

Health and foreign policy: moving forward with greater focus

Improving global health requires foreign policy reform and more aid

HEALTH AND FOREIGN AFFAIRS are inextricably linked. No day goes by without news reports on health and its global dimensions, whether focused around HIV/AIDS, the rise of non-communicable diseases, the implications of ageing populations, bioterrorism, or other topics.

While global population health indices have improved considerably, many countries — both rich and poor — are experiencing health crises, and, in a globalised world, proactive policies are essential in all regions to protect and promote public health. In a number of countries discussion is under way about how best to respond;¹ Australia is adding its voice to these debates.

What are the links between health and foreign policies? How consistent and coherent are they? What are the benefits or dangers of improving these links? In this special issue of the *Journal*, we present a selection of papers presented at a symposium entitled “Health and foreign policy: scope for Australian engagement”, held in Sydney in September 2003. The Symposium was a collaboration between the School of Public Health and Community Medicine (University of New South Wales), the Institute for International Health (University of Sydney) and the Nuffield Trust, a leading health charity and research organisation in the United Kingdom.²

What is Australia's contribution to overseas aid?

Australia's geography provides a particular focus on the Asia-Pacific region. The total Australian aid program for 2003–04 is budgeted at \$1.894 billion,³ representing 0.25% of gross national income (GNI). Although this is above the donor average in 2002 (0.23%), this proportion has declined from close to 0.5% in the early 1970s,³ and remains well below the target of 0.7% of GNI set internationally several years ago.⁴

AusAID, the agency charged with implementing Australia's overseas aid policy and delivering the Government's overseas aid program, has highlighted five key themes for its activities:

- governance — “promoting democratic and accountable government and effective public administration”;
- globalisation — “assisting developing countries to access and maximise the benefits from trade and new information technologies”;
- human capital — “supporting stability and government legitimacy through improved delivery of basic services”;
- security — “strengthening regional security by enhancing partner governments' capacity to prevent conflict, enhance stability and manage trans-boundary challenges”; and
- sustainable resource management — “promoting sustainable approaches to the management of the environment and the use of scarce natural resources”.³

The overarching objective of AusAID's program remains “to advance Australia's national interest by assisting developing countries to reduce poverty and achieve sustainable development”,⁵ elements of which are the focus of ongoing debate and critique.^{6,7} A particularly fundamental challenge is to take account of the new focus on global security, terrorism and governance, while still addressing fundamental health and development concerns, as expressed, for example, in the Millennium Development Goals.⁸ Alexander Downer, the Australian Foreign Minister, also draws attention to the need for

- greater involvement of recipient countries in determining what is done with foreign assistance resources;
- greater emphasis on building developing country capacity to achieve development objectives;
- greater coordination among development partners; and
- less reliance on stand-alone projects.⁹

Within this broader context, AusAID itself is currently reviewing its health strategy and approach, although this process is at an early stage. Development assistance for health has increased globally from 3.8% of total overseas development assistance to 6.8% in 2002. AusAID anticipates devoting 13% of its 2003–04 budget allocation to health sector support.³ AusAID has previously directed such funding to health sector reform, mental health and non-communicable diseases, and promoting primary healthcare with a focus on the Asia-Pacific region. Australia has devoted particular attention to action on HIV/AIDS, one of the key success areas for the Millennium Development Goals, and HIV/AIDS consumes an ever-increasing share of the health aid budget.

Moving beyond aid

Global health inequality is mirrored by global patterns in health research — less than 10% of health research concerns the major health problems affecting 90% of the world's population.¹⁰ This is now the focus of concerted international action, and Australian research contributions, many of which have great potential, could be greatly facilitated by more extensive support and engagement by AusAID, the National Health and Medical Research Council and the Australian Research Council.

It is notable that increasing aid alone will not solve global health problems; reform of broader policies on trade, debt and globalisation are needed if global health is to be promoted and protected. Direct foreign investment is four times greater than the transfer of aid from wealthy to developing countries, and is likely to have a major impact on health.⁵ The complexity of global governance means that diverse international linkages and structures are needed. Australia's active membership and involvement in a reforming United Nations, as well as in the Commonwealth of

Nations, and regional Asia–Pacific structures, all present avenues for strengthening multilateral commitment to global health and ensuring that it endures as a global priority beyond the current window of opportunity.

The debate

The global health and foreign policy articles presented here reflect concern with a number of the major issues of the debate. What is the nature of globalisation and who benefits from it (Lee, *page 156*)? How do changes in the global trade environment affect health (Labonte, *page 159*)? What are the challenges and impediments to ensuring that those responsible for forging our foreign policy include health issues on their agenda (Harris, *page 171*)? What are the dangers of seeking a closer relationship between health and foreign policy, given that security and national interest inevitably are higher on the agenda than concerns for development or poverty reduction (McInnes, *page 168*)? How does the growing acknowledgement of health as a human right affect health-related foreign and development policies (Reid, *page 163*).

The debate in Australia is at an early stage. The articles that follow highlight many of the key challenges and constraints, but also the promise and potential, of fostering a more inclusive and humane globalisation. Promoting inter-country and intracountry equity, alongside tackling poverty, is consistent with Australian values of a “fair go” and should contribute to multiple desirable and integrally related objectives — promoting health, economic growth, development, poverty reduction, and regional stability (see workshop recommendations, *page 166*).

Read on . . .

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