Health as Foreign Policy: A U.S.-German Dialogue on Governance and Global Health.

Marcus Schaper, Reed College

Available at: https://works.bepress.com/schaper/3/
Health as Foreign Policy: A U.S. – German Dialogue on Governance and Global Health

Marcus Schaper, University of Maryland
January 2004

Overview

Health has become an issue with significant implications for economies, trade, and security in today’s globalized world. Epidemics like Severe Acute Respiratory Syndrome (SARS) carry an impact far beyond the epicenters of the disease. The spread of HIV-AIDS leads to fundamental changes in social cohesion and state structures with far reaching international consequences. Bio-terrorism with its potential for rapid pandemic poses a threat to many countries of the world.

In a globalized world, health has developed into an issue of soft power. It has become part of deliberations on foreign policy and of the development of civil society and democracy. Health is at the center of the poverty agenda, the debate on human rights and social justice, and is a centerpiece of the United Nations’ millennium development goals.

The conference "Health as Foreign Policy" explored and compared perspectives on global health issues as they have developed in the United States and in Europe. It explored differences and similarities in:

- the premise or “world view” that drives U.S. and European approaches to global health,
- the actors that engage in the global health arena,
- the priorities that emerge and drive global health action, and
- the delivery mechanisms that are preferred on the global and national level.

The German-American Fulbright Commission, in cooperation with the American Council on Germany, convened a two-day conference on “Health as Foreign Policy” in Berlin, Germany, on November 20-21, 2003. Conceptualized by Ilona Kickbusch (Fulbright New Century Scholar 2001/2002 Distinguished Scholar Leader and Senior Advisor, Pan-American Health Organization), this conference brought together academics, policy-makers, and business representatives to engage in an interdisciplinary exchange on the transnational challenges of health. This conference was supported by the Robert Bosch Stiftung, Boehringer Ingelheim Pharma GmbH & Co. KG, the U.S. Department of State (through the Council for International Exchange of Scholars – CIES), and the German Federal Foreign Office.

Over 25 distinguished speakers and a diverse expert audience explored the opportunities and challenges of an integration of health concerns into foreign policy in five panels and various speeches. Infectious disease and its various implications (as a trans-boundary threat, as a destabilizing factor in developing countries, and as a source for bio-terror agents) served as the guiding theme of the meeting. The discussions centered on how such integration can allow for effective responses to a wide range of international health challenges ranging from political instability caused by the AIDS epidemic in Africa over economic disruption resulting from the SARS outbreak to the threat of bio-terrorism.

One dimension concerned the prospects and problems of mainstreaming health in foreign and security policy versus pursuing a public health policy agenda. Related to this theme, participants addressed diverging approaches to health concerns in U.S., EU, and German policies that result

---

1 Please direct comments to schaper@umd.edu. This is the final draft of the report of a two-day conference on “Health as Foreign Policy” in Berlin, Germany, on November 20-21, 2003, organized by the German-American Fulbright Commission, in cooperation with the American Council on Germany. The final report can be obtained from the American Council on Germany in New York (http://www.acgusa.org).
in part from divergent conceptualizations of health – whether health and access to health care are viewed as a human right or whether health is seen in instrumental terms.

Broad consensus was voiced that recent outbreaks of SARS and other infectious diseases only provided a wake-up call and test-run for mitigation strategies. Participants noted that while SARS was handled effectively, diseases that are more contagious may exceed currently existing international response capacities. However, a readily available and commonly supported solution to address this lack of capacity does not seem to exist. Any successful approach to health as a cross-sectoral issue would have to provide for consistency across policy sectors to avoid that divergent sectoral policies in one sector would negate positive effects generated in another. In the context of discussions around SARS and HIV-AIDS, the role of animals as reservoirs for infectious disease surfaced repeatedly. The challenge here is better coordination among animal health and human health policy.

Consensus also existed that the challenges faced are primarily of a political nature. While the medical and technical means exist to address most of the issues discussed in an efficient and cost-effective manner, the political will, finance, and necessary administrative infrastructure often lack to bring about significant change. This is primarily a challenge for the global North but it also requires the willingness of developing countries’ governments to cooperate. Governments can create incentives and provide for a political environment in which non-state actors can address health challenges in addition to state activities. Providing solutions is most difficult in countries lacking administrative and infrastructural capacities. Development cooperation needs to build local capacity but in cases of weak states with extremely low capacity innovative private approaches to traditional state tasks may be necessary.

This lack of capacity is amplified by the “brain drain” phenomenon: the countries of the North draw the best scientists from the developing world leaving little scientific capacity locally. An international code of conduct among industrialized nations in this matter or the creation of local centers of excellence could provide remedy. Similarly, donor nations and organizations need to coordinate their activities in building local capacities and addressing health issues in less developed countries (LDCs). Uncoordinated activities may place additional strain on the limited administrative capacity that exists in many LDCs.

In recent years there has been a proliferation of actors in the area of global health. Some are posing health threats and others are active in addressing health challenges. Individuals can spread disease across borders unintentionally and terrorists may apply bio-agents for their ends while non-governmental organizations (NGOs) and public-private-partnerships have started to fill gaps in disease mitigation that governments have left unaddressed.

While concerns about biological agents in the hands of terrorists and the recent experience with anthrax have put health squarely on the national security agenda in the United States, responses to this set of issues are not as clearly developed in Europe. Traditionally, health concerns have been represented in U.S. foreign policy by an office within the State Department dedicated to them. Similar institutional arrangements do not exist in European foreign ministries and an EU global health policy lacks altogether.

Welcome and Introduction

Stefan Schneider, of the German Foreign Office, welcomed the participants in the name of German Foreign Minister Joschka Fischer. He stated that the German Foreign Office serves as an ideal venue not just in terms of the space provided but also politically. Exemplified by the AIDS epidemic, health poses fundamental challenges to stability in the world. For Germany, health is not a strictly national issue anymore, but needs to be addressed within the context of
globalization. Schneider noted that while epidemics pose threats, they also provide opportunities for international cooperation.

Minister-Counselor for Public Affairs Richard J. Schmierer conveyed U.S. Ambassador Daniel Coats’ thanks to the organizers for bringing together the international health community and the foreign policy community in a timely meeting. The diplomatic community approaches ‘soft’ topics like health more and more as they are global in impact and increasingly important on the public diplomacy agenda. He stressed that the international health system needs to be prepared to deal with bio-terrorism. Health issues like AIDS have shown what kind of impact health can have on social fabric. In Africa, this is a security and a political issue, but there is also the positive aspect of improving health as an important element of development policy. President Bush’s Millennium Challenge Program promotes the investment in health as a central task. He closed by highlighting that health is an area where the American people are prepared to be generous.

Ilona Kickbusch expressed her delight that the conference succeeded in expanding the transatlantic foreign policy dialogue to a global dialogue level and in establishing a better understand of the interface between changes in the health area, changes in the foreign policy arena, and the changed relationship between the United States and Europe. Sketching out guiding questions for the conference she mentioned that global health awareness is much higher in the United States than it is in Germany. What forms of debate do we observe on both sides of the Atlantic? Who is doing foreign policy at which level?

International health policy emerged 150 years ago as a foreign policy issue. Coordination of quarantine policies and the threat of Cholera brought states together. Today we are in a similar position when states need to jointly react to new challenges. When should the issue of global health be defined by the foreign policy community? By health experts? There exists very little academic research on the nexus between health and foreign policy, but policy makers are divided by very different health and foreign policy mindsets. One approaches health as a global public good whereas the other employs an instrumental view of health with respect to its security implications.

Opening Keynotes

Hugh G. Hamilton Jr., representing the American Council on Germany as one of the conference organizers, reported about his experiences as an U.S. diplomat in Africa. During his foreign service career, he was stationed in Africa three times and each time he witnessed the plight another generation of infectious disease caused there – small pox, water-borne diseases, and HIV-AIDS. As a member of Rotary he is now part of the response to one of these challenges: polio. Rotary’s PolioPlus program started in 1985 to immunize all children world-wide by 2005. This may serve as a good example of what can be achieved in public-private-partnerships as new forms of global governance. At a time when transatlantic relations are strained at high levels, there are still many areas of common interest and plenty of opportunities for cooperation. Trade, security, and health are all foreign policy issues.

Eberhard Sandschneider, of the German Council on Foreign Relations, provided a theoretical concept for thinking about foreign policy in the age of globalization. He argued in favor of moving beyond the characterization of foreign policy in state-centric terms and to allow for international politics to be divided by many fault lines simultaneously. Traditional views of foreign policies define governing as a combination of institutions and policies. Sandschneider, however, stressing the importance of increased connectivity in Europe and the emergence of asymmetric threats to the United States, defined governance as the junction of networks and
connectivity. Caught between multiple poles, modern governance needs to address issues of legitimacy and accountability and transparency. How is the state to deal with asymmetric threats like terrorism? Swift efficient reaction by a dictator or democratically legitimate but slow response? Who is business accountable to? How to monitor important decisions in boardrooms?

He argued that the asymmetric threats that challenge traditional foreign policy come from soft issues: demography, education, social cleavages, information security, and health.

David Fidler, Fulbright New Century Scholar, discussed the nexus of “Germs, Norms, and Power.” The global health crisis has its root in microbes and germs. This natural axis if illness is compounded by the emergence of bio-weapons as the axis of evil. The microbial challenge mandates the re-conceptualization of public health policy nationally and internationally. The nation-state’s changing responses to these challenges over time have brought with them redefinitions of sovereignty. Rooted in a Westphalian concept of statehood, disease was first addressed as an exogenous threat that required sovereign cooperation. The establishment of the World Health Organization (WHO) with its conceptualization of health as a human right, global small pox eradication, and responses to HIV-AIDS indicate a turn to post-Westphalian notions of sovereignty that allow for governance beyond borders. However, recent developments such as intellectual property rights being challenged by AIDS or the emergence of disease as a threat to national security in the form of bio-weapons and areas destabilized by AIDS may mark a turn to neo-Westphalianism and its concern for sovereignty.

Fidler offered “global health governance” and “global public goods” as alternative concepts to theorize about health and the state. The role of the WHO in the SARS case may serve as an illustration. The WHO used non-government information and issued global alerts independently. By preventing a spread of SARS, it produced a global public good. This form of governance beyond the state transcends state-centric governance.

The subsequent discussion focused on the actors involved in global health policy and the motivations for their involvement. While policy-making still requires the state, its role has diminished to being one of many actors. Civil society, the private sector, and international organizations have entered the scene. Different states may engage in global health policy for various reasons. Generally, the United States is inspired by the security implications of health and Europeans favor to think of health in humanitarian terms. At the end of the day, however, their motivations do not matter as much as their actions and results on the ground. The discussion hinted at the fact that various theoretical labels attached to different styles of policy-making may not matter much in the policy world where the results are more crucial than the method.

Panel 1: Linking Health, Security, and Foreign Policy – Is there a Difference in European and U.S. Approaches?

“If you are trying to find out more about health as a foreign policy issue and call the German Foreign Office, you are told to call the Ministry for Economic Cooperation and Development because they know more. If you then call them, they tell you to call the United Nations Department within the Foreign Office. This leaves the impression that there is no link between health and foreign policy in Germany.” Matthias Jopp introduced the panel on European and U.S. approaches on health as foreign policy by sharing this experience illustrating the German state of affairs. He characterized health as an upcoming issue for Europe in many respects. EU enlargement incorporates unstable regions. Apart from environmental problems and nuclear safety, the spread of disease is another soft issue, specifically in Russia and Eastern Europe. The Solana document which provides a proposal for a future European security policy picks up the health issue as one of 10 strategic security issues. Jopp proposed to support better governance in
three layers: (i) protective measures within the EU, (ii) influence on EU neighbors, and (iii) global combat against spread of infectious disease. For this, the EU should contribute EUR 10 billion over the next 10 years to the global health fund.

Kenneth Shine, of the RAND Corporation, added that the global health problem is not just about AIDS in Africa, as life expectancy in Eastern Europe has also been declining. Heart disease will be the leading cause of death in the developing world by 2020. Health is a global issue because the domestic cannot be separated from the international. Describing Americans as a humanitarian people, he noted that U.S. foreign policy is motivated on other grounds. Formerly prompted by the Cold War need to make and keep friends, AIDS, terrorism, and failed states now have promoted security concerns as a driver behind foreign health policy. Former U.S. Secretary of Defense William Perry once said: “I don’t know how much is humanitarianism and how much is security, but whatever the mix let’s get on with it.” America has a vital interest in global health for a number of reasons: domestic protection against infectious disease and bio-terrorism, promoting economic development, and protecting multinational corporation’s employee health.

Old beliefs that infectious disease could be eradicated have been proven wrong by the emergence of new organisms, antibiotic resistance, and new vectors. Health as foreign policy provides for a number of challenges and opportunities in U.S. policy. Shine pointed out a few issues that may pose obstacles in addressing global health concerns. Of these, the conflict between humanitarian and self-interest is the least crucial as both can be combined to provide more impetus for health as foreign policy. Yet ideology may prove more difficult to overcome. The inability to provide condoms for family planning or the U.S. general suspicion of international organization’s operations may impede international cooperation on health questions. Within the context of such dilemmas, an U.S. foreign health policy is beginning to emerge. This is an important beginning, but it remains to be seen how sustainable it is. Inconsistencies with other policies will provide for more complication. For it to be effective, U.S. foreign health policy needs to take a holistic approach and go beyond the mitigation of select problems like malaria and tuberculosis and engage in difficult issues like the distribution of resources.

Reflecting on this statement, Matthias Jopp remarked that the Europeans favor multilateral solutions, but that the United States is skeptical of international organizations. Effective multilateralism is a key concept in the Solana paper.

Alexander Kekulé opened his remarks by mentioning that this conference marked his fifth visit to the German Foreign Office in 2003 which could be interpreted as a good indication for the German interest in integrating health into its foreign policy. Discussing responses to AIDS in Africa, the assessment of Iraq’s potential for biological warfare, and responses to emerging diseases such as SARS he highlighted that all of these are primarily political issues. With regard to AIDS, the ART treatment has turned around the death rate in the United States and treatment of the 29 million infected in Africa is possible, too. However, the obstacles are funding for such treatment and the lack of incentives for pharmaceutical companies to develop new drugs for the African market. States have created incentives but they still need to provide more money to the global fund to expand treatment.

Diverging assessments of Iraq’s capability to conduct a biological war are a symptom for the lack of interaction between scientists and policy-makers. Kekulé argued that from a scientist’s perspective it was very clear that Iraq could not possess any significant biological warfare capabilities prior to the war. The major threat of biological weapons stems from their potential for asymmetric warfare and the increase of potential agents. Each time a disease is eradicated through vaccination and populations are no longer vaccinated against it anymore, a new potential agent is born.

AIDS, Ebola, and SARS are good examples for the role human and state behavior play in the
spread of infectious disease. All are believed to have started when humans consumed infected animals and thus broke natural barriers to the spread of these agents across species. Chinese handling of SARS and different approaches to AIDS in Africa show how important state behavior is in addressing infectious disease. Though SARS was caused by a rather benign and harmless virus, the extent of collateral damage during this ‘dry-run’ of public mitigation strategies clearly shows that public sector improvements are needed. Though there was great international cooperation - a more contagious agent would not have been stopped with the means available. Mankind is permanently at war; providing for security is a trans-disciplinary task and needs to include social factors, microbes, and medical defense. Institutionally, bio-security agencies need to be established – either nationally or on the European level.

The discussion picked up themes from the panelists and also brought the issue of academic transparency onto the table. Some U.S. academic journals are starting to restrict their editors from publishing articles that may contain information that could be relevant for the production of biological weaponry. Shine and Kekulé were both critical of this approach. Kenneth Shine suggested that weaponization should be off limits, but that transparency in basic science should be maintained. Similarly, Alexander Kekulé argued that it is difficult to draw the line between basic science and science that may be relevant to weapon makers. Furthermore, this publication restriction might provide rogue states with a competitive edge. Rogue state labs would have secret service access anyway providing them with the relevant scientific information, but those working against them may fall behind. He stressed that “we must be better and further.”

Related to strategies against infectious disease it was noted that fortunately SARS did not get into Africa or India. Old measures of disease control were successful in containing the epidemic. Kenneth Shine qualified this observation by pointing out that capacities vary within Africa. While AIDS was managed efficiently in Uganda, it was poorly handled in South Africa. It is clear that this is a political phenomenon – similarly to the Chinese handling of SARS – and that political leadership is needed. In part, SARS was contained because a fast and effective department within the World Health Organization responded and provided leadership. Now the challenge is to learn from SARS and create institutions that organize new knowledge by bringing the capabilities of the health and the intelligence community together – i.e. provide the World Health Organization with intelligence. The United States is the only nation that has such an agency domestically. However, the United States and the United Nations have their differences.

Dinner Keynote: Globalization and Infectious Disease Control: Global Response to the SARS outbreak in 2003

Klaus Stöhr, head of the WHO’s Global Influenza Program, was part of the SARS management team responsible for the science side of SARS and served as a spokesperson for the WHO during the epidemic. In his presentation he highlighted two links between health and foreign policy: When does health or disease control become a foreign policy matter and when and how does influenza become a political issue?

As with most infectious diseases, in the SARS case the disease was detected first and the pathogens second. WHO’s Global Public Health Intelligence Network (GPHIN), which is an intelligent search engine that scans and analyzes the internet for information about newly emerging diseases, and the Global Influenza Network picked up first indications of SARS in China very early, but they were attributed to known diseases by the Chinese authorities and the World Health Organization did not have the opportunity to test these claims in China. The WHO team had to wait for the outbreak of SARS outside of China to sample the virus and start its own investigation.
The World Health Organization’s travel guidelines during the epidemic provided national governments with a basis for undebatable decisions. The much needed development of transportation rules to contain disease provides a clear link between health and policy. After the March decisions, WHO was left with a strange mandate as the travel guidelines needed to be enforced. During the dinner discussion, Kenneth Shine pointed out that one of the accomplishments of SARS was superior crisis management especially compared to the anthrax cases in the United States after 9/11. However, he was less optimistic about future Chinese behavior. Stöhr assessed that under the current state of regulations, the Chinese will be more forthcoming especially since communication is more and more important.

Looking into the future, Stöhr could not proclaim SARS eradicated and he cautioned that animals as reservoirs of disease remain important. He concurred with other participants who characterized SARS as a dress rehearsal for bigger things to come and concluded that “we need to learn.”

Panel 2: Commitment to Health and Development in Relation to the Millennium Development Goals: How do the G8 Countries Compare?

The Millennium Development Goals set an ambitious agenda for the G8 countries to achieve substantial progress in eight areas by the year 2015. While seven of these goals address specific items, the partnership for development (goal eight) lays out the means for their achievement. Panel chair Ilona Kickbusch invited the participants to assess where we are and how committed the rich world is.

Michael Hofmann, director general in the German Ministry for Economic Cooperation and Development and responsible global and sectoral issues, laid out his department’s policy. Global health issues are important for development as much as they are relevant from public goods and security perspectives. Germany has adopted the World Health Organization’s definition that “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”, accepts it as a human right, and considers health to be a pre-requisite for development and a yardstick of progress for development at the same time. AIDS, malaria, and water-borne diseases are all of concern for German development cooperation. The importance of health for development is underlined by the fact that three out of the eight Millennium Development Goals are health-related.

Germany is providing targeted support for health under its Program of Action for Poverty Reduction. Concerted action is needed, development needs to coordinated with foreign and trade policy. Also crucial is a cross-border awareness of health that favors global solutions and initiatives. Here, the German government considers it vital to strengthen existing international organizations and to encourage closer cooperation between the World Health Organization and the World Trade Organization. Germany has also been supporting global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Public-private-partnerships have also been promoted by the German government.

In addition to donor involvement, partner countries also have to do their part in pursuing development-oriented policies – as exemplified by the progress in the NEPAD process that the German government supports. Donor nations need to better coordinate their activities and also live up to special obligations of generating local knowledge and addressing the brain-drain problem. The north is eagerly trying to tap into African resources by hiring African health personnel. However, industrialized countries should consider developing an international code of conduct in this matter. Hofmann summed up his statement by noting that more policy coherence across foreign, trade, and development policy is needed and that health requires a long-term
commitment.

David Roodman, of the Center for Global Development, introduced his institution’s index that scores national commitment to development across policy sectors. The index highlights that foreign policies cannot take place in ministries exclusively anymore. Based on international commitments such as the Millennium Declaration and Kofi Annan’s 2002 roadmap, the Commitment to Development Index measures 21 donor nations’ efforts in development. All policies scored in this index are foreign in nature but most of them lie outside of foreign ministries’ portfolios.

Graham Lister, representing the UK Partnership for Global Development and The Nuffield Trust, spoke on the European Union’s foreign and health policy. While the EU has established a Directorate General for Health and Consumer Affairs to address European health issues, there is no EU foreign health policy. He emphasized that all of the Millennium Development Targets rely on health as goal eight. Nevertheless, up to now only $2 billion have been contributed to the global fund that was set up to address these issues. While the United States have been inspired by national interest, the Europeans take a more humanitarian approach to health. However, Lister noted that it does not matter what actually motivates nation-states as long as they become engaged. With all G8 governments supporting the Millennium Development Goals it remains to be seen what they will actually do.

In the ensuing discussion, coherence re-emerged as the focal point. Michael Hofmann noted that his department tries “to pester the others” to promote national coherence. However, national coherence is not enough. Coherence on the European level is needed. George Lister suggested the design of coherent national global health strategies and then to move on to the trading blocks as the next step in promoting coherence. On the issue of development indicators, the need to measure and assess impact rather than effort was stressed.

Panel 3: Responding to Global Health Priorities: Competing Models or a new Pluralism?

Introducing panel three, Reinhard Kurth, President of the Robert Koch Institute (the German federal institute responsible for disease control and prevention), pointed out that we witnessed the first warning concerning a renaissance of infectious disease about 20 years ago. All the risks of infectious disease are man-made at their root; it is our behavior that provides for the increased spread of infectious disease. However, non-infectious diseases are spreading, too – heart disease and diabetes are also on the rise. The economic consequences are formidable – SARS alone cost $30-50 billion and foot and mouth disease in England generated a bill of $30 billion.

Isabel de la Mata speaking on EU health policy focused on health policy within the European Union because a strategy for health issues beyond the EU is still lacking from Brussels’s policy portfolio. Within the Commissions, her Directorate-General for Health and Consumer Protection takes a second-class role, trailing behind other departments like Trade. At a time when a rather new department is still sorting out its role and policies, enlargement and the concept of a wider Europe pose important challenges. For European health policy, Mad Cow Disease (BSE) was the crucial wake-up call. The new health program that addresses health policy within the EU replaces eight previous programs. Yet despite the creation of DG Health and Consumer Affairs, external health policy still lacks a coherent strategy. Global health responsibilities are dispersed across several departments.

Commenting on European challenges, Kurth suggested that tuberculosis and AIDS can have a staggering impact in Russia and the Baltic states if the transmission lines are not interrupted. A European center for disease control would be rather small compared to its U.S. counterpart.

Sally Stansfield is the Associate Director for Global Health Initiatives of the Bill and Melinda
Gates Foundation. Coming from a public health background she is now responsible for one of the most impressive non-state efforts to address health concerns in developing countries. She linked the current state of global health to unsustainable inequities that grew over the years. Especially in Africa, the exposure to health risks is high, mirrored by the child mortality rates. The burden of disease is omnipresent. This is exacerbated by the inequity in access to quality health care where many lack access to basic services. The average annual per capita health expenditure in Ethiopia is $4 while it is $4000 in the United States.

Stansfield stressed that while the knowledge to cope with disease exists, policies and funding are necessary to implement incentives that will help to improve the health situation in Africa. Capacity in both developing and industrialized countries needs to be built. In the global North, an inequality of attention prevails within the research community; legislation and incentives for more research on diseases that are most relevant to the poor are needed. Currently, very few new drugs are targeted at diseases of the poor.

To date there has been a focus on personal health. However, maintaining personal health will become increasingly difficult without public health issues being addressed properly. To bring about the changes needed, the private sector needs to be engaged. Public-private-partnerships where pharmaceutical companies distribute medication at or below cost of manufacture are good signals, but new engagement by people from outside the health administration including policymakers, the private sector, and NGOs is even more promising. This kind of engagement hinges upon the political environment to provide the right incentives. We need a policy environment and financial resources to really deliver and make an impact.

Walter Köbele, President of Pfizer Germany, explained the motivation to engage in a public-private-partnership from an industry point of view. While the pharmaceutical industry thinks primarily in terms of markets, Pfizer realized its responsibility as a good corporate citizen early. Its initiatives to combat HIV-AIDS and blindness are motivated by Pfizer’s triple bottom line: finance, access to medication, and corporate citizenship. In Pfizer’s efforts in Africa, the company goes beyond donating medication. In its public-private-partnerships, Pfizer combats disease, builds infrastructure, and creates local capacity.

“Brain drain” was the central topic in the discussion following panel three. Kenneth Shine posed the question whether centers of excellence in less developed countries could help to reverse the current trend. For Pfizer this is not much of a challenge. Köbele pointed out that Pfizer is active in 80 countries and thus builds centers of excellence and local infrastructure through its regular operations. Stansfield noted that human resources in Africa have improved over the past 30 years. Despite the AIDS epidemic it can get better again. She also encouraged the support of national regulatory agencies for drug licenses in developing countries as possible role for WHO. Thus, part of the burden could be removed from the United States Food and Drug Administration (FDA).

Lunch Speech: Health Security: A U.S. Perspective
Alex Azar, General Counsel of the U.S. Department of Health and Human Services, delivered a government perspective on responses to contemporary health challenges in the United States. The Department of Health and Human Services closely cooperates with the U.S. Agency for International Development (USAID), the State Department, and the Department for Homeland Security (DHS) in addressing health and security issues. Azar’s department is responsible for protecting health within the United States and for providing health-related services to U.S. citizens. In terms of budget, the Department of Health and Human Services is the largest within the U.S. administration and just by itself it would rank as the fifth largest national budget world-
wide. Within the U.S. federal system, the Department coordinates its policies with 50 U.S. states that have retained their sovereignty in health matters. Constitutionally, the Department is limited to regulating foreign and interstate commerce. Within the health realm that means that it has to address disease coming from foreign lands and spreading among U.S. states. Internationally, the Department of Health and Human Services closely cooperates with other nations for which the World Health Organization is important. The United States has a proven record of commitment to the WHO.

SARS, monkey pox, small pox, and the west Nile virus have lead to an extremely high concern with infectious disease in the United States that was not envisioned 20 years ago. One can learn from every west Nile outbreak. Though anthrax only infected 22 people and killed five, it still changed the realm of public health. The key lesson learned during the anthrax scare is the central importance of cooperation with law enforcement agencies. Before 9/11 the health administration lacked a central communication system, but now the Department of Health and Human Services has a new command center from which it can communicate with all relevant agencies and partners. Here, information about all available hospital beds nation-wide is updated daily and a direct link to all fire departments exists.

Small pox is a good example for how fast and comprehensively an administration can act. Within 24 hours, the health administration bought $100 million worth of Cipro from Bayer. Through regular procurement this transaction would have taken substantially longer. Because of potential side effects of the small pox vaccination, legislation was enacted swiftly that the government would assume responsibility for those side-effects. Otherwise, this liability would have rested with those administering the vaccinations. Additional legislation provides for benefits to those health care workers who would suffer from the side effects of a small pox vaccination. Through advance procurement – worth $5 billion – and streamlined procedures, the health administration seeks to create incentives for industry to develop new products despite the lack of customers besides the United States Government.

The United States has been fortunate not to have been hit by SARS. Although it is unknown if SARS will return, the administration assumes it might. As a potential counter measure the “Snow Days” concept has been adopted from U.S. states’ legislation: Public transit, schools, banks, and the like would be closed to provide some level of quarantine. The existing quarantine legislation is outdated and needs to be reviewed. Monkey pox underscores the need to coordinate agencies – federal and state – that deal with animals. The United States is an active participant in the global fight against AIDS contributing 35% to the global AIDS fund. The president’s plan for AIDS relief reinforces this commitment.

During the discussion following his speech, Azar suggested that one ought to look to past U.S. state practices in revamping federal policies. Having a single federal system would assume that the federal level has the best approaches. Because the issue has been neglected for decades, it takes effort and money to build up public health infrastructure. He stressed that the connections between public health and the normal health care system need to be recognized. On small pox he pointed out that people were afraid of the vaccine and that people do not believe in the existence of the threat. “See what a few envelopes with anthrax did – imagine what kind of chaos a small pox outbreak would cause.” So far, only one or two contact vaccinations occurred.

Panel 4: Foreign Policy beyond the State: A Diffusion of Governance in Global Health through Civil Society and Public-Private-Partnerships?

Opening panel four, Wolfgang Hein, of the German Institute of Comparative Overseas Studies, linked improving health to economic globalization. While health systems remain to be regulated
by national governments, a post-Westphalian response would require global responses to the health challenges in less developed countries. Here, public-private-partnerships have an important role to play.

Wolfgang Schmitt, Managing Director of the German Association for Technical Cooperation (GTZ), provided a public-partner-assessment of public-private-partnerships. Health is one of GTZ’s main concerns. He characterized the Millennium Development Goals as ambitious. Their targets can only be achieved with a high degree of political will in the affected countries. Civil society plays a vital role in health development; NGOs, for example, were first to take up human rights, women’s rights, and sexual and reproductive rights issues. Without civil society, the Millennium Development Goals will fail. Schmitt characterized health as being reflective of how a society governs itself. GTZ addresses the governance side of health by implementing health insurance, including micro health insurance where state capacities lack. Supporting civil society to improve health also enhances governance of the society as a whole.

In addition to governments and civil society, the private sector is an important player. In cooperation with GTZ, Boehringer/Ingelheim provides drugs for the prevention of mother to child transmission of HIV-AIDS free of charge, while GTZ supports health service delivery capacity. Similarly, GTZ cooperates with Daimler-Chrysler South Africa on a HIV-AIDS workplace policy that has evolved into a project involving the communities in which staff and their families reside. In the long-run, these investments in employee health can be expected to pay off.

Adrienne Germain, representing the International Women’s Health Coalition, engaged in a harsh critique of the current United States administration’s reproductive health policy. She reported that the Bush administration’s policies make the work of organizations committed to women’s health and reproductive rights increasingly difficult. Based on these experiences, discussions about global health should be expanded by ideology as a third issue dimension in addition to humanitarianism and security. She considers the gag rule and the U.S. administration’s AIDS policy to be misguided as it does not respect the rights of the people and countries affected. European donors and institutions can step in to counter-balance the U.S. approach.

Speaking on public-private-partnerships, Jeff Sturchio of Merck & Co gave a view of a public-private-partnership from the ground. He noted that in providing access to health care for the poor, the key challenge is to define the political framework. In Merck’s bottom line, health and profit are closely linked which is clearly demonstrated by two projects: Merck’s 15 year fight against river blindness and the more recent Africa AIDS partnership. Both projects have shown that health is central to development.

Merck decided to donate the drug against river blindness for however long needed. By 2002 – 15 years later – they had distributed more than 250 million doses reaching 30 million people. Infection rates have fallen from 50% to almost 0%. Challenged by the lack of transportation infrastructure, Merck had to develop infrastructure and capacity in addition to donating the drug. Experts have trained 61,000 local communities in this project. Recently, Glaxo joined the partnership to provide treatment for additional diseases within the project’s framework.

Sturchio characterized his firm’s response to AIDS as a humanitarian and strategic imperative. Having learned that the distribution of drugs alone is not the solution, Merck developed a comprehensive concept for an AIDS partnership in Botswana in cooperation with the Gates Foundation. Human resource problems in the partnership are addressed by local training. The project is not just a medical program but also a leadership one that provides extra benefits to communities with the goal to train every health care professional by the end of the year. From its experiences Merck has learned that poverty and ill health require robust all-stakeholder
partnerships, and that traditional methods do not work.

Another type of partnership was introduced by Seth Berkley of the International AIDS Vaccine Initiative. Realizing that even people who are not vaccinated profit from vaccination and that incentives lacked for pharmaceutical companies to create AIDS vaccines, his initiative seeks to generate these incentives and to coordinate research efforts. To achieve these ends they apply a four-fold strategy by (i) engaging in advocacy work, (ii) conducting AIDS vaccine research, (iii) providing incentives for research by the pharmaceutical industry, and (iv) providing access to new drugs. He called for the creation of regulatory authorities in the global South to speed up legalization of new drugs.

The discussion centered on the role of government and business in public-private-partnerships. While it is obvious that multi-national corporations working in developing countries have an incentive to provide for employee health, the question is how to engage MNCs beyond their workforce. Jeff Sturchio suggested that the simplest way to engage corporations is through their involvement in meetings such as this conference. Often business has not been asked and has not been exposed to these issues. “Just ask, you will surprised. There is a lack of dialogue.”

Wolfgang Schmitt pointed out that there is not enough time to wait for a weak state to become stronger. There is a new challenge to look at alternative providers, e.g. micro-credit and micro-insurance. He encouraged innovative private solutions: “Empowering and encouraging people to do things that the government cannot deliver.” On a more cautious note, the panel suggested that partnerships fill in where governments and the United Nations fail and not to stress state capacity with a proliferation of partnerships beyond its limits.

Panel 5: Health as Foreign Policy: Towards Universalistic Nationalism, Velvet Hegemony or the Provision of Global Public Goods?

Judith R. Kaufmann, Director in the U.S. State Department’s Office of International Health Affairs, complemented Alex Azar’s presentation with a foreign policy perspective on health. Health is intertwined with security by affecting citizens at home and abroad, affecting the military, and destabilizing other states. Improvements in health also lead to economic development. A propagation of meetings on health on the intergovernmental and multilateral level involving the United Nations Security Council, the G-8, ESCAP, APEC, and ASEAN demonstrate that health has moved into the political realm.

SARS is a clear example. Political support for the World Health Organization was crucial and SARS shows that disease outbreaks are not exclusively a health, national, or economic issue anymore. While globalization has facilitated the spread of disease it has also helped with solutions. Still, infectious disease will spread and it will persist and thus stay on the political agenda. Leadership was the key variable in addressing SARS; foreign ministries played a leadership role in combating SARS.

The Office of International Health Affairs was expanded and re-vitalized by Secretary Powell two years ago for the global campaign against AIDS and tuberculosis. With the establishment of the new global AIDS coordinator, the office will link environment and health and it will also play a role in addressing bio-terrorism issues. Bio-terrorism is at the cross-roads of foreign policy and health and an office within a foreign ministry is the ideal locust for this.

As part of her work as the Director of the United Nations Development Program’s Office of Development Studies, Inge Kaul has been key in promoting research on global public goods. In her presentation she offered global public goods as a promising approach to thinking about global health. Globalization is reaching a critical threshold: so far, economic goals have provided for the production of market-related public goods. However, despite government-driven provisions
market-complementing global public goods are still lacking. To Kaul this does not come as a surprise, since economic integration appears to work better than political integration. What is needed is a new type of global public good.

Reflecting on this conference and similar meetings, John Wyn Owen, of The Nuffield Trust, laid out possible next steps. First and foremost he suggested that each country develop and implement a national global health strategy. The concept of health as a global public good may only go so far; sufficient resources and a better idea of what is already done now are the key factors in advancing global health. The existing common challenges provide opportunities to bridge national disagreements, though a degree of pluralism is inevitable.

The Nuffield Trust has worked on health since 1987 in a transatlantic perspective and experience has shown that “health as foreign policy” or “health and foreign policy” has been an issue for years. It is important to get together people from health and foreign policy backgrounds to talk with each other. One effort in this direction is the current project promoting a new “Health of the Peoples Act” in the United Kingdom that would integrate both domestic and foreign policy with each other. Owen suggested that Germany may engage in a similar endeavor.

The concluding discussion revisited the role of values and motivation in engaging in global health policy and incentives to promote health. The panel cautioned not to over emphasize the role of values in health values because of the dangers of polarization that may lead to a discourse over whose values should guide policy. In the end, procedures and not values matter in implementation. Owen characterized the current state of affairs in noting that although the capacity to act is there, the willingness to act is more limited among the developed nations. NGOs and business fill this gap but the implications of this action are not clear.

Wolf-Dieter Eberwein, of the Social Science Research Center in Berlin, provided a summary of the discussions around “Health as Foreign Policy.” First, there is terminological problem. There are a number of functional sectors that have been active internationally for many years, but that are not considered relevant in terms of international affairs. If one wonders why health has its own office in the State Department but has not been incorporated into the German Foreign Office, a simple answer is the comparatively small size of the Foreign Office. All functional sectors are part of foreign policy even if they are not recognized institutionally within the foreign policy administration. The growing interdependence also decreases the importance of traditional foreign policy made within foreign ministries.

From this observation follows that this is also a governance issue: how to achieve coordination and cooperation under anarchy. Health is also a global security issue. Because disease reaches everybody, because there is no clearly identifiable enemy, and because there is no escape, the need to cooperate is undeniable. If one accepts this definition of health, then national interest can only be defined in global terms. Furthermore, if we allow health to degenerate, in the long run, it will destabilize those states that are already weak and pose new security issues exemplified by the recent upsurge in international terrorism. Being a complex issue with interdependent causalities, it depends on how the policy elites will take up the issues and deal with them. Health issues can be militarized as it happened to the environmental security discussion, but global issues cannot be solved militarily.

Reviewing two days of fruitful discussions, Ilona Kickbusch re-emphasized the importance of such a dialogue on transatlantic issues. While it is key to have a pluralism of voices, views, and values, we also have to live with some of the resultant tensions. If we take the issue to another policy arena, than the other arena’s paradigm may take over. Whenever we argue that health is important “because”, we risk that the intrinsic value of health may be lost. Kickbusch expressed her confidence that this dialogue can be continued in Germany with a German strategy. However, this cannot free us from a discussion about global ethics addressing the role of the nation-state.
and security identity among other topics. Kickbusch closed the conference by asking how each and everyone of us sees our role as a global citizen.
Conference Program

WELCOME AND INTRODUCTION TO THE SYMPOSIUM
Georg Schütte, Executive Director, German-American Fulbright Commission
Stefan Schneider, Deputy Section Head, German Foreign Office
Richard J. Schmierer, Minister-Counselor for Public Affairs, U.S. Embassy Berlin
Ilona Kickbusch, Senior Advisor, Pan-American Health Organization

OPENING KEYNOTES
Chair:
Hugh G. Hamilton, Jr., President, American Council on Germany
Speakers:
Is foreign policy still foreign policy?
Eberhard Sandschneider, Otto-Wolf-Director, Research Institute, German Council on Foreign Relations (DGAP)
Germs, Norms, and Power: Global health’s political revolution
David Fidler, Fulbright New Century Scholar, Indiana University

PANEL 1: Linking health, security and foreign policy – is there a difference in European and U.S. approaches?
Chair:
Mathias Jopp, Director, Institute for European Politics
Speakers:
Kenneth Shine, Director, Center for Domestic and International Health Security, Rand Corporation
Alexander Kekulé, Director, Institute for Medical Microbiology, Martin Luther University, Halle

DINNER KEYNOTE: Globalization and infectious disease control: Global response to the SARS outbreak in 2003
Klaus Stöhr, Project Leader, Global Influenza Program, World Health Organization

PANEL 2: Commitment to health and development in relation to the millennium development goals: how do the G8 countries compare?
Chair:
Ilona Kickbusch, Senior Advisor to the Director, Pan-American Health Organization
Speakers:
Michael Hofmann, Director General for Global and Sectoral Issues, German Federal Ministry for Economic Cooperation and Development
David Roodman, Center for Global Development
Graham Lister, UK Partnership for Global Health

PANEL 3: Responding to global health priorities: Competing models or a new pluralism?
Chair:
Reinhard Kurth, President, Robert Koch Institute
Speakers:
Isabel de la Mata, Principal Administrator, Directorate-General for Health and, Consumer Protection, European Commission
Sally Stansfield, Associate Director for Global Health Initiatives, Bill and Melinda Gates Foundation
Walter Köbele, General Manager, Pfizer Germany

Lunch speech: *Health Security: A U.S. perspective*
Alex Azar, General Counsel, U.S. Department of Health and Human Services

**PANEL 4:** *Foreign policy beyond the state: A diffusion of governance in global health through civil society and public private partnerships?*
Chair:
Wolfgang Hein, Scientific Researcher, Institute of Comparative Overseas Studies
Speakers:
Wolfgang Schmitt, Managing Director, Gesellschaft für technische Zusammenarbeit
Adrienne Germain, President, International Women’s Health Coalition
Jeff Sturchio, Vice President, External Affairs, Human Health - Europe, Middle East & Africa, Merck & Co., Inc
Seth Berkley, President, CEO and Co-Founder, International AIDS Vaccine Initiative

**PANEL 5:** *Health as foreign policy: towards universalistic nationalism, velvet hegemony or the provision of global public goods?*
Chair:
Wolf Dieter Eberwein, Head, Working Group “International Politics”, Social Science Research Center, Berlin
Speakers:
Judith R. Kaufmann, Director, Office of International Health Affairs, U.S. Department of State
Inge Kaul, Director, Office of Development Studies, United Nations Development Program
John Wyn Owen, Secretary, The Nuffield Trust
List of Participants
Stefanie Alteheld, Fulbright-Alumna
Andrea Ammon, Robert Koch-Institute
Ross Anthony, RAND Corporation
Susanne Aschi, University of Trier
Jasmin Asmar, Charité
Alex Azar, U.S. Department of Health and Human Services
Martin Barth, German Federal Ministry of Education and Research
Sonja Bartsch, University of Hamburg
Philipp Baum, Boehringer Ingelheim GmbH
Daniel Baumgart, Charité
Dave Beffert
Seth Berkley, International Aids Vaccine Initiative
Birte Blut, Fulbright Commission
Antje Boehmert, Story House Productions
Ingo Boldt, Fulbright-Alumnus
Grit Braeseke, WISO S.E. Consulting GmbH
Katrin Buchholz, German Foreign Office
Hauke Bunkhorst, University of Flensburg
Justin Chen
Pedro Conceicao, United Nations Development Program
Deanne Corbett, Deutsche Welle WORLD
Isabel de la Mata, SANCO C5, European Commission
Wolf-Dieter Eberwein, Social Science Research Center Berlin (WZB)
Jessica Edmondson, Fulbright Commission
Susan Erikson, University of Denver
Irmgard Maria Fellner, German Foreign Office
David Fidler, Indiana University
Carola Fink-Anthe, Boehringer Ingelheim GmbH
Andrea Fischer
Kapila T. Fonseka, Embassy of the Democratic Socialist Republic of Sri Lanka
Esther Freese, Friedrich-Thieding-Foundation
Bernd Freydmann, Fulbright-Alumnus
Franziska Fürst, Free University Berlin
Adrienne Germain, International Women’s Health Coalition
Casey Godelfer, Stanford University Berlin
Thomas Götz, German Foreign Office
Sieglinde Gstöhl, Humboldt University, Berlin
Hugh G. Hamilton Jr., American Council on Germany
Wiltrud Hammelstein, Fulbright Alumni e.V.
Paul-Simon Handy, German Institute for International and Security Affairs (SWP)
Ulrich Heide, German AIDS Foundation
Wolfgang Hein, Institute for Comparative Overseas Studies (IAÜ)
Daniel Henkel, Fulbright-Alumnus
Henriette Hentschel, MSD Sharp & Dohme GmbH
Claus Hinterleitner, CDU/CSU Faction in Bundestags
Katharina Hofer, German Institute for International and Security Affairs (SWP)
Final Draft

Michael Hofmann, German Federal Ministry for Economic Cooperation and Development
John Holmes, Urbanplan GmbH
Eva-Maria Hotz, German Foreign Office
Bettina Huber, German Institute for International and Security Affairs (SWP)
Nina Ingenkamp, Free University Berlin
Molly Jacobs, Fulbright-Alumna
Mathias Jopp Institute for European Policy, Berlin (IEP)
Rahma Kafou, Embassy of the Kingdom of Morocco
Andreas Kappos, Fulbright-Alumnus
Lorie Karnath, American Academy
Stefan H. E. Kaufmann, Max-Planck-Institute for Infection Biology
Judith R. Kaufmann, U.S. Department of State
Inge Kaul, United Nations Development Program
Otto Keck, University of Potsdam
Alexander S. Kekulé, Martin-Luther-University Halle-Wittenberg
Julian Kickbusch, Fulbright Commission
Ilona Kickbusch, Pan-American Health Organization
Devyni Kmobragade, Embassy of the Republic of India
Walter Köbele, Pfizer Germany
Bert Kohlmann, EARTH University, Costa Rica
Lars Kohlmorgen, German Overseas Institute (DÜI)
Annette Krakau, Fulbright-Alumna
Grit Kümmele, Georgetown University
Reinhard Kurth, Robert Koch Institute
Petra Lahmann, German Institute of Human Nutrition
Otto Lampe, German Foreign Office
Graham C. Lister, UK Partnership for Global Health
Sarah Lohmann, Journalist
Ellen Moliehi Makatse, Embassy of the Kingdom of Lesotho
Carsten Mantel, Charité
María Estela Mendoza Bilbao, Embassy of the Republic Bolivia
Steffen G. Meusel, German Federal Agency for Financial Services Supervision (BAFIN)
Regine Meyer, German Agency for Technical Cooperation (GTZ)
Raimo A. Mitschke, Embassy of the United States of America
Eva Mohr, Pfizer Germany
Andrea Möller, Fulbright-Alumna
Holger Moroff, University of Osnabrück
Molly Mowery, Fulbright-Alumna
Michael Mühlberger, Journalist
Marion Müller, German Research Foundation
Alrich Nicolas, Embassy of the Republic Haiti
Oskar Niedermayer, Freie Universität Berlin
John Wyn Owen, The Nuffield Trust
Heike Peitsch, German Foreign Office
Laurence Phillips, Boehringer Ingelheim GmbH
Charles Pólit, Embassy of the Republic Ecuador
Reiner Rohr, Fulbright Commission
David Roodman, Center for Global Development
Bettina Ross, Fulbright Commission
Eberhard Sandschneider, German Council on Foreign Relations (DGAP)
Gerard Schäfer, Charite
Marcus Schaper, University of Maryland
Heike Scherff, University of Potsdam
Richard Schmierer, Embassy of the United States of America
Wolfgang Schmitt, German Agency for Technical Cooperation (GTZ)
Stefan Schneider, German Foreign Office
Janna Schoenberger
Georg Schütte, Fulbright Commission
Kenneth Shine, Rand Corporation
Annegret Sinkwitz
Meike Srowig, 3SAT
Sally Stansfield, Bill and Melinda Gates Foundation
Sibylle Steiner, Pfizer Germany
Klaus Stöhr, World Health Organization
Gunnar Stollberg, University of Bielefeld
Mary Celka Straughn, University of Chicago
Jeffrey L. Sturchio, Merck & Co, Inc.
J. David Sullivan, Fulbright-Alumnus
Anastasia Telesetsky, German Foreign Office
Elke Thoss, pro familia
Tatjana Tömmel, Fulbright-Alumna
Cornelia Ulbert, Freie University Berlin
Frans van den Boom, IAVI - International AIDS Vaccine Initiative
Lejo van der Heiden, Ministry of Health, Welfare and Sport
Ingrid Vogel, Embassy of the United States of America
Michael Vogt, Hartmannbund
Barbara von Bechtolsheim, Fulbright-Alumna
Yvonne von Duehren, American Chamber of Commerce
Gunther von Laer, German Foreign Office
Julia von Werder, University of Wismar
Christine Wank, Fulbright-Alumna
Stefan Weber, Charite
Andreas Wilhelm, University of Passau
Wolfgang Wodarg, German Bundestag
J. Peter Wogart, Fulbright-Alumnus
Tsenden Yondon, Embassy of Mongolia
Erica Young, Fulbright Commission
Harald Zimmer, German Association of Research-Based Pharmaceutical Companies