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Diplomacy

The diplomacy for a Global Health. The case of Kenya.

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Summary

The research of this analysis wants to underline firstly health as a key concern of the global agenda. It wants to underline that there must be the need to consider the link between globalization and health. In fact, globalization of travel, changes in technology, and the liberalization of trade affect seriously the health of all individuals in the world. It is important to understand and contemplate constantly the impact of globalization on health. The process of globalization has also contributed to the connection of much more diseases undermining the all health sectors.

Secondly, the project is focalized on the health situation in Kenya with the principle reference of HIV/AIDS for many reasons: it is the major virus present in the country; Kenya is still the first African country with a bigger percent of the problem in respect to the others; the Kenyan is an outstanding example for the problem constantly present for the management of the global health problems.

Indeed, the thesis continues with the study of the role of diplomacy, its history, process, and methods of action. The health is a problem, both at local and global level. The diplomacy has the duty to be a sort of bridge that unites the international and local interests for the resolution of global health difficulties.

At the beginning, the first chapter of the thesis starts with the definition of the global health and its differences with other two branches of health: international and public health. This part answers to

the questions: is the same global, international, and public health? Which are their objects? What about their commitments? These replies are very important for the conclusion that they are different if they are analysed singularly but assembled, they underline the same principle and crucial point that is the health is a right for all individuals.

Then, in order to understand the development of the global health, its social determinants are analysed. In 2003, the WHO suggested that they included, for instance, early childhood development, social exclusion, unemployment, availability of healthy food, and availability of healthy transportation. However, I wanted to focus on economic and policy because they are two social vital elements that mark truly the health sector of a society. In fact, without a global solid and foremost economic and political participation, the global health situation will remain the same. About that, there is chiefly the examination about the relations between economy, policy and health. Hence, the final part of the first chapter refers to global health security and HIV/AIDS, one of the most tragic disease in the world. Regarding the first topic, the lack of health is seen as a synonymous of insecurity. For this reason, whereas some scholars tend still today to connote health like a private good, health has to be considered like a common resource, a common good. It is essential for the survival and to guarantee equality and development of personality. It is a valuable resource for individuals and societies. Nevertheless, if health is a common resource, is there a common management for this? A paradox exists. The economist Richard Smith argues that health is not per se a global public good (GPG). With national public goods, the government intervenes either financially, through mechanisms such as taxation. However, for global public goods this is harder to do, because no global government exists to ensure that. Hence, the central issue for health-related GPGs is how best to ensure that the collective action necessary for health is taken at the international level. In fact, one of the most important aspect is that a global health requires a collective action between countries but also within them. Initiating, organizing and financing collective actions for health at the global level presents a challenge to existing international organizations. In my opinion, a collective action truly happens when there is a complete consciousness of the problem. In this case, the thought that the protection of health has to be one of the principal goal of every state. Nevertheless, we are considering a global health; consequently, there is the need to establish a global protection. It is difficult to find this or create a health cooperation between states because they have diverse interests and aims.

The second chapter is entirely based on Kenya. Firstly, it gives a demographic, economic, and political overview of the country. Secondly, it evaluates the roles of the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS). How they work? What are their roles and plans about the general health condition of Kenya and in particular on the difficulties

caused by HIV/AIDS? In order to respond to these demands, I did a long research in Nairobi and after in Kilifi and Malindi, the two big counties of Kenya. I could see that at a much more international level, some progresses are effectively present thanks to the two organizations just mentioned, but at local level, the badly behaved is still so big. Here the progresses exist but especially, if not only, thanks to the local communities, NGOs, and governments that tried and are trying to improve the condition. It means that the aids are concentrated mostly in the richer parts and not in the poorest ones, like in the other development countries. This is one of the most crucial problem of global health triggered principally by the progress of globalization.

Henceforth, how the government of the African country is reacting to HIV/AIDS? What bilateral or multilateral agreements exist?

What is the role of diplomacy? The third chapter talks about that but, in particular, wants to examine and stress a new type of diplomacy that few individuals, societies, states, governments, institutions know or do not consider that is the health diplomacy.

A health diplomacy, or better saying, a global health diplomacy could be a strong solution for the current global health situation. How? With which methods and practices? When really the health diplomacy was born?

The examination wants to discovery answers to these questions, how diplomacy could eliminate the paradox that could put into discussion the concern of health like a global public good. Moreover, together with the paradox, other problems occur about health like, for example, a global public good. How many of the actions necessary to global health like communicable disease control, generation and dissemination of medical knowledge, public health infrastructure, constitute the global health? Does the concept of health as global health undermine or support concepts of equity and human rights? Answers to these demands are necessary also to better understand how politics effect health. Nevertheless, there is the requirement to comprehend that health is a foreign policy issue. Some researches highlight the importance of an economic growth linked with an improvement of health. However, politics is essential. The health sector is influenced by economic but also by societal and political factors. Policy measures are required to rectify the adverse effects of globalization on health and strengthen the positive ones. This is a new approach to managing global health issues and initiatives. In particular, policy should be guided by the following principles:

- 1) Policy has to be coherence between economic, social and environment sectors
- 2) Opening up of borders should be gradual and preceded by appropriate protective conditions

- 3) Strong national health policies, institutions, regulations and programs are essential
- 4) The public health workforce must be equipped with the knowledge and skills to engage with partners across sectors and across borders to achieve health and other social goals.

The policies influence and shape the conditions where individuals live and work, and these conditions may have positive or negative consequences for the health of a given population. A policy, program and project has the capacity to change the social determinants of health that are the social and economic conditions of a population. Nonetheless, the protection of health's population represents the principal goal of any nation state. One of the most important approach to do that is health in all policies (HiAP). The rationale of this method is that health is influenced by political, social, environmental, and economic factors. These factors influence the realization of the health's protection and improvement. In order to solve the situation, it is crucial to understand health in a broader societal perspective. In practice, this means integrating health into a broader range of related policies areas, such as employment and education. It emphasizes the so called cross-border action. Only with this kind of strategy will it be possible to protect and promote the health of all populations in the world, especially those of poor countries. In a world of increasing interconnection and interdependence there is an urgent need to scale up combined activities to improve a global health. It requires a new kind public health workforce with the knowledge and skills to maximize the beneficial effects of globalization on population health status, and minimize the adverse ones. What are national and international policy responses? What health policies are needed to sustain efforts and prevent health crises in the future? One possible solution could be the partnerships between private and public actors, as well as between international level and national-level efforts. Public-private partnerships and international coalitions have been responsible for attracting the attention of policy-makers and placing new health issues on the global agenda. Moreover, the international community should therefore encourage organizations such as WHO to complement health sector programs with multilevel initiatives. Before the conclusion, there is the consideration of some significant global summit projects and others similar to the first about health like the Global fund to fight AIDS according to which there are four policy recommendations for improving the sustainability of the initiative to control AIDS:

- 1) International cooperation on health should be seen as an issue of global public goods that concerns both poor and rich countries
- 2) National health and other sector budgets should be tapped to ensure that global health concerns are fully and reliably funded; industrialized countries should lead the way

3) A global research council should be established to foster more efficient health-related knowledge management

4) Managers for specific disease issues should be appointed, to facilitate policy partnerships. Policy changes in these areas have already begun and can provide a basis for further reform.

Finally, the third chapter finishes with a brief analysis of the role and impact of the pharmaceutical companies on health. They are very crucial and stress the importance of the engagements by diplomacy even in this field.

The first preamble of Art. 25 of the 1948 Universal Declaration of Human Rights said, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”. Instead, according to the second preamble “Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection”.

From these statements, it is crucial to highlight two issues. Foremost, a strong link between health and wellbeing exists. Health is synonymous of well-being; without the former, the latter cannot occur completely. For instance, an ill health can keep the individuals from going to school or to work, or from participating fully in the activities of our community. The tricky is that this relation often is not considered. For this reason, the role of governments is important because the policies have to support and enhance a culture of healthiness and wellbeing.

Contrariwise, the first statement regarding the fact that health is a fundamental part of human rights and understanding of a life in dignity for all individuals in the world. Hence, as such, it must be guaranteed to all. For this reason, it is better to talk about global health like, in a certain sense, a goal responding to human rights and to common interests.

Especially in the most recent years, a particular type of global society is building up more and more opposed to the project of a world society based on the idea of the hegemony of the nation-states. There is a global context where constantly many fluxes of diverse ideas, individuals, cultures, religious born and they are interconnected with each other. The particular aspect of these interconnections is that, at a certain point, they meet like in a unique block. The spirit of globalization is this. It wants to create a world more and more as a unique social system.

Before to arrive at a total conclusion about the relation between globalization and health in order to understand if effectively it produces benefits or not for the health in general, it is opportunity to understand the positive and negative aspect of the process of globalization.

In an optimistic view, living in a more globalized world means and involves new opportunities and choices whenever all individuals in the world stay in a precise moment. Globalization is a multi-dimensional process that generates free flows of goods, ideas, technologies and social practices across national borders. They can eliminate the negative aspects of national differences increasing a major knowledge and tolerance for different cultures. From an economic opinion, the route of globalization creates a single global market where countries help each other, or at least they should. In fact, as it has been said before, the negative facets do not lack to the globalization. The most critical and evident are the loss of identity and the intensification of social and economic disparities among rich countries and poorest ones. The latter represents to be a countersense because the globalization has the aim to amplify the global economic, political, social, and cultural relations but, at the same time, it contributes to the formation of new dimensions and new dividing lines in the relations between dominant and dominated, wealth and poverty, religions, peripheral cultures and central cultures.

Hence, it is possible to say that the globalization is a good process particularly, is not only, in a brief period. Whereas, it can create serious problematics in the long run.

Globalization is itself a paradox for the reason that it produces a sole and separated world. A disparity and controversy comparable to this is present also for the health. The problem is that globalization does not act uniformly and this has consequences in the health status of all individuals. In particular, the globalization acting firstly on the economic plan, it creates a solid affiliation between the economy and health sector.

Generally, richer nations and socio-economic groups have a better health condition contrary to other poorer. For instance, it is useful to take into consideration the life expectancy. It is a statistical indicator that shows the average number of years of life of an individual from a certain age in the population index. It is strictly correlated with the mortality rate. Indeed, the lengthening of life expectancy at birth may be the result of the reduction in infant mortality rates due to improved sanitation and hygiene. The life expectancy is a real good demographic and statistical indicator because represents and underlines the social and health status of a population. Many countries of Africa continue to have a low life expectancy due to the constant diseases and medical problems. This situation is very different respect that of Japan which has the highest life expectancy in the world, followed by Spain and Switzerland. Henceforth, even here it is possible to perceive a huge discrepancy in sanitation amongst rich and poor countries. The key causes are always the same: increase in income inequality, economic instability, lack of improvements in the distribution of health services. Having a global scenario that has vital effects on the global health, primarily there is the need to leverage on the economy for the promotion of a:

- 1) Social and economic development based on the approach of human rights, giving priority to low- and middle-income and disadvantaged population groups, in line with the Development Goals Millennium and with those of Agenda post-2015.
- 2) Universal access to quality health services in order to meet the health needs without incurring financial difficulties to pay them.
- 3) Strengthening of health systems with a universalistic view oriented to ensure reforms on equity, solidarity and social inclusion.

Then, together to these three main goals more concentrated in an economic prospective, there is the action with everything is related to the politics like diplomacy and government. In particular, a specific branch of diplomacy subsists, the so-called health diplomacy. It has to collaborate with politicians, institutions, and organizations in order to indorse the:

- 1) Role of the World Health Organization as a guide and coordinating authority for the government of the global health.
- 2) Coherence between policies of development cooperation and others that have an impact on the growth of the partner countries.
- 3) Donor coordination for the support of national health plans made by the authorities of the partner countries in accordance with the needs of the population and individual rights.
- 4) Integration of global health initiatives and global partnerships in national health plans taking into account the priorities of countries partners and aligning their modalities of programming, implementation, monitoring and evaluation to the local systems.
- 5) Policies for the financing of social and health spending in partner countries within the international forums.
- 6) Coordination of policies, programs and interventions in health among territorial partnerships.
- 7) Development of appropriate skills of those working in global health.

Hence, the politics has a crucial role in health. Rather, the strong economic performance is only possible with a good policy, both in a national and international approaching. Above all, in a world increasingly interconnected for the process of globalization, there is the necessity to strong global

health policies able to combat the new and challenging collective action problems such as global poverty, global economic crisis, climate change, human security, and so on, that have tremendous impact on global health. It is better to focus on policy rather than governance achieve specific governance outcomes.

However, it is important to distinguish between global governance for health that is the starting point for the social, economic, and political determinants of health. The latter is considered in the context of global organizations in other sectors. Governance for global health, the starting point for global health strategies. It stays at national and regional levels in support of global health agendas. Finally, there is the global health governance, the starting point for health equity and disease control. It is a type of governance of dedicated health organizations and their interference. They are powerfully interconnected. In the current global health contest, the first global governance outcome has to be the realization of a real common solution by all countries in the world. The states and economic authorities cannot longer consider health as a single problem; it is common to the entire hemisphere.

There is the need to the implementation of a global health shared strategy firstly towards the poor countries, those really have an urgent necessity to improve their sanitation. Secondly, for richest nations. In fact, another problem is evident. Often, also the big organization like the WHO, fail to separate the priorities.

Regarding the World Health Organization, the preamble of its 1946 Constitution of the World Health defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The preamble further states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

From the technical point of view, the WHO have surely improved the health situation over the last 20 years. Together with other major agencies like UNAID, it has developed operational protocols that can prevent the most egregious errors and facilitate the initiation and development of activities. However, especially the World Health Organization has been criticized because it seems that it often comes when disaster has already taken place. So, its effectiveness is in the short term reducing only the damage. Another damaging constituent is that when an epidemic is finished it is put aside like the governments had finished their tasks.

In reality, when a health problem is ended, specifically in a development country, is in that moment the political and economic aid must grow in order to support the country to give itself a base sanitation formed by a right structure.

All the local and international governments, institutions, and organizations have to understand that the difficulties stay at the base and it will continue to be so if they do not implement a comprehensive action to boost awareness of the problem.

Governments are responsible for the health of their peoples; they can cope with this responsibility, taking only the necessary health, economic, and social practices.

We are assisting an evolution so strong and durable that the challenges cannot longer be effectively addressed only within the health sector and at the national level. In fact, the World Health Organization cannot be the sole manager of intergovernmental challenges relating to the governance of global health. There is the requirement of political will and the willingness of states and other priority actors in the fields of health.

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