namely, economic affairs, political affairs productive services and social affairs. Health is in the directorate of social affair together with education science and technology, labor, culture, gender, youth and sport.

They all noted that the health section is the most active together with education. Policy, they noted that regional integration policy is under development so no policy on health diplomacy. The practice is guided by treaties, rules of procedures and the guiding principles and tools of engagement. The sector provides coordination of health issue with the East Africa Community and not involved with implementation. The highlighted the ongoing issue in the sector.

3.6 Global health negotiations

It noted that most of the directorates of the ministry of health are involved in one way or other in the process of negotiation. This includes the Directorate of preventive and promotive Health Services, Directorate of Policy, Planning and Healthcare Financing, Unit of international health relations and directorate of finance which get involved there issues of funding and financing are concerned. The negotiations are both bilateral and multilateral. The key informants informed the bilateral country to country negotiations are spearheaded by the ministry of foreign affairs. This is mainly carried out through regional and global inter-governmental agencies like the UN, WHO, WTO, Commonwealth, EAC, ECSA, AU, IDAD, NEPAD. Finance directorate was involved in Healthcare financing and output based assistance (OBA) programmes in reproductive health and health insurance. Detailed negotiated health sector international conventions & treaties, memorandum of understanding and bilateral agreements articulated below.
They noted that negotiators involved in health diplomacy mainly consist of the relevant technical officers from the relevant units in the ministry health, technical officers from other ministries depending on the issue and the diplomats from the ministry of foreign affairs are assigned to participate. Both formal (during the meeting) and informal negotiations (negotiations on the corridor, tea, lunch and dinner breaks or after the meeting) are used. Officers involved at international meetings and negotiators are appointed by the ministry. At pre-negotiation stage technical officers secretariats of the host organization all the relevant technical unit and line ministries technical officers (health) and the cabinet secretary and principal secretary are involved in the negotiation process officers at the level of director and senior/ deputy director technical officers, attorney general, national treasury all the relevant technical unit and line ministries and the senior policy makers in the relevant line ministries ministry of health staff implementation stage.

For both policy makers at the national level and the technical officers on the ground, once a meeting has been concluded a report is generated by the team that participated in the meeting with clear recommendations and action plan and forwarded to the cabinet secretary for approval. Once the report is approved it is disseminated to all the relevant officers for implementation by the Ministry of health staff technical officers at various departments of the ministry technical officers MOH staff and other sectors

Dr James Mukabi former Head of the International Health Desk at the Ministry of Public Health and Sanitation, Kenya, presented the experience of Kenya and generally the ECSA Region in Global Health Diplomacy. One of the key assignments undertaken by the Department so far includes participation in the WHO Inter-Governmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property. There was keen interest by ministry since the Working Group

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113 GHD Ministers Meeting Rep October 2010.
was addressing access to essential drugs—a key issue of concern to Kenya and the entire African region. Kenya led the African region in negotiations. The Kenyan delegation initially consisted of two officers from Ministry of Health, but later incorporated support from drug regulatory authority, patents office (Ministry of Industrialization) and Ministry of Foreign Affairs. The negotiations were long and tiresome and mostly pitted developed against developing countries. The key issue was trade interests versus public health interests and all manner of tactics were employed to wear down the opponent. The Afro voice was characteristically weak relative to other regions. Some of the lessons learnt include, importance of involving relevant sectors (especially Industrialization/Trade, Foreign Affairs) in health negotiations, Negotiation skills are key in such forums, a strong regional voice strengthens the bargaining power and the need to develop Global Health Diplomacy capacity.

The informants recommended the need to strengthen Global Health in the MOH, by improving negotiation skills for example the recent directive by the Indian government requiring Kenyan travelling to India to take polio vaccination would have been handled better had the ministry of health had well trained and experienced negotiators.

3.7 Other Government Ministries

The informants across the board identified the following government institution involved health diplomacy. Ministry of trade, Ministry of finance, Ministry of East African Affairs, Commerce and Tourism, Ministry of Interior, Ministry of Foreign Affairs, Kenya Institute of Intellectual

114 GHD Ministers Meeting Rep October 2010.

115 The Government of India has decided that all travelers to India, children as well as adults, from the Republic of Kenya need to have completed a full course of vaccination against polio, preferably with Oral Polio Vaccine (OPV), and should receive an additional dose of OPV at least six (6) weeks before each international journey. The validity of a full course of vaccination will be one year. All travelers from the Republic of Kenya to India will be required to carry with them a written record of vaccination (Patient-retained record) for polio, preferable using the IHR 2005 International Certificate of Vaccination or Prophylaxis, from a hospital or centre administering OPV, authorized by Government of the Republic of Kenya. This requirement will be effective from 14th February 2014 for entry into India.
Property, Attorney Generals (AGs) office, University of Nairobi (School of Public Health and Institute of Diplomacy and International Studies) National Hospital Insurance Fund Kenya Medical Research Institute National Referral and Teaching Hospitals National treasury, Ministry of Education, and Ministry of Agriculture and Environment

3.8 Non-State Actors

The informants from all ministries identified International organization, intergovernmental and Nongovernmental organization as the key in the practice of health diplomacy in Kenya. These included WHO, UNICEF, UNESCO, UNAIDS, EAC, ECSA, AU, IGAD, JICA, KFW, USAID UNITID Red Cross HENNET, AMREF, KEPSA, EAC, ECSA-HC, WHO MSF, HAI Africa, IAVI among others. Rockefeller Foundation, Bill and Melinda Gates foundation are other organizations engaged in health diplomacy in Kenya.

3.9 Health sector international conventions and treaties, memorandum of understanding and bilateral agreements

Documents from the Ministry of Health show that a lot of global health diplomacy has been going since 1949 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 crashes and enhance data management on road traffic injuries. Since then Kenya government ministries have engaged in health diplomacy and below some the conventions & treaties, memorandum of understanding and bilateral agreements negotiated. The Unit of International Health Relations and ministry of Health share the obligation of the implementation status and challenges experienced in a number of these agreements.
3.9.1 Protocol to Eliminate Illicit Trade in Tobacco Products 5th session of the Conference of the Parties (COP) to the WHO FCTC, 12 November 2012 Seoul, Korea

The Obligation of Government is eliminating illicit trade in tobacco products in accordance with the terms in Article 15 of the Framework Convention on Tobacco Control. Once adopted, voluntary assessed contributions will apply. Parties will be required to establish a reporting mechanism. The challenges faced in the Implementation is mainly orientation of key sectors on the provisions of the Protocol and their role in implementation. Ratification of the Protocol will be facilitated by the Attorney General and Ministry of Foreign Affairs; establishment of a multi-sectoral team to facilitate implementation; regional approach to implementation example EAC; mainstreaming Tobacco control in economic agenda; capacity building for the implementation of the protocol; regional approach to implementation.

The protocol is met with implementation challenges. This includes the tobacco control and trade arguments with some quarters interested in trade benefits. Inadequate nationwide enforcement mechanism is a big challenge. There is emergence of new products including smokeless tobacco. New nicotine delivery system, example electronic cigarettes and Shisha and increasingly affordable tobacco products associated with liberalization of the economy. Implementation also challenged by finding of alternative livelihoods for tobacco farmers.

3.9.2 Convention establishing the Great Lakes Initiative on AIDS (GLIA)

The Obligation to Government is to contribute to the reduction of new HIV infection and to mitigate the socio – economic impact of HIV and AIDS epidemic in the Great Lakes Region Annual
Contribution of USD 50,000.00. The Implementation process is ongoing. The Reporting Mechanism is directly to GLIA Secretariat through the Council of Executive Committee. Challenges faced in the implementation included lack of resources, intermittent remittance of country contributions and staffing challenges. Current status review shows that there is need to relook at the terms in the Convention to reflect the current status as there are no results being obtained.

3.9.3 Basel Convention on the Control of Trans boundary Movements of Hazardous wastes and their disposal 1989

It was aimed at strengthening health facilities to undertake proper management of hazardous hospital wastes. The ongoing activities include infection prevention and control policy developed, injection safety developed, IPC guidelines developed, healthcare waste management guidelines developed, healthcare waste management plan undergoing revision; technical working on HCWM formed and operational; infrastructure improvement for waste management, training of personnel on medical waste management, procurement of waste management commodities. There are routine monthly reports and quarterly TWG meetings and quarterly interagency coordinating committee meetings. Challenges include lack of funding and inadequate staff training. Ministry of health suggest more resource allocation to address this component in the ministry, training of staff responsible for implementation of the component and strengthening infection prevention committees in all health facilities.

3.9.4 Treaty Establishing the East African Community

The aim is to enhance cooperation in the following areas: HIV and AIDS, Child Health and Reproductive Health, Disease Prevention and Control, Medicines and Food Safety, Health System, and Research and Policy. Various health programmes are ongoing in: HIV and AIDS; Child Health
and Reproductive Health; Disease Prevention and Control; Medicines and Food Safety; Health System, Research and Policy. Reporting Mechanism is to Sectoral Council on Health Ministers Council of Ministers Summit of heads of State. Funds to convene meetings are the main challenge and there is need for coordination and facilitation.

3.9.5 TRIPS agreement

The November 2001 Doha Declaration on the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health was adopted by the WTO Ministerial Conference of 2001 in Doha on November 14, 2001. It reaffirmed flexibility of TRIPS member states in circumventing patent rights for better access to essential medicines; member states to take measures to protect public health, and in particular, promote access to medicine. The implementation is ongoing utilization of parallel importation to make drugs cheaper and more accessible. The major challenge is the issue of access to generic ARVs especially for the developing countries and there is need to reevaluate the entire agreement in light of the issues of Human Rights and access to treatment.116

While the Doha Declaration extends the transition period for compliance with the TRIPS agreement by Least Developed Countries (LDCs) to 2016, it does affect the original timeline of 2005 for compliance by other LMICs. The distinction between LDCs and other LMICs can be misleading. LDCs is a designation created by the United Nations to determine which countries are in greatest need of aid. The list of around fifty countries is reviewed every three years by the Economic and Social Council (Ecosoc) according to criteria such as low income, weak human resources and low

116 The World Trade Organisation's Declaration on the TRIPS Agreement and Public Health (known as the Doha Declaration) of 2001, and subsequent Decision on the Interpretation of Paragraph 6 reached in 2003, affirmed the flexibilities available under the Agreement on Trade Related Property Rights (TRIPS) to member states seeking to protect public health.
level of economic diversification. However, many LMICs such as Kenya and Nigeria not officially classified as LDCs remain very poor, and aggregate national data obscures health needs among poor populations within them.

The 2005 date of compliance for most LMICs includes countries that are major suppliers of generic drugs such as India, Brazil and China. India is the fourth largest producer of prescription drugs by volume, supplying 22% of the world's generics and a significant proportion of vaccines to the developing world. Major producers in India include Ranbaxy with US$1.2 billion sales in 2005, 76% of which is earned from overseas markets. China had over 4000 pharmaceutical factories in 2003, and is a world leader in producing Active Pharmaceutical Ingredients (API) for first line ARVs, as well as producing many second line ARVs.

3.9.6 Kenya/Brazil Complimentary Agreement to the Agreement on Technical Cooperation for the implementation of the project “Strengthening the HIV/AIDS Response in Kenya” (15th August, 2008)

The Memorandum of Understanding on collaboration in HIV/AIDS research activities including of expertise between research institutions in the two countries. The other areas was training and exchange of best practices in prevention and management of HIV/AIDS between the two countries. This will include models used to scale up the care and treatment devices for people living with HIV/AIDS and capacity building to address the prevention of HIV and AIDS. The reports on the implementation were to be shared among the two countries. The main challenge was the weak reporting systems which required strengthening.

3.9.7 East Central and Southern Africa Health Community and Government of Kenya under the World Bank East Africa Public Health Laboratory Networking Project (EAPHLNP)
The memorandum of understanding or financing agreement was signed between ECSA-HC and the Ministry of Finance and Ministry of Public Health and Sanitation on 27th September 2010 and Kenya is obligated to contribute USD 125,000 every financial year from that credit NO. IDA 47320 to support regional activities under ECSA for the project based on an approved work plan from the five EAC countries. The project is to be concluded on March 30th, 2016. A number of achievements have been concluded including regional trainings, having regional technical working groups, hiring of specialized and technical personnel. ECSA reports to the countries every end of financial year audited financial statements and there are have two regional committees having oversight authority that is regional steering committee and regional advisory panel. These statements are to be submitted to Kenya. Countries are moving at differing paces however Kenya has done tremendously well here. Procurement delays of specialized equipment and finally approvals for travelling to inter country meetings have been cumbersome as some Governments have stricter bureaucracy thereby derailing regional implementation. In addition the working relationship with EAC is still not at the very best.

3.10 Conventions, Treaties and Memorandum of Understanding Concluded by Kenya

The following are other Health Sector International Conventions & Treaties, Memorandum of Understanding and Bilateral Agreements negotiated by Kenya. Conventions & Treaties;

3.10.1 Conventions and Treaties

- Convention on Road Traffic Accident, Geneva, 19th September, 1949
- WHO Framework Convention on Tobacco Control 2003
• Protocol to Eliminate Illicit Trade in Tobacco Products 5th session of the Conference of the Parties (COP) to the WHO FCTC, 12 November 2012 Seoul, Korea
• Convention establishing the Great Lakes Initiative on AIDS (GLIA)
• Chemical Weapons Convention 1997
• Basel Convention on the Control of Trans boundary Movements of Hazardous wastes and their disposal 1989
• United Nations Framework Convention on Climate Change 1992
• Treaty Establishing the East African Community
• Conventions on the rights of the Child, Hague, 2nd September, 1999
• Convention on Psychotropic 21, 1971
• League of Nations, Conference of Parties World Health Organization1948
• TRIPS agreement (DOHA declaration 2001 and public Health policy)
• Kenya ILO (Geneva) recommendation 200 on HIV and Place of Work 2010
• Convention on the Development of the East, Central and Southern Health Community, Entebbe , 2002

3.10.2 Memorandum of Understanding Concluded by Kenya

• Kenya Burundi Protocol Agreement on Hospital Services 30th March,2009
• Kenya/Djibouti a draft MOU on Cooperation in the field of Health (Initiated by Djibouti in 21st April,2010)
• Kenya/Brazil Complimentary Agreement to the Agreement on Technical Cooperation for the implementation of the project “ Strengthening the HIV/AIDS Response in Kenya” 15th August, 2008

77
3.10. 3 Bilateral Agreements Concluded by Kenya

- Namibia Technical cooperation on Health, 2002
- Kenya Lesotho Health worker recruitment
- Kenya/Ethiopia Cooperation on Public Health

The key informants who were senior officers\textsuperscript{117} with wide experience and from all the key ministries gave an insight in the practice of health diplomacy. Articulate well how their respective ministries appreciate global health issues. They regretted the lack of policy on health diplomacy and pointed to various challenges and opportunities. They were also able to identify the other important non-state actors and their impact on the practice of Global Health Diplomacy. there was clear evidence from all the ministries that Kenya has been practicing health diplomacy for a long time and appreciated that a lot need to done improve for the benefit of all Kenya and regional citizens.

3.11 Conclusion

This chapter brings out the data collected from government Ministry Of Health, Minister of Defense, Minister of Foreign Affairs and International Trade and Ministry of East African Affairs and Tourism. The data collected identified the state of the global health policy the actors in Kenya health

\textsuperscript{117} The senior offers interviewed included Director medical services, Senior Deputy Directors of Medical Services, Heads of Directorate Chief and Senior Economist head Deputy Head and offices- Unit of international health relations, Colonel public and head of HIV/AIDS program DOD, Head of directorates ministry of foreign affairs, Under secretary Senior Assistant director Economic Counselor Assistant director/foreign service, Senior foreign service office. Ambassadors, deputy director and head of the health sector, and his assistant- senior assistant deputy director Ministry of East African Affairs, Commerce and Tourism among others.
diplomacy both state actors and non-state actors. The study also met the objective by establishing the practice and the evidence of health diplomacy in Kenya that include international conventions and treaties, memorandum of understanding and bilateral agreements. It has also identified the challenges and the emerging issue in global health diplomacy.
CHAPTER FOUR

EMERGING ISSUES IN HEALTH DIPLOMACY KENYA CONTEXT

4.1 Health diplomacy in Kenyan

The study aimed to establish and evaluate the status of Health Diplomacy as an international issue with a specific focus on Kenya with specific objectives to determine the policy on health diplomacy in Kenya, as an aspect of global health diplomacy, to establish the practice on health diplomacy in Kenya, to establish the existing evidence and trends on health diplomacy in Kenya. The study targeted the key health diplomacy practitioners in Kenya and successfully identified the included key Health Diplomacy stakeholders, the state and non-state actors. This study defined the important areas regarding the policy, the practice and the evidence of the Health Diplomacy. Of importance were the linkage and the relationship between health and foreign policy, human security and national security.

This chapter articulates the emerging issues in Global Health Diplomacy from a Kenyan standpoint. A number of factors are contributing to the increased engagement of African countries like Kenya in global health diplomacy. It explores the relationship between health and diplomacy at the Kenya and global levels in the context of select regional integration organizations

4.2 Health Diplomacy Policy

A policy is a principle or protocol to guide decisions and achieve rational outcomes. A policy is a statement of intent, and is implemented as a procedure or protocol. Health policy is the decisions, plans and actions that are undertaken to achieve specific health care goals within a society. Global health policy encompasses the global governance structures that create the policies underlying public health throughout the world.
Fighting poverty, economic development, security and political stability dominate public policy goals of much of Africa. Regional law and policy making presents an important framework for health diplomacy. Through diplomacy, global and regional policies can be oriented to local conditions, needs and priorities. African regionalism promotes public health by integrating social policies into trade and economic accords and their general governance mechanisms. Regional approaches can succeed due to established mechanisms for collective experimenting and learning. Geographical proximity enables rapid diffusion of practices, promoting adaptation to new conditions. Through diplomacy, regionalism promotes crystallization of health standards and translates global health commitments to the national level.¹¹⁸

Global health diplomacy has been ongoing in Kenya since 1949 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 crashes, and enhance data management on road traffic injuries. Since then, a lot diplomacy has been going on. There are multiple actors in the field of Health Diplomacy, both state and non-state actors. In the Kenyan 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. There being no clear policy on health diplomacy in the ministry of foreign affairs and international trade, dealing with health issues look

reactive and done on ad hoc 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. This will help in establishing office that will coordinate all relevant ministries and agencies to address all emerging issues effectively.

There is need for the country 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. Health is today a growing concern in foreign policy. Scholars have noted foreign policy-makers do not pay attention to public health, and have tended to, only in times of crisis such as with SARS and avian flu. They note health competes poorly with other priorities in the absence of crisis.¹¹⁹

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 the developing. Ensuring public health on a global scale is of benefit to all countries. Powerful synergies arise when national interest coincides with the need for concerted regional and global action.

4.2.1 Foreign Policy and Global Health Diplomacy in Kenya

Good health and freedom from disease is a human right and with the contemporary definition of security that recognized human security as a priority that must be ensured by the state. With the

recognition that diseases are global and knows no boundary there is therefore need to articulate global health matters at the highest government level. The study found that health issues and diplomacy are taken seriously by the state. However there is no policy yet to integrate health diplomacy in Kenya foreign policy as required by the United Nations.

The concept of global health diplomacy (GHD) was adopted by United Nations General Assembly (UNGA) Resolution 63/33. All of these resolutions recognize the strong interface between foreign policy and global health. The Secretary-General noted that Global health interacts with the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries, and protecting human dignity. 120

This is new concept global health diplomacy in line with current conceptualization of security the wide liberalist view which focused on human security away from the traditional narrow realist’s view of international relations diplomacy and security. Likewise diplomacy is adapting to a globalized world community. Global challenges such as the environment and health and the growing awareness of global interdependence have transformed the very essence of diplomacy. Ideally, Global Health Diplomacy is therefore conducted in the spirit of a common endeavor to ensure health as a human right and a global public good, and it is based on the double responsibility of the diplomat to serve both national and global interests. It brings together a range of disciplines, including public health, international affairs, development, law, and economics and therefore very important in a country’s pursuance of it foreign policy.

The interaction between health and foreign policy can be viewed in four ways. First, foreign policy can neglect or even hinder health outcomes, public health may be severely endangered when diplomacy fails, and hard-power interventions might ensue. These interventions could include

military actions and increasingly economic actions — for example, economic sanctions or agreements on trade or intellectual property that neglect the effect of the agreements on public health. This is seen where powerful countries often seek bilateral agreements specifically to avoid or circumvent multinational agreements that might constrain their actions in trade, economic development, and security matters.\textsuperscript{121}

Second is where Health is seen as an instrument of foreign policy that serves the national interest by improving relations among states in several ways. In many cases, national governments support global health initiatives to improve their image at home and abroad; in particular, many of the smaller European nation-states (such as those of Scandinavia) use the health arena to demonstrate their commitment to the multilateral systems that provide them with a voice and allow them a leading role on the global stage.\textsuperscript{122}

Third, Health is seen as an integral part of foreign policy. This is a relationship between health and foreign policy where some dimensions of health become an integral part of foreign policy. The use of health as an instrument of foreign policy to integrating it into foreign policy strategies has been termed by the powerful states as termed “smart power.”\textsuperscript{123} The realizations that disease knows no borders and that pandemics and bioterrorist attacks can endanger national security have become a concern of foreign policy and security specialists, and have pulled health experts into these realms. Many other countries, as well as the European Union (EU), consider health issues to be part of their

\textsuperscript{121} Thomas E Novotny, Ilona Kickbusch, Michaela Told 21st Century Global Health Diplomacy, world scientific publishing co ltd Singapore 2013

\textsuperscript{122} Ibid

\textsuperscript{123} In international relations, the term smart power refers to the combination of hard power and soft power strategies. It is defined by the Center for Strategic and International Studies as “an approach that underscores the necessity of a strong military, but also invests heavily in alliances, partnerships, and institutions of all levels to expand American influence and establish legitimacy of American action.”.
national security strategies. It was such a perspective that led to the rapid agreement by numerous countries on the revision of the IHR, despite the fact that the IHR transcends individual national sovereignty in some of its provisions.\textsuperscript{124}

Fourth is where Foreign policy serves the goals of health and health is addressed as a key issue in foreign policy. Health has become integral to the meetings of the IGAD, East Africa Community, Africa Union, G-7, G-8, G-20, and Group of 77. Health is a major UN agenda, a central component of the Millennium Development Goals (MDGs). In the Treaty Establishing the East African Community negotiated Cooperation in the following areas was reached: HIV and AIDS, Child Health and Reproductive Health, Disease Prevention and Control, Medicines and Food Safety and Health System, Research and Policy. As a follow up on this various health programs on going in all the areas and involves Sectoral Council on Health Ministers Council of Ministers and Summit of heads of State

Traditionally, health issues have resided in a “low politics”\textsuperscript{125} position in foreign policy practice, but in recent years, certain health issues have received political attention at the highest levels of national and international politics. The threats from bioterrorism, infectious diseases (including HIV/AIDS, SARS, XDR-TB, avian influenza A (H5N1), and pandemic influenza A (H1N1), and an increasing awareness of the link between health and economic development have each played a role

\textsuperscript{124} Thomas E Novotny, Ilona Kickbusch, Michaela Told, \textit{21st Century Global Health Diplomacy}, world scientific publishing co ltd Singapore 2013

\textsuperscript{125} Low politics is a concept that covers all matters that are not absolutely vital to the survival of the state as the economics and the social affairs. The low politics are the domain of the state's welfare. This concept is the opposite of the high politics which concerns the state's survival and strict national security. Keohane and Nye describe that previously, the international relations were based on a simple interdependence scheme based on national security: high politics, and that nowadays the international relations are ruled by a complex interdependence based on domestic issues: low politics.
in linking health to the traditional foreign policy goals of protecting state security and promoting national economic interests.\textsuperscript{126}

The relevance of foreign policy to global health is not only about national health security. Foreign policy must engage in health in new ways. For example, health can be a good entry point to initiate dialogue across borders, thus contributing to building trust between parties. In today's era of globalization and interdependence health issues broaden the scope of foreign policy and help to develop new mechanisms for partnerships, and develop new paradigms of cooperation.\textsuperscript{127}

Many health challenges, particularly infectious diseases, are widely recognized as global concerns that do not respect borders. As a result, countries often include in their foreign policies strategies on diseases that have the potential to threaten domestic interests. Public health challenges that are not concomitant security threats should be given consideration as foreign policy priorities on their own merits, without forcing them to be viewed through the prism of national security. Health has direct and indirect impacts on security, because epidemics may lead to destabilization, political unrest, civil disorder or long-term deterioration of the economic viability of a country or region. Recognition that health issues have implications to international security led to USA creation of the President’s Emergency Plan for AIDS Relief (PEPFAR), as well as motivating its support for global AIDS programmers. The recognition of epidemiological similarities between H5N1 influenza and the 1918 influenza pandemic, combined with the outbreak of severe acute respiratory syndrome (SARS) and the potential impact of H5N1 influenza on economic and national security, led to increased


\textsuperscript{127} Oslo Ministerial Declaration—global health: a pressing foreign policy issue of our time,\textit{The Lancet, Volume 369, Issue 9570 Pages 1373 - 1378, 21 April 2007.}
interest among WHO and its member states to cooperate in preparing for the next pandemic. Cooperation among states towards global public health challenges that are put in the context of foreign policy may broaden partnerships and build diplomatic relationships. When countries work together to successfully address a global health challenge, be it a localized epidemic or a potential threat to international security, the world becomes a healthier and safer place.\textsuperscript{128}

4.2.2 Global Health Diplomacy Global Perspective

A number of countries have come up with global health diplomacy policy as part of their foreign policy. We will give example for part of China’s global health foreign policy toward Africa, A UK Government global health Strategy, Swiss, France, Brazil, Thailand and Norway health foreign policy

China is a classic example, where in recent years; Africa has regained a level of prominence in China's overall foreign policy strategy. As part of China's renewed interest in building strong relationships with African states, the government has reinvigorated its commitment to health diplomacy programmes. It has become part of the Chinese government's diplomatic arsenal to bolster its standing among developing countries, insulate itself against pressures from Western states, and counter calls for greater respect for human rights and liberal democracy. Health diplomacy offers China a more subtle means of influencing states and gaining international stature. Scholars argue that China's growing interest in Africa is tied to the West's interest in promoting human rights and liberal democracy. In a way it is positioning itself as the only country that could effectively promote the interests of developing states. This is important because for China to maintain the high rate of

\begin{footnotesize}
\textsuperscript{128} Katz, Rebecca; Singer, Daniel A. Health and Security in Foreign Policy. \textit{Bulletin of the World Health Organization}, Vol. 85, No. 3
\end{footnotesize}
economic growth depends vitally on securing stable supplies of oil and other natural resources—many of which are available and underexploited in Africa. Health diplomacy gives China a greater foothold on the African continent. It facilitates access to markets and natural resources. Health diplomacy helps pave the way for Chinese oil companies to win mining rights for oil, platinum and other natural resources. This is a case of the developed using ‘soft power’ to attain ‘hard power.’ China’s foreign policy in and the soft power elements, seeks to counteract the past negative impressions and is aimed to encourage Africans countries to think about China in more positive terms. Its official Africa policy emphasizes on sharing similar historical experience and that China and Africa have all along sympathized with and supported each other in the struggle for national liberation and forged a profound friendship.

United Kingdom’s - why the UK needs a strategy to address global health, if the UK is to protect the health of its population, harness the benefits of globalization, and make the most of its contribution to health and development across the world, it needs to have a clear, coherent and coordinated approach to the many issues that influence global health. United Kingdom’s (UK) Health is Global: A UK Government Strategy 2008-13. Health is Global represents the first example of a formal national global health strategy developed using a multi-stakeholder process. Health is Global: A UK Government Strategy was released in 2008 largely in response to globalization and the realization that ‘the old distinction between ‘over here’ and ‘over there’ is becoming increasingly redundant’ and requires nations to co-operate to achieve ‘health for all. It was described as a ‘cross government strategy’ to highlight the breadth of challenges that face ‘all of us’ in the area of global health, was intended to span five years (2008-2013) however ‘its vision covers a 10-to 15-year

129 Youde, Jeremy China's Health Diplomacy in Africa, China: An International Journal, Vol. 8, No. 1

130 Health is Global A UK Government Strategy 2008–13
period’ and ‘sets out the breadth of global health issues and our plan for tackling them. The ultimate goal of the strategy is actually not global health per se but rather ‘economic prosperity, security and stability for the UK and the rest of the world. It states:

‘a healthy population is fundamental to prosperity, security and stability - a cornerstone of economic growth and social development. In contrast, poor health does more than damage the economic and political viability of any one country - it is a threat to the economic and political interests of all countries.’

Based on this reasoning it appears that global health is a means to an end and not an end in itself. Therefore, ‘improvements in the health of the UK and world’s population’ through ‘greater coherence and consistency between international policies that affect global health’ are sub-objectives that support the overriding goal of economic prosperity, security and stability - traditional preoccupations of foreign policymakers.

In 2006, the Swiss government issued a strategy entitled Swiss Health Foreign Policy. This strategy represented the first agreement of its kind between the Swiss Federal Department of Foreign Affairs and another federal department, and it constituted the first formal strategy designed to integrate foreign policy and health issued by any country. The government seeks to move away from addressing health issues in foreign policy in an indirect manner to considering such issues as

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131 Health is Global: a UK Government strategy, UK Department of Health Publication date: 2008 Language: English Number of pages: 39

132 Michelle Leona Gagnon, Global Health Diplomacy: Understanding How And Why Health Is Integrated Into Foreign Policy, Population Health Faculty of Graduate and Postdoctoral Studies University of Ottawa Ottawa, Canada, 2012.
primarily part of health and development policies, interdepartmental cooperation between foreign policy and health in a more comprehensive and coherent approach in a single framework.  

The Swiss policy also outlines six measures to increase coordination and coherence in health foreign policy within the Swiss government, establishment of a coordinating office for health foreign policy, creation of an information platform for health foreign policy, produce policy papers on subjects arising in health foreign policy and strengthen academic competence, harmonization with general foreign policy and other sectoral policies, creation of an interdepartmental conference on health foreign policy and staff exchange and foreign missions.

Switzerland has prioritized health in foreign policy by emphasizing policy coherence through mapping global health across all government sectors. Through the Departments of Interior (Public Health) and Foreign Affairs, an agreement on the objectives of international health policy was submitted to the Swiss Federal Council to assure coordinated development assistance, trade policies and national health policies that serve global health.

Brazil one of the major emerging economies has made health a key strategic interest in its foreign policy under President Lula. Brazil’s emphasis on health in its foreign policy has been manifested in positions it has taken in the WHO, Pan American Health Organization, WTO, and the World Intellectual Property Organization. Brazil has also emphasized cooperation in health in other international forums for example the G20 developing nations that include India, Brazil, South Africa.

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133 Swiss Health Foreign Policy
134 Ibid
4.2.3 Practice of Global health in Kenya

As it has been appreciated in this study Kenya has been practicing global health diplomacy for a long time. It is also appreciated that there is multiplicity of actor who interact at different levels. The actors are state actors that include heads of states and governments who practice health diplomacy through head of state summits as noted in Africa Union head of state summit that addresses issues of Malaria and HIV/AIDS in Africa. Others include Cabinet secretaries and ministers, government ministries and other government agenesis. Other actors that are non-state are regional organizations, intergovernmental organizations and others.

In Kenya like other countries government ministries play a big role in the practice of global health diplomacy. The study found the key ministries to be ministry of Health, Foreign Affairs and international trade, East African affairs and tourism and defence. Other ministries are very important in the implementation of Health diplomacy. These are ministries of education, devolution and planning, industry, environment among others.

In the study it was found that ministry of health is the central ministry in the practice of health diplomacy. Though diplomacy is conducted by the cabinet secretary principal secretary director of medical services and other heads of directorate the international health unit is the most key. It handles the whole portfolio of health diplomacy. It forms the important link between the Foreign Affairs and international trade, east African affairs and tourism. These two ministries handle the bulk of the diplomatic part of health diplomacy while the international health unit technical part and also the diplomatic part. It is important to note, as found in the study these two ministries do not have any medically trained staff and for issues that are technical they have to consult with the unit. It was also found that foreign diplomatic missions do not have health attachés. Most of health diplomacy takes
place in Geneva where there are the WHO and UN agents dealing in health. Kenya used to have a health attaché in Geneva. Currently Kenya does not have representation in form of a health attaché. Similarly, there is no health attaché in Kenya mission at the UN headquarters in New York where most of multilateral diplomacy take place. All the institutions rely on the international health unit for technical input and advice. This is despite the fact that as found in the study the unit is fairly small with inadequate staff. It is therefore important for the government to come with a global heath diplomacy policy. This will ensure establishment of an institution capable of articulation of global health matter in a well coordinated and efficient manner. It was found that Ministry Of Health has agencies to implement it policies, HIV/AIDS is one disease that has attracted interest of global health diplomacy. National AIDS and STIs Control Programme (NASCOP) were established in 1987 to spearhead the Ministry of Health's interventions on the fight against HIV/AIDS. It operates as a unit within the Ministry of Health and is mainly involved with technical co-ordination of HIV and AIDS programmes in Kenya. NASCOP contributes to the bulk of the implementation of the Kenya National HIV and AIDS Strategic Plan III (KNASP III).135

In health diplomacy other government becomes a key and therefore global health diplomacy becomes a multi-sectoral affair. For example WHO Framework Convention on Tobacco Control, its implementation involves multiple sectors locally regionally and internationally. It requires policy development, legislation on Tobacco industry interference in policy development and implementation at national and regional (EAC) level. It involves parliament judiciary ministries of education finance, gender and youth, trade, industry and agriculture where policy options for livelihood diversification for tobacco farmers, security and county administration for adequate nationwide enforcement and

135 http://nascop.or.ke/index.php
Kenya Revenue Authority for to effect taxation. EAC important for Harmonization of regional tobacco tax administration to meet based on best practice Tobacco Control and trade.

The outbreak Avian Influenza (Bird Flu) epidemic was turning point global health diplomacy in the world and it clearly defined the multi sector effects diseases can bring. In Africa, Avian Influenza (Bird Flu) outbreaks occurred in Nigeria, Niger, Egypt, Cameroon, Burkina Faso, Sudan, Ivory Coast and Djibouti. The outbreaks in Africa appeared to mainly arise from trade in poultry and poultry products. Human cases were confirmed in Djibouti and Egypt. It was realized that there was real risk of possible spread of this infectious disease to East Africa. The 11th Extra-Ordinary meeting of the EAC Council of Ministers was held on the 3rd April 2006 (EAC/CM/22/Decision 74) directed that an EAC Task force on Avian Influenza be established, a plan of action be developed and a budget prepared for consideration by the meeting of EAC multi-sectoral Council of Ministers responsible for Livestock, Wildlife, Tourism, Information and Health.

The second Avian Influenza (Bird Flu) meeting of the EAC multi-sectoral Council of Ministers responsible for Livestock, Health, Agriculture, Tourism, Wildlife and Information was convened in accordance with the EAC programmed calendar of activities for the period July to December 2006. The meeting was attended by Ministers, Deputy Ministers, Permanent Secretaries, Deputy Permanent Secretaries and Senior Officials from the EAC Partner States’ National Ministries responsible for Animal Resources, Health, Tourism and Wildlife. 136

The study found that the Ministry of Defence And Kenya Defence Forces are actors of global health diplomacy. KDF is a recipient of health diplomacy from development partners from the USA and Europe. The cooperation through health has not only benefited the KDF personnel but also the

136 EAST AFRICAN COMMUNITY Report of the Meeting of Ministers AICC, Arusha, 7th September 2006
The collaboration in HIV Programme enabled the reduction of HIV rates in Kenya military from a high of 14% in 1999 less than 3% currently. The assistance of the USAMRU-K Department of Emerging Infectious Diseases (DEID), KDF has established five Surveillance sites for disease such as Influence, Viral hemorrhagic Fevers, and Sexually Transmitted illness, Enteric Fevers, Malaria and Acute Febrile Illnesses. Also the Pandemic Response Program (PRP) aimed at assisting African militaries to develop influenza pandemic response plans that are integrated into their country’s overall national response plans. These have big impact on health of KDF personnel, all Kenyans and communities in the region.

Kenya Defence forces are the leading military in this region and have used health diplomacy effectively during the operation LINDA INCHI and as part of AMISOM in Somalia. It has a potential of becoming the leading institution in global health diplomacy in this region.

Militaries can play key roles in the event of a pandemic, working in collaboration with other governmental, non-governmental and international organizations to maintain security provide logistical support for food, medicine and other commodities, maintain communications, and provide augmented medical care.\(^{137}\)

As noted above Kenya military is a beneficiary of assistance. This is an example of state actors engaging in diplomacy through soft issues to articulate national interests, foreign policy and for national security. Foreign policy is the drive through which global health issues garner funding and attention from state actors. State and non-state actors alike are increasingly turning to health interventions to achieve non-health goals. A growing perception that health can be an effective ‘‘soft power’’ tool for foreign policy (in contrast to the ‘‘hard power ‘of military force’

\(^{137}\)http://www.africom.mil/what-we-do/security-cooperation-programs/medcap
For example, the US military is increasingly incorporating health (alongside other development initiatives) into their operations. These activities include the well-publicized use of the US Navy hospital ships Mercy and Comfort, as well as amphibious assault ships, to provide short-term medical care to underserved citizens around the world. The US military's Joint Task Force-Horn of Africa (JTF-HOA) not only conducts operations against terrorists in the region, but also digs wells, builds schools, and provides medical care US military forces conduct Medical Civil-Assistance Programs in Iraq and Afghanistan as part of “supporting pacification, gathering local intelligence, or rewarding locals for their cooperation”. Provincial Reconstruction Teams in Iraq and Afghanistan, which involve civilian and military personnel, also work on improving health conditions as part of the overall counterinsurgency strategy. US strategic interests in “winning hearts and minds” have incorporated health initiatives as part of that fight in a number of contexts. As one study of JTF-HOA observed, “using US military assets to perform a humanitarian mission serves a dual purpose. It shows the face of American compassion to a skeptical population while also giving the military an eye on activity in the area. Winning hearts and minds with an ear to the ground is the new American way of war 138

In areas free of conflict, MSO operations may include “health diplomacy” efforts (for example, planned deployments of Navy hospital ships to provide health care to underserved populations in foreign countries), military-to-military health training (for example, training African militaries about HIV prevention within their armed forces), joint medical operations in the field with foreign military and civilian partners (such as joint civilian health delivery exercises planned and undertaken with allied militaries), military-to-civilian health engagement (for example, U.S. military

health personnel providing health care and training in foreign countries through MEDCAPs, dental civic action programs (DENTCAPs), veterinary civic action programs (VETCAPs), and similar programs), and providing health support during a disaster response (for example, the post-earthquake response in Haiti).

Walter Reed Army Institute of Research (WRAIR): As part of USAMRMC, WRAIR conducts biomedical research that delivers products to prevent and treat health threats to U.S. Army personnel. WRAIR is the leading military research unit for infectious disease product development and houses the Center for Infectious Disease Research (this includes multiple research divisions such as the Division of Retro-virology, which is home to MHRP’s efforts.\(^{139}\)

4.2.4 Non-State Actors in Kenya Health Diplomacy

Traditionally health diplomacy was basically between states but the practice of diplomacy no longer resides solely with traditional diplomats but also involves a wide range of other actors. An increasingly diverse group beyond the states and government institutions has emerged and profoundly changed the global health landscape.\(^{140}\) The study found that the key driver of Health diplomacy in Kenya and East Africa region is the non-state actors. Informants from ministry of East African Affairs and Tourism and from Ministry of Defence informed that most of their programs are donor funded. Non state actors that include international organizations, Non-governmental organizations and private institutions which provide most of the funding and expertise and capacity building.

Non –state actors ICRC (founded in 1863) pioneered a new ethics of impartiality and neutrality in relation to health in humanitarian settings, and the Rockefeller Foundation (founded in 1913), which has been in the vanguard of foundation activity for health beyond borders. From its

\(^{139}\) Josh Michaud Kellie Moss Jen Kates U.S. Global Health Policy The U.S. Department Of Defense And Global Health September 2012

beginnings the foundation was so active throughout the world and in working with the health office of the League of Nations that, in 1928, it created its own international health division at its headquarters in New York

4.2.5 Regional organizations

Kenya is a member of regional and sub-regional organizations. The study found that Africa Union, East African Community, NEPAD and IGAD as the important regional organization involved with health diplomacy. Health diplomacy functions within a multi-polar world that include, state and state institutions, inter-governmental organizations non-governmental organizations and others. This multilevel and multidimensional global governance structure is increasingly becoming important at sub-regional and regional level. Health diplomacy is becoming an important tool for consultation, negotiation, and coalition-building at regional level. This means that Health diplomacy become key issue for regional integration.\(^{141}\)

4.2.6 Africa Union (AU)

Since its founding, the Organization of African Unity (OAU) and now its successor, the Africa Union (AU), have developed legal and policy instruments to address public health problems in the region. Article 2 establishes the AU and an objective of the Union is to work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent. The constitution establishes a Specialized Technical Committee on Health, Labour and Social Affairs which reports to the Executive Council. The role of this committee is to ensure the coordination, follow up, evaluation, and harmonization of health programs in Africa. The Act also

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establishes an Economic, Social, and Cultural Council that addresses health matters. The structure of the AU makes it the most important agent for promotion of health diplomacy and therefore has the potential of improving public health aimed at improving quality of life as well as socio-economic development of populations. In April 2001 in Abuja, the heads of state of the AU Member States adopted the Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases, pledging to make fighting against HIV/AIDS their highest priority in respect to national development plans. They called for international resources and collaboration between WHO UNAIDS, other UN and regional organizations, and to monitor the implementation of the outcome of the summit. In 2006, the AU adopted the Abuja Call for Accelerated action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria services by 2010.

In July 2013 The African Union Special Summit dubbed Abuja was held with a theme-toward the elimination of HIV and AIDS, tuberculosis and malaria. The Special Summit aim was essentially to review progress made since the last three Summits on HIV/AIDS, Tuberculosis and Malaria and to take concrete actions on bringing to an end the devastation of the three major causes of morbidity and mortality in Africa. This is important because it shows that African leaders are key Health diplomats. In addition The AU Conference of Trade Ministers has also recognized the importance of public health protection in Africa by adopting the AU Ministerial Declaration on EPA Negotiations, including sections on intellectual property rights and public health. An example, AU health diplomacy focused on the adoption of other politico-legal Declarations. In 2010, the AU summit in Kampala adopted decisions on NEPAD and the Group of Eight (G8). Initiative on maternal, new born and under five child health. They also focused on ending transmission of

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142 Ibid
HIV/AIDS from mother to child. The AU diplomacy has been directed to address the impact of climate change on health and development in Africa.\textsuperscript{143}

4.2.7 East African Community (EAC)

The ministry of East Africa Affair and Tourism was found to very important in the practice of health diplomacy in the East African region. The ministry works closely with the East African Community for implementation of common health programs across the region. The ministry is collaborating with EAC on various programs that are key to success of the regional integrations.

For the east African region health is important component and key driver for the East African Community and the regional integration. Health on the other hand benefit from regional organization as the member countries are able to articulate health agenda as a block within the international system. As more and more countries learn to take advantage of the decision-making and political power of international platforms, multilateral organizations acquire new strength. In this context, health can be viewed as an instrument for deepening the relationships between different nations and as a stable basis for building alliances. The emergence of new economic powers, bridge-building roles become increasingly important at multilateral venues. The new multilateralism promises success to those who are most able to show commitment, gather broader support, and form coalitions. Low- and middle-income countries are increasingly discovering and using the opportunities provided by regional and broader international platforms.\textsuperscript{144}

\textsuperscript{143} Onzivu William Regionalism and the Reinvigoration of Global Health Diplomacy: Lessons From Africa, AJWH [Vol. 7:1 2012]

\textsuperscript{144} Thomas E Novotny, Ilona Kickbusch, Michaela Told 21st Century Global Health Diplomacy, world scientific publishing co ltd Singapore 2013 Page 30
4.2.8 **NEPAD**

NEPAD has a number of key objectives in the area of health, including: Improving healthcare systems in Africa and reducing the burden of HIV/AIDS, TB and malaria. This includes providing member states with strategic guidance, capacity building opportunities and promoting an African agenda for health. Increasing the number of trained and motivated health workers in Africa. NEPAD works with global and regional partners to promote health education to improve the base of skilled professionals in this sector. Working on ensuring that affordable, essential medicines are available to all Africans. The focus here is to build regional partnerships to improve the regulation of medicines and improve access to and the quality of medicines.

Among its many achievements in the area of healthcare, NEPAD has published a strategic document aimed at boosting pharmaceutical innovation on the continent. Other programs include The African Medicines Regulatory Harmonization (AMRH) and African Union's Pharmaceutical Manufacturing Plan for Africa (PMPA).

4.3 **Challenges of Health Diplomacy in Kenya**

4.3.1 **Negotiation**

The practice of global health diplomacy in Kenya is associated with many challenges. The study identified two major challenges that are negotiation and inadequate funding. The officer from the international health unit in the Ministry of Health noted that most of the times negotiations are long and tiresome and mostly pitting developed against developing countries. This is complicated by the fact that developing countries send only a few negotiators who either do not have the technical knowhow, or have no diplomacy training and are not negotiators. Also found in the study officers at the international health unit Ministry of Health have no diplomatic training and the no health technical in the Ministry of Foreign Affairs and International Trade and the Ministry of East Africa
Affairs And Tourism. Due also to the shortage of staff negotiating staff are usually very few unable to represent the state in committee working groups and plenary session, and therefore unable to input and have an impact in the negotiation. One informant noted that where Kenya sends one negotiator state like India send over ten negotiators. In this way Kenya loses out on funding of projects and other support. Kenya foreign diplomatic mission also do not have health attaches and therefore making negotiations a challenging affair. Negotiation skills are key in the practice of global health diplomacy in Kenya.

Diplomatic negotiations take place in two main contexts: multilaterally, when they involve more than two parties, and bilaterally, where only two parties are involved. Multilateral diplomatic negotiations often take place in international organizations, including universal organizations such as the United Nations, regional organizations such as the African Union, and sub-regional organization such as the East African Community. However, actors can also engage in multilateral negotiations outside the umbrella of international organizations. The most important requirement for multilateral negotiations is that they involve three or more actors.145

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. 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 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. Global health diplomacy is gaining in importance and its negotiators should be well prepared. Some countries have added a full-time health attaché to their diplomatic staff in recognition of the importance and complexity of global health deliberations; others have added diplomats to the staff of international health departments. Their common challenge is to navigate a complex system in which issues in domestic and foreign policy intertwine the lines of power and constantly influence change, and where increasingly rapid decisions and skilful negotiations are required in the face of outbreaks of disease, security threats or other issues. Missions to the United Nations and international organizations for example, in New York and Geneva increasingly need to deal with health issues, as do the classical bilateral embassies.

The venue of global health diplomacy has shifted to include other spaces of negotiation and influence, and the number of organizations dealing with health has increased exponentially. All levels are witnessing diversification of actors, the most illustrative development being the growth of public private partnerships and platforms around a multitude of health issues, all clamoring for attention and funds. It is clear that the profound change underway requires new mechanisms and new skills for global health diplomacy. This underlines the need to build capacity for global health diplomacy by training public health professionals and diplomats respectively. Two types of imbalance need to be addressed as a priority: imbalances that can emerge between foreign policy and public health experts
and imbalances that exist in the negotiating power and capacity between developed and developing countries.\textsuperscript{146}

As earlier noted, diplomacy refers to the art and practice of conducting negotiations. It is usually understood to mean the conduct of international relations through professional diplomats from ministries of foreign affairs with regard to issues of peace, security, economics and trade. However, as peace, security, economics and trade agreements increasingly impact on health, international and global agreements have also increasingly covered health issues. Global health diplomacy has developed to address the multi-level and multi-actor negotiation processes that shape and manage the global health policy. Global health diplomacy negotiations combined with public health take forward national and regional interests in health through a range of stakeholders in and beyond government and through a range of policy instruments. Health ministries are now being called on to collaborate with their counterparts in trade and foreign affairs. For example in relation to trade, health ministers are expected to inform “pre-negotiation positions, provide input during negotiations, analyze the health costs and benefits of proposed compromises and monitor the health impacts of trade agreements”\textsuperscript{147}

GHD finds its area of action within the sphere of international relations. This means that states, the building blocks of the international system, play a crucial role in shaping global health promotion and its outcomes. In addition to state actors, there are numerous actors that take part in global health negotiations, states arguably remain the most important and legitimate ones in the


Global arena. Within this context, states take negotiations very seriously with a view to pursue their national interest and maximize their own gains. Interdependence and cooperation is whoever a necessary approach to achieve state own goals.

Global health challenges are multifaceted and complex. They can only be addressed, through a Global Health Diplomacy approach that promotes international cooperation. In practical terms this requires states to enter into lengthy multi-level negotiations and to act simultaneously on different arenas and institutions. This the most challenging are for Kenya due to lack of trained Health Diplomats at the Ministry of Health, alongside new issues and the existence of multiple arenas, the new diplomacy agenda is also characterized by the increasing role of non-state actors. These include non-profit organizations, private sector actors, professionals and practitioners, researchers and academic experts and the broader civil society. Within GHD this has been especially important given the nature of many health challenges; tackling these requires international negotiations to take account not only of the interests of states, but also the perspective of those affected by global health challenges and actors with technical knowledge of the subject matter diplomacy experts, technical personnel and medical doctors.148

4.3.2 Health Attaché

The study noted that Kenya does not have Health Attachés in major diplomatic missions and this was seen as a big omission and a challenge in articulating Kenyan health diplomacy in the United Nations and WHO. This is despite the fact that Kenya had established the office of the counselor medical at the permanent mission of the republic of Kenya in Geneva, Switzerland.

148 Manuel Manrique Gil, Global health diplomacy: health promotion and smart power Working PAPER FOR IS Global: Global health diplomacy: health promotion and smart power
The Government of Kenya established the Office of Counsellor Medical at the Permanent Mission of Kenya in Geneva in May 2006. The Office coordinates Kenya’s relations with the World Health Organization, UNAIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI Alliance, UNITAID and other international organizations working in health\(^{149}\). Geneva is the headquarters of these health agencies. Kenya is a member of the Executive Board of the World Health Organization and also a member of the Programme Coordinating Board of the Joint United Nations Programme on Human Immuno-deficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS). The Geneva-based health office has improved the efficiency and effectiveness of the Ministry of Health in taking advantage of new Global health initiatives with the view to improved participation in decision making at global level and mobilising additional resources to fund priority health needs of all Kenyans.

These additional resources have enabled the Government to provide effective treatment for malaria in all public health facilities and to provide adequate anti-tuberculosis drugs to all health facilities. In addition the resources have ensured uninterrupted supply of anti-retroviral drugs to 42,000 Kenyans on treatment. The Geneva office has coordinated High-level WHO led interagency mission to Kenya which has assisted the Ministry of Health to develop a sustainable financing strategy and plan for anti-retroviral treatment in Kenya. The strategy provides for among others, in the medium term, the mobilization of additional resources from the Global Fund Round 7 call for proposals.

The Geneva office has improved communication with the GAVI Alliance. The Executive Secretary has recognized the important role the office has played in improving relationship between his organization and the Ministry of Health. GAVI Alliance has committed sufficient resources to

finance enough vaccines for Kenya immunization programme up to the year 2010. The Office has enabled Kenya to play a leadership role in Public Health, Research and Intellectual Property Right and in the implementation of two Health Treaties — the International Health Regulations (2005) and the Framework Convention on Tobacco Control.

Dr Tom Mboya Okeyo, a former counselor medical suggested review of the structure of the office to increase efficiency and effectiveness. This to include head, reporting to the Ambassador/Permanent Representative on administrative matters; reporting to Permanent Secretary/Ministry of Health and the Director of Medical Services on technical matters. two positions for deputy head of department, one responsible for United Nations General Assembly Health matters (preferably be based in New York) and the second Deputy responsible for managing partnership with other multi-lateral organizations (example WTO, ILO, WIPO).\textsuperscript{150}

With globalization, which comes with disease challenges and the expanding interest groups, there is need for competent health diplomats now more than ever. Fly-in, fly-out negotiations for health no longer suffice. The many health negotiations taking place in different venues involve interactions at many levels of governance and a new interface between domestic and foreign policy. Representatives of countries and other interested actors are continuously engaged in negotiations in hubs such as Geneva, New York, Brussels and Addis Ababa, and health attachés play an important role, but not many countries can dedicate substantial resources to these negotiation processes. At the recent session of WHO’s Executive Board, Member States underlined the importance of good preparation at the national and, increasingly, at the regional level.\textsuperscript{151}

\textsuperscript{150} http://www.kenyamission-un.ch/?Geneva_Mission:Health_Department
\textsuperscript{151} Rosskam E, Kickbusch I Negotiating and navigating global health: case studies in global health diplomacy.. Singapore: World Scientific Publishing Co.; 2012
4.3.3 Budget for health diplomacy

Inadequate funding was found to be the other major challenge for the practice of global health diplomacy in Kenya. Though health diplomacy was noted as very important it was noted that the international health unit did not have any specific budget for their activities. It was noted that the department is a small unit and not a department or division like other specialties in the Ministry Of Health. The unit is not well staffed with only five officers despite the work load. This not surprising as the budgeted allocation for the ministry is never enough. The budget allocation to the health sector - Ministry of Medical Services (MoMS) and Ministry of Public Health and Sanitation (MoPHS) - for FY 2010/11 accumulated to a total of KSh 41.5 bn2 of government resources which represents 6.5% of the total estimated government budget3 and 1.5% of the Gross Domestic Product (GDP). That amounts to KSh 1,064 (13.1 USD) per capita152

Developing countries' health expenditures, as a proportion of total government spending, are significantly lower than the global average (below 6 percent, compared with above 14 percent). Foreign assistance accounts for more than 30 percent of total health expenditures, rising as high as two-thirds in many low-income countries. Worse still, developing countries often reduce their domestic health spending for every dollar they receive in foreign aid the so-called substitution effect. These data suggest that low-income countries could do much more to meet the basic survival needs of the population. Certainly, rich states must help build health system capacity in the developing world, but this does not obviate the responsibility of governments to meet their population's basic health needs. President Obama's Global Health Initiative views global health investment as a national security "smart power" strategy that engages all U.S. government agencies an "all-of-government"

152 Data sources: Kenya Budget Speech on Budget Estimates 2010/11
approach. It provides an opportunity to change direction, using global health diplomacy to strengthen the autonomy and capacity of poor countries to steer their own course.\textsuperscript{153}

\section*{4.4 Evidence and trends on Health Diplomacy in Kenya}

The third objective of this study was to establish the existing evidence and trends on Health Diplomacy in Kenya. The study found that health diplomacy has been ongoing in Kenya for a long time. A report from the ministry of health – international health unit titled Health Sector International Obligation show that Kenya participated in the Convention on Road Traffic Accident, Geneva, 19th September, 1949. Its aim was to establish nationwide emergency response system and equip emergency providers with adequate means for safety evacuation of casualties, improve health facility capacity to respond to casualties of road traffic crashes and enhance data management on road traffic injuries. This led to the formation of a National road safety coordinating committee. Its objective to enhance road safety co-ordination and management to reduce death, suffering and economic losses due to road crashes through effective involvement of public, private and civil society organizations. This was with the support of the following Ministries:

\begin{itemize}
\item Ministry of Roads & Public Transport
\item Ministry of Health
\item Ministry of Education
\item Ministry of Local Government & The Police Department.\textsuperscript{154}
\end{itemize}

Since then health diplomacy has continued to grow. As found in the study health diplomacy is key in the ministries of Health, Foreign affairs and international trade, East African affairs and tourism Defence and technical ministries and government agencies involved in implementation. Kenya has been practicing multilateral and bilateral diplomacy

\begin{itemize}
\item Gostin, Lawrence O. What Duties Do Poor Countries Have for the Health of Their Own People? \textit{The Hastings Center Report}, Vol. 40, No. 2
\item National Road Safety Action Plan2005-2010 by The Ministry of Transport and Supported by the GoK/Sida Roads 2000 Project
\end{itemize}
and has been in negotiations and signed Conventions & Treaties, Memorandum of Understanding and Bilateral Agreements.

WHO Framework Convention on Tobacco Control 2003 and the Protocol to Eliminate Illicit Trade in Tobacco Products are two very important treaties Kenya was involved in and signed. The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.\(^{155}\)

The Kenyan government obligation was to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. This is by implementing tobacco control measures at national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke. To achieve this it was necessary for the parliament to enact The Tobacco Control Act 2007.

The object and purpose of this Act is to provide a legal framework for the control of the production, manufacture, sale, labeling, advertising, promotion, sponsorship and use of tobacco products, including exposure to tobacco smoke, in order to: protect the health of the individual in light of conclusive scientific evidence implicating tobacco production, use and exposure to tobacco smoke and tobacco products, in the incidence of debilitating illness, disease, disability and death;

protect the health of persons under the age of eighteen years by preventing their access to tobacco products; inform, educate and communicate to the public the harmful health, environmental, economic and social consequences of growing, handling exposure to and use of tobacco and tobacco products, and tobacco smoke; among other objectives.\textsuperscript{156} There was to be an established board to be known as the Tobacco Control Board which shall consist of Chairperson appointed by the Minister; the Director of Medical Services; the Chief Public Health Officer; the Director of Children's Services; the Director of Kenya Medical Research Institute; the Director of Agriculture; the Director-General of the National Environmental Management Authority; the Planning Secretary, the Director of Local Authorities; the Kenya Medical Association, Kenya National Chamber of Commerce and Industry; the Non-Governmental Organization Council; religious organizations, the National Council of Women of Kenya; the Law Society of Kenya\textsuperscript{157}. The composition of the board comprising of government ministries representatives, non-governmental organizations and civil society emphasizes that health is a multi-sector matter and hence health diplomacy. The enforcement authority is through The Director of Medical Services.

The Protocol to Eliminate Illicit Trade in Tobacco Products is a 2012 World Health Organization treaty designed to combat the worldwide illicit tobacco trade. The Protocol is supplementary to the WHO Framework Convention on Tobacco Control. The Protocol was developed in response to the growing international illicit trade in tobacco products, which poses a serious threat to public health. Illicit trade increases the accessibility and affordability of tobacco products, thus fuelling the tobacco epidemic and undermining tobacco control policies. It also causes substantial losses in government revenues, and at the same time contributes to the funding of

\textsuperscript{156} Tobacco Control Act, 2007 paragraph 3
\textsuperscript{157} Tobacco Control Act, 2007 paragraph 5
transnational criminal activities. The objective of the Protocol is the elimination of all forms of illicit trade in tobacco products, in accordance with the terms of Article 15 of the WHO FCTC. The Protocol to Eliminate Illicit Trade in Tobacco Products is a milestone in strengthening global action against tobacco and is a new legal instrument in public health. It supplements the WHO FCTC with a comprehensive tool to counter and eventually eliminate illicit trade in tobacco products and to strengthen legal dimensions for international health cooperation.\textsuperscript{158}

The protocol is under implementation and the Kenya Revenue Authority spearheading implementation. In place is a real time tracking and tracing system for tobacco products manufactured in Kenya for export as well as those on transit within the Kenyan boarders; tax stamps used as unique marking for products for local consumption; licensing of tobacco manufacturers; Ban of sale of tobacco products via electronic and evolving technology; Protocol to be facilitated by the Attorney General and Ministry of Foreign Affairs; Establishment of a multisectoral team to facilitate implementation; regional approach to implementation EAC; mainstreaming Tobacco control in economic agenda; capacity building for the implementation of the protocol; regional approach to implementation.

The Protocol to Eliminate Illicit Trade in Tobacco Products, adopted by the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) in November 2012 in Seoul, was opened for signature in a ceremony at WHO Headquarters on 10 January 2013. By the end of the first two days in Geneva, 13 Parties had signed the Protocol. More than 50 Parties participated in the event and 12 Parties representing all six regions signed the Protocol on this occasion. These countries are China, France, Gabon, Libya, Myanmar, Nicaragua, Panama, Republic of Korea, South Africa, Syrian Arab Republic, Turkey and Uruguay. In addition, Tunisia signed the Protocol on Friday, 11

\textsuperscript{158} Protocol to eliminate illicit trade in tobacco products World Health Organization 2013
January, while the treaty was still open for signature in Geneva. Kenya signed the Protocol on 29th May, 2013. The Illicit Trade Protocol (ITP) is an international treaty that sets out rules for combating illegal trade through control of the supply chain and international cooperation. It commits countries to establish, as a central measure, a global track and trace system to efficiently tackle illicit trade of tobacco products.159

As noted in the study one of the ongoing health diplomacy issue in the Ministry of East African Affairs and Tourism is the Tobacco Control for public health interest. EAC member states are party to the WHO Framework Convention on Tobacco Control, and are all working together towards adopting WHO recommendations and standards for coordinating FCTC and come up with comprehensive tobacco control law in. As a follow up East African Community WHO project on the implementation of the WHO Framework Convention on Tobacco Control (FCTC) was launched on March 27, 2013. The five year project, funded by the Bill and Melinda Gates Foundation through WHO, is aimed at ensuring that issues related to the implementation of the WHO FCTC are taken care of in the region. Some of the key issues to be tackled under the project include; research on tobacco economics and trade, sensitization and awareness creation as well as enhancement of tobacco control interventions in the region

Bilateral agreements concluded by Kenya include Namibia Technical cooperation on Health, 2002. The technical cooperation was meant fill the human resource gap in Namibia by sending nurses under bilateral cooperation. This despite the fact that many hospitals in Kenya lack adequate medical and nursing personnel. The medical institutions are producing more nurses than the government can absorb due to budgetary constraints, this meant the unemployed nurses get employment in Namibia.

The question is whether the agreement met the requirements of WHO Global Code of Practice on the International Recruitment of Health Personnel. In May 2004, the World Health Assembly (WHA) petitioned the World Health Organization (WHO) to develop---in consultation with its Member States and all relevant partners---a code of practice on the international recruitment of health personnel as a global framework for dialogue and cooperation on matters concerning health personnel migration and health systems strengthening.\textsuperscript{160}

The objectives of this Code are:

- to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;

- to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;

- to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;

- To facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

Nature and scope of the code stated that the Code is voluntary and member States and other stakeholders are strongly encouraged to use the Code. The Code is global in scope and is intended as

a guide for Member States, working together with stakeholders such as health personnel, recruiters, employers, health-professional organizations, relevant sub-regional, regional and global organizations, whether public or private sector, including nongovernmental, and all persons concerned with the international recruitment of health personnel. The Code provides ethical principles applicable to the international recruitment of health personnel in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island states.  

Several countries have in place bilateral, multilateral and regional agreements in connection with the recruitment of international health personnel. Most of these agreements preceded the Code; others were developed or refined after the Code was adopted. Some of the agreements are between neighboring countries example Cyprus and Greece; Egypt and Sudan; Monaco and France; Denmark, Finland, Iceland, Norway and Sweden; Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. Some are between countries having different income levels. Health workforce migration is an important problem, especially in countries with fragile health systems and scarce resources, yet migration alone is not the root of the health workforce crisis. According to WHO estimates, the need for health workers in developing countries is far greater than the number of immigrant health workers in countries of the OECD. On the other hand, health worker mobility can help to alleviate unemployment or under-employment in the health sector and can lead to gains in knowledge and skills transfer. The effects of health worker mobility will depend on how a country stands in terms of workforce shortages, unbalanced skill mix, geographical misdistribution of

\[161\] WHO Global Code of Practice on the International Recruitment of Health Personnel Sixty-third World Health Assembly - WHA63.16 May 2010
workers, workforce and population ageing and attrition, and/or underproduction of health professionals.  

Challenges to the implementation of the Code  

engagement of multiple stakeholders involved in the decision-making process on health workforce migration and international recruitment, lack of coordinated and comprehensive data on health personnel mobility, weak national capacity to deal with health workforce issues, lack of shared understanding between stakeholders and development of inter-country cooperation in exchanging data, sharing good practices to better manage health worker mobility.

4.5  Emerging Issues in Global Health

4.5.1 Health Tourism

Many informants note that health diplomacy in Kenya should be expanded to cover health tourism. They saw medical tourism as key area in enhancing global health diplomacy. They noted that Kenya has the most advanced health facilities in this region in terms of infrastructure and professionals. These include Kenyatta National Hospital with is collocated with the university of Nairobi medical school, The Aga Khan university hospital Nairobi, the Nairobi Hospital and the Karen Hospital. This hospital have developed state of the art cancer treatment facilities on available in this region. One other the informant noted international organization and multinational organization feel comfortable setting their headquarters’ in Nairobi because of the availability of excellent medical facilities

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Tourism related to health is an industry gaining momentum over a large territory attracting an increasing number of people. It goes by under different names as medical tourism, health tourism, medical travel or global healthcare these different names all encompassing the same basic rationale of travelling to certain locations for getting better health. The statistics suggest that while health tourism can exist within any given national borders, the international form--trans-border medical tourism is getting a clear prominence.\textsuperscript{164}

During 19th and early 20th centuries medical tourism was largely confined to visiting spa towns mostly in European countries. In eighteenth century England, patients visited spas hoping that their mineral waters would cure gout, liver or respiratory disorders. Beginning in the second half of 20th century on par with the true expansion of international tourism, medical tourism took off. Today, the health providers related to medical tourism offer practically virtually every type of health care, including psychiatry, alternative treatments, and convalescent. Complex surgeries such as joint replacement (knee/hip), cardiac surgery, reconstructive surgery, cancer treatment and cosmetic surgeries are the mainstay of medical tourism. Many countries have identified medical tourism as a national industry.

The medical tourism industry has been growing worldwide. It involves about 50 countries in all continents and several Asian countries are clearly in the lead. In Asia, medical tourism is highest in India, Singapore and Thailand. These three countries, which combined comprised about 90\% of the medical tourism market share in Asia in 2008, have invested heavily in their health-care infrastructures to meet the increased demand for accredited medical care through first-class facilities. In 2007, Thailand provided medical services for as many as 1.4 million foreign patients, including

\textsuperscript{164} Dinu, Mihaela, Health Tourism, \textit{Journal of Tourism Challenges and Trends}, Vol. 3, No. 2
medical tourists, general tourists and foreigners working or living in Thailand or its neighboring countries. Most developing country governments see medical tourism as an opportunity to generate more national income and therefore support it strongly. However, without appropriate management, medical tourism can become a heavy burden for the public health systems of these countries, especially those with universal health-care coverage. The Thailand economy, medical tourism generates a value added approximately equal to 0.4% of the GDP. It helps raise income for the medical services sector, the tourist sector and all related businesses, and it provides other intangible benefits. All of these direct and indirect positive effects for the Thai economy are well recognized in the business arena.¹⁶⁵

As noted by informants, medical tourism is an important component of health diplomacy in Kenya. Kenyan spend a lot money and time seeking treatment in foreign countries especially India. Developing Kenya to a regional hub will improve health delivery in the country and reduce foreign treatment expenses. It will enhance regional integration, enhance professional development and economic development

4.5.2 Health Worker Migration

The migration of health workers to middle- and high-income countries is exacerbating existing inequities in the distribution of the global health workforce and further compromising health systems in some of the poorest countries in the world. While their home countries struggle with serious health work forces shortages, over half the potential physician workforce of third world countries currently serves the populations of OECD countries. The challenge associated with health

¹⁶⁵ NaRanong, Anchana; The Effects of Medical Tourism: Thailand's experience Bulletin of the World Health Organization, Vol. 89, No. 5
worker migration points to a lack of coherence between the global health-related development agenda and the domestic health workforce policies of many donor nations. Ameliorating the negative effects of health worker migration necessitates an international structure to further dialogue and guide cooperation among and within states on issues related to the international recruitment and migration of health workers.\textsuperscript{166}

Several countries have in place bilateral, multilateral and regional agreements in connection with the recruitment of international health personnel. Most of these agreements preceded the Code; others were developed or refined after the Code was adopted. Some of the agreements are between neighboring countries - e.g. Cyprus and Greece; Egypt and Sudan; Monaco and France; Denmark, Finland, Iceland, Norway and Sweden; Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. Some are between countries having different income levels. Health workforce migration is an important problem, especially in countries with fragile health systems and scarce resources, yet migration alone is not the root of the health workforce crisis.\textsuperscript{167} According to WHO estimates, the need for health workers in developing countries is far greater than the number of immigrant health workers in countries of the OECD. On the other hand, health worker mobility can help to alleviate unemployment or under-employment in the health sector and can lead to gains in knowledge and skills transfer. The effects of health worker mobility will depend on how a country stands in terms of workforce shortages, unbalanced skill mix, geographical misdistribution of

\textsuperscript{166} Taylor and Dhillon, The Who Global Code Of Practice Global Health Governance, Volume V, No. 1 (Fall 2011)

workers, workforce and population ageing and attrition, and/or underproduction of health professionals.\footnote{Ibid.}

There role of health diplomacy is to ensure that health workers recruited from Kenya meet the required professional qualifications. Health diplomacy with ensure they are employed in accordance with the laid down international standard. There are over 150 nurses and 25 doctors working in Namibia through Bilateral agreements concluded by Kenya and Namibia through a technical cooperation on Health, 2002.

4.5.3 **Globalization**

Informants appreciated that globalization has brought health challenge associated with emergence of new epidemics that spread rapidly international. Terrorism, international crime and use of chemical weapon affect health of citizens globally. The concept of “globalization” has generally been used to both describe as well as prescribe the transnational economic, social, and political relations that prevail in the world today (UNDP 1997). As a descriptive concept, it is often used to describe the global proliferation of cross-border flows of trade, finance, and information as well as the emergence of a single, increasingly integrated global economy. When used as a prescription, it usually calls for the liberalization or deregulation of national markets in the belief that the unrestricted or free flow of trade, investments, and profits across national boundaries will facilitate global integration and produce the best economic, social, and political outcomes for humanity. These outcomes or effects of globalization are usually equated with economic growth, increased personal incomes, improved living conditions and liberal democracy. Globalization presented in these terms is often prescribed with an air of inevitability, moral superiority, and overwhelming conviction (UNDP 1997).
1997). The concept of globalization is used frequently to describe the increasing global “interconnectedness” or global interdependence of humanity in nearly all spheres of human endeavor, including health. Globalization encompasses the “diffusion of practices, values and technology that have an influence on people’s lives worldwide. analyzing contemporary globalization acknowledge that this global process of transformation involves costs, risks, challenges, tensions, and conflict as well as many potential benefits.\footnote{Richard L. Harris Melinda Seid Globalization and Health. Publisher: Brill. Boston. Year: 2004. Page 4}

Certain aspects of global economic and technological developments have “enhanced health and life expectancy in many populations,” while other aspects of globalization “jeopardize population health via the erosion of social and environmental conditions, the global division of labor, the exacerbation of the rich-poor gap between and within countries, and the accelerating spread of consumerism”\footnote{A J McMichael, R Beaglehole. The changing global context of public health, \textit{THE LANCET} • Vol 356 • August 5, 2000} interest in global health issues is expanding at both the national and international levels. As a result, there has been a “steady growth of global health-related initiatives in major public health institution. Effects of globalization include “population-level health influences” (environmental health risks, infectious diseases, availability of dangerous products, and social/cultural practices); effects on “health related sectors;” and effects on the inputs, thru-puts, and outputs of the national “health care system. globalizing influences the rules and regulations of the General Agreement on Trade in Services (GATS) and the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that are enforced by the WTO; the marketing and sales strategies of the transnational tobacco companies; the international operations of the pharmaceutical
corporations; and the transmission of infectious diseases through international travel, migration, and
tourism.\textsuperscript{171}

The global impact of high-speed forms of transportation and the increasing movement of
people around the world have made it possible for the microbes that accompany them to move faster
around the world. This acceleration in the movement of people has had far-reaching health effects. It
has given rise to new patterns in the spread of infectious diseases, and facilitated the rapid
transmission of these diseases. With globalization, a single microbial sea washes all of humankind”
and as a result “there are no health sanctuaries”\textsuperscript{172}

This acceleration in the movement of people has had far-reaching health effects. It has given rise to
new patterns in the spread of infectious diseases, and facilitated the rapid transmission of these
diseases. The international response to the rapid spread of Severe Acute Respiratory Syndrome
(SARS) offers a recent example of this enhanced capacity to collaborate in the monitoring and control
of the spread of a dangerous infectious disease. Globalization has increased the “health gap” between
the developed and the developing countries. Health-centered (and people-centered) process of
globalization can be achieved only by ensuring that the interests of the developing countries and
vulnerable populations are fully represented in all international decision-making on global health
issues.\textsuperscript{173}

\footnotesize
\begin{itemize}
\item[\textsuperscript{171}] Gro Harlem Brundtland, Director-General World Health Organization. Food Chain 2001 - "Food Safety - a World-wide Challenge" Uppsala, Sweden14 March 200
\item[\textsuperscript{172}] David Woodward, Nick Drager, Globalization, global public goods, and health http://www.who.int/trade/en/THpart1chap1.pdf?ua=1
\end{itemize}
In study therefore emphasize the need of global health diplomacy and anchoring health in policy as effects these health risks have great impact on human security, national security and international security.

### 4.5.4 Emerging Opportunities in Health Diplomacy

Diplomacy is changing. Countries and their representatives do not interact solely through traditional diplomatic channels, and the influence of independent actors on foreign policy is substantial. Despite widespread calls for more effective country-level coordination by health actors, formal mechanisms of communication are often fragmented by disease, sector, or bureaucratic silos. 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.\(^{174}\)

As individuals and international networks transcend traditional foreign policy channels in Kenya, new tools will be needed for the increasingly inclusive sphere of global health diplomacy actors. The current training of career foreign service and health professionals in the field does not emphasize professionalization of “health diplomats.” The new demands on global health diplomacy expertise mean that governments and multilateral organizations cannot wait for their knowledge capacities to grow over decades, or even years. Rather, a better continuum of professional development is needed,

from cross-training in core concepts across agencies and institutions to more specialized, operation specific training opportunities.\textsuperscript{175}

University of Nairobi Medical School in conjunction with the University of Nairobi Institute of Diplomacy and International Studies is in the process of developing a master degree program in Health Diplomacy. Global Health Program of the Graduate Institute–Geneva offer executive course in global health diplomacy and some practitioners from Kenya are graduates of the institute. The institute has developed templates for development of country-level courses on health negotiations. The U.S. National Foreign Affairs Training Center/Foreign Service Institute has demonstrated an interest in integrating global health issues into its training curriculum. Other academic and governmental programs are expanding opportunities and identifying best practices for training diplomats in more complex health issues. A much more concerted effort will be required, however, to provide public health professionals and diplomats with the practical tools they need to recognize and manage their roles in core, multi-stakeholder, and informal health diplomacy.\textsuperscript{176}

The study revealed that the Ministries of Defence and the military globally are involved in health diplomacy. The study was able to interview senior officers from the medical branch Defence Headquarter as key informants. However Kenya Defence has been a recipient of health diplomacy from the international development partners and Kenya troops in various peacekeeping missions have used health diplomacy to win hearts and minds.

Capacity building in global health diplomacy is directed in particular at representatives of ministries of health, foreign affairs, staff of international organizations and non state actors who engage in trans-

\textsuperscript{175} Ibid

border health negotiations. It aims to increase their understanding of the dynamics of global health governance and to improve their negotiation skills. It provides the broad group of “new health diplomats” with insight on institutions and instruments, addresses mechanisms of policy coherence and a framework for negotiation. While there are many aspects and dimensions of health diplomacy, capacity building in global health diplomacy relates in particular to health issues that cross national boundaries and are global in nature and require global agreements to address them. New skills are needed by health and by foreign affairs professionals to negotiate global regimes and international agreements and treaties and to maintain relations with a wide range of actors.

The study observed that the Ministry of Defence had made achievements in collaborating with many organizations, and these has enabled the Programme to establish 17 VCT sites, 14 PMTCT sites and 5 Comprehensive Care Clinics; 4 additional laboratories and trained over 1200 personnel in various aspects of HIV/AIDS management. The Programme has enabled the reduction of HIV rates in Kenya military from a high of 14% in 1999 less than 3% currently.

As GHI unfolds so does a new Kenya on August 4, 2010, the vast majority of Kenyans peacefully voted for a new constitution. Critical changes in the country’s democratic governance structure include an independent judiciary, greater political accountability and new regional authorities. What this means for the health sector is still unclear, but Kenyans and the international community agree that the change will enable progress, growth and stability.\(^\text{177}\)

In order to achieve Global Health Diplomacy, Kenya proposes three priority areas; Health systems strengthening, integrated service provision and demand creation. Through the implementation of these areas, Global Health Initiative (GHI) Kenya will: Intensify program

\(^{177}\) Global Health Initiative Kenya Strategy 2011-2014
http://www.ghi.gov/whereWeWork/docs/KenyaStrategy.pdf
integration across agencies and with host government and will impact and measure health outcomes related to maternal, neonatal and child health (MNCH). Accelerate impact and learning related to integrated management and control of selected neglected tropical diseases (NTDs) and their impact on morbidity and mortality. In Kenya, this approach assumes that program efficiencies will be gained around the USG’s extensive health portfolio.

Kenya’s ability to deliver improved health services is inherently linked to progress on its broad-based political reform and economic growth agenda. Kenya is at a critical juncture; its new constitution contains new institutions and a more robust system of checks and balances to assure improved governance and fiscal accountability. In tandem with the implementation of the GHI strategy, USG will join and support the Government of Kenya (GOK) in its vigorous pursuit of improved governance to reduce corruption, boost business confidence, increase trade and investment, and support broad-based economic growth. Quality governance and investments are necessary to generating livelihood, especially for youth, and deliver economic growth that will make GHI sustainable as we move into the future. Kenya has the robust technical expertise to address health issues, but must translate this strength more consistently to advance and implement key political, economic and social reforms.

Some of the activities enhancing Global Health Diplomacy in Kenya include; International health relations, information and technical assistance on international obligations, emerging international health issues; country positions in the multisectoral-fora; engagement with bilateral and multilateral partners in health; coordination of joint permanent commissions (JPC’s) between Kenya and other countries; drafting of MOU’s, cabinet memorandum and bilateral agreements with partner
states; preparation of briefings and reports from sub-regional, regional and international health meetings and conferences; engagement in bodies like ECSA, WHO, EAC, AU, IGAD and others.

4.6 Conclusion

The study’s main objective was to establish and evaluate the status of Health Diplomacy as an international issue with a specific focus on Kenya. With specific objectives of determining the policy on Health Diplomacy in Kenya, as an aspect of Global Health Diplomacy, establish the practice on Health Diplomacy in Kenya and establish the existing evidence and trends on Health Diplomacy in Kenya. To achieve the objective the study formulated three hypotheses (i) the Health Diplomacy is an emerging foreign policy issue globally where Kenya engages with no existing clear policy, (ii) the practice of health diplomacy is limited to Heath Ministry and (iii) there are other actors who influence the practice of health diplomacy in Kenya.

The study therefore confirms the first hypothesis that health diplomacy is a key emerging issue in Kenyan foreign policy and that Kenya engages with no existing policy. They were also able to identify the other important non-state actors and their impact on the practice of Global Health Diplomacy. The study disapproves the second hypothesis that the practice of health diplomacy is limited to Heath Ministry. It establishes the practice of health diplomacy in the Ministry of Foreign Affairs and International Trade, Ministry of Defence And Ministry Of East African Affairs And Tourism. Other ministry and government agencies are involved in implementation. The study also brought out the other non-state actors involved in global health diplomacy in Kenya and confirms the third hypothesis - that there are other actors who influence the practice of health diplomacy in Kenya. The study has also shown that there was clear evidence from all the ministries that Kenya has been practicing health diplomacy for a long time and appreciated that a lot need to done improve for the benefit of all Kenyan and regional citizens.
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the findings

The study comes out clearly that Global health diplomacy has take root in Kenya and the East African region. The emergency of new communicable diseases in the current era of globalization only emphasizes the need to put policy and strong institutional frame work. As I write this line there is an outbreak of Ebola virus disease in Western Africa.\textsuperscript{178} The question is how are the neighboring states prepared to deal with deadly virus. Global health diplomacy, if well conducted, results in improved global health, greater equity, better relations and trust between states and a strengthened commitment on the part of stakeholders to work together to improve health nationally and globally.\textsuperscript{179}

Challenge in strengthening global health’s role in foreign policy involves the expansiveness of the global health agenda. This agenda is expansive both horizontally and vertically. Horizontally in regard to the multiple the number of health problems that needs to be addressed. The emerging

\textsuperscript{178} CNN) -- An outbreak of Ebola hemorrhagic fever in West Africa has spread to Guinea's capital and beyond its borders in an "unprecedented epidemic," a leading aid agency reported Monday. A total of 122 patients are suspected of contracting Ebola and 78 have died, Doctors without Borders said. Most victims have been in Guinea, but the World Health Organization reported Sunday that two deaths in Sierra Leone and one in Liberia are suspected to have been caused by the Ebola virus. Cases have been identified in three provinces in Guinea near the borders and in Conakry, its coastal capital, said Mariano Lugli, the Doctors Without Borders coordinator there. "We are facing an epidemic of a magnitude never before seen in terms of the distribution of cases in the country," Lugli said in a statement issued by the organization. Previous outbreaks "were much more geographically contained and involved more remote locations," he said. "This geographical spread is worrisome, because it will greatly complicate the tasks of the organizations working to control the epidemic," Lugli said...The organization, also known by its French name Medecins Sans Frontieres (MSF) describes Ebola as "one of the world's most deadly diseases." It spreads in the blood and shuts down the immune system, causing high fever, headache and muscle pain. It is rare but creates panic, because there is no cure and it's fatal in up to 90% of cases, according to MSF. The variant seen in the Guinea outbreak is the so-called Zaire strain, which Lugli called "the most aggressive and deadly." Ebola toll rises in 'unprecedented' outbreak , Matt Smith and Joseph Netto, CNN April 1, 2014 -- Updated 1251 GMT (2051 HKT) http://edition.cnn.com/2014/03/31/health/africa-ebola/

\textsuperscript{179} Ilona Kickbuscha & Mihály Kökény Global health diplomacy: five years on Bull World Health Organ 2013;91:159–159A
epidemics combat HIV/AIDS and the resurgence of multidrug resistance tuberculosis and the increase in cancer and non-communicable diseases require consulted effort. Vertically to address the need of policy formulation, instructional development and reform activities within the concerned ministries in the Africa region, across many political, economic, governance, and social contexts. The expansive agenda creates difficulties for government policy makers who need to prioritize how their government expends political, economic capital and diplomatically, and create collective action in contexts where the principles of sovereignty and non-interference in domestic affairs remain strong. Diseases know no territorial boundaries.

David Fidler noted that to achieve global health improvements through more strategic and less ad hoc foreign policy action, countries will have to develop and apply certain capabilities, including: Political commitment strengthening the foreign policy-global as health linkages require sustained political commitment and leadership. The development of a common framework that centers the foreign policy-global health relationship on security, economic wellbeing; the increase in the economic resources allocated to global health in the past decade by governments and NGOs has played an important part in the foreign policy and diplomatic progress made in this area. Strengthening global health as a strategic foreign policy interest will require significant financial resources. Governance coordination; improving foreign policy’s contribution to global health requires more structured and institutionalized coordination among government ministries, especially ministries of foreign affairs, health, and trade. Policy coherence; Policy coherence requires clarity of purpose, consistency in framing how to analyze and address global health problems, and vigilant monitoring of foreign policy activities across the broad and diverse range of global health issues.180

180 David Fidler, Nick Drager Global Health and Foreign Policy: Strategic Opportunities and Challenges WHO May 11, 2009
This study was aimed to highlight on new knowledge and evidence that exists on the effectiveness of Health Diplomacy strategies that could be sufficiently applied by public health experts. This study aimed to help step-up Health Diplomacy within Kenya and the concerned Ministries in particular, raise awareness on international health-related issues and opportunities, including strengthening the Kenya International Health Relations Department’s capacity in Global Health Diplomacy.

Even though much of what affects health today is transnational in nature, states institutions 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. This alignment involves governments adjusting to globalization by overcoming fragmented policy competencies in national governance systems.181

5.2 Conclusion

The study successively met the set objectives and noted the urgent need of a health diplomacy policy. It has detailed out how health diplomacy is practiced in Kenya and also brought out the evidence of global health diplomacy dating back to 1940s. The conceptual and theoretical framework was well articulated. The concepts were operationalized and clearly identified the main actors both state and non-state and brought out the relationship between actors and in global health engagements.

On the link between global health diplomacy and international relations, Fidler highlighted that historically international relations theorists have shown little interest in health and health scholars and practitioners have not been engaged with international relations theory; concluding that there is

181 Nick Drager, David P Fidler Foreign policy, trade and health: at the cutting edge of global health diplomacy WHO.INT/BULLETIN/VOLUMES/85/3/07-041079/en/
scant theoretical literature to draw on in thinking about the conceptual and theoretical aspects of global health diplomacy. This study has however successfully linked the theoretical framework to global health diplomacy practice in Kenya and developing world. The liberalist theory of international relations recognizes the role played by non-state actors in the international system. United Nations and WHO are major actors in all global health issues. United Nations General Assembly’s Sixty-seventh session Agenda item 123 on Global health and foreign policy noted the role of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health. It called for more attention to health as an important cross-cutting policy issue in the international agenda, as it is a precondition, an outcome and indicator of all three dimensions of sustainable development, and for the recognition that global health challenges require concerted and sustained efforts to further promote a global policy environment supportive of global health and sustainable development. WHO provides the legitimacy for global collective action as it has universal membership that is open to all nation-states; its annual assembly is an unparalleled forum for discussion among the 194 Member States; and that forum provides a venue at which large and small countries can debate on an equal basis. The wide range of governance instruments at its disposal, including its treaty-making power, reinforces the leadership role that the WHO must play in global health.

Healthcare is highly advanced in the developed countries as compared to the situation in Kenya and other developing countries. Healthcare in developing countries still focuses on primary health care and treatment of communicable disease. Communicable diseases like malaria, tuberculosis diarrheal diseases remain a big burden to the economy and lifestyles of the citizens. This is further complicated by the HIV/AIDS epidemic. Likewise as noted in the study the focus of health

diplomacy in developed countries is different from developing countries like Kenya. Their focus is mainly geared at protecting their citizens from communicable diseases and other health hazards from outside their borders. They therefore spend money to control emergence of diseases in developing countries. Developing countries are weak politically and economically with weak national institutions incapable of dealing with the endemic diseases and emerging epidemics. Because of this, international donors, inter-governmental organizations like United Nations, WHO, and non-governmental organizations and other funding agents becomes important in provision of health care.

Global health diplomacy in developed countries like UK, Switzerland and China is driven by the state and state agencies. The study noted that Kenya and other developing countries are recipients of health diplomacy. Liberal institutions become very important for negotiations of aid and financial assistance and therefore Non-state actors have become the main drivers of health diplomacy. The theoretical framework therefore anchors global health diplomacy in the liberalist theory of international relations.

The relationship between policymakers and the non-state actors was an important enabling factor that contributed to the integration of health into foreign policy in a number of ways. The noted government health actors relationship with the academic community particularly university and medical schools will help establishment of the global health diplomacy training program in Kenya and the region. Health as a human right is enshrined in Kenyans constitution and as such provides a strong base for arguing for health issues in all policies. Health therefore became an overriding normative value and along with development, an ultimate goal of foreign policy health.

The way forward in Africa’s economic development and away from dependency is through regional integration. The study has identified health sector as key to East African community. The
rationale for integrating health into foreign policy enhances country’s economic interests by working with its neighboring countries to eliminate transnational diseases and keep patent drug prices low and increasing accessibility to generic equivalents. Kenya leadership in global health, and in global health diplomacy, is way to promote and strengthen the country’s national reputation on the world stage. It was also observed that integration of foreign affairs and strengthened global health security in the interest of the state focusing on implementing the MDGs anchored health in the desired outcomes of development.

This study has helped to fill identified knowledge gaps through rigorous, primary research which was focused on understanding the global health diplomacy process from the perspectives of those who are involved in it practice in Kenya. It provided further empirical support and critical analysis to advance understanding of the key arguments for health in foreign policy, including global health security and connecting health to human security, and hence National Security. It open the field for further enquiry on the practice, negotiation process, analysis on negotiation cycle – context, content, process, actors and the impact. Questions into the role, power, authority and influence of the different actors in the process, including policy entrepreneurs, policy communities, epistemic communities and various state and non-state actors that are relevant and important. Since global health diplomacy will continue to involve a diverse array of state and non-state with varied interest.

5.3 Recommendations

Based on the findings, the study concludes that;

- The government through concerned ministry to develop a clear and specific policies regarding Global Health Diplomacy in Kenya. This will ensure establishment of strong international health institution that will manage global health issue effectively bring all stakeholders together
• The global health actors to synergize their efforts, in order to enhance the growth and development of Global health diplomacy in Kenya.

• Incorporating the new opportunities offered by advances in technology and developing and retaining human resources are critical to health systems performance and all elements should receive priority attention. Strategic interventions should value, motivate, proportionately compensate and equip all cadres of health workers.

• Governments alone cannot assure the health of its population. Partnerships with communities, private sector, civil society organizations as well as development partners are essential to make an environment conducive to good health status as well as to deliver health services.

5.4 Areas for further study

Further study is recommended on the practice, negotiation process, and analysis on negotiation cycle – context, content, process, actors and their impact. Other areas the role, power, authority and influence of the different actors in the process, including policy entrepreneurs, policy communities, epistemic communities and various state and non-state actors.
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