

The Strategic Health Diplomacy Concept

Healthier populations make for more prosperous and stable societies, and, when the United States helps improve the health of people in other countries, we gain goodwill and increase our own national security. As President Obama's 2015 National Security Strategy puts it: "The United States is safer and stronger when fewer people face destitution, when our trading partners are flourishing, and when societies are freer."¹ Good health is a prerequisite for all of that to happen.

There is no better example of the power of a well-executed global health initiative than the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is a shining example of what we call *strategic health diplomacy* (SHD). It is the simple idea that, by addressing global health, we advance our own national strategic interests. PEPFAR stands as a testament that supporting the health of our partners can also bring tangible benefits to the United States, as well as supporting a tremendously important humanitarian objective.

Global health interventions must be a critical element of our national security policy, giving U.S. policymakers a means to improve the lives of people around the globe, and thereby build stronger, more stable, more prosperous, and more capable partners.

PEPFAR's Strategic Impact

HIV/AIDS is the sixth-leading cause of death worldwide, ahead of such scourges as diabetes, hypertension, and vehicular accidents.² The disease is also a destabilizing force in some of the world's poorest and most vulnerable societies. At the turn of the millennium, U.S. leaders recognized that the devastation caused by the disease would depress economic development, inhibit good governance, and decrease the size and productivity of the workforce – conditions that breed instability and conflict. In July 2000, President Bill Clinton declared AIDS to be a "national security threat" and, under the George W. Bush administration, Secretary of State Colin Powell warned that the disease posed "a clear and present danger to the world."³

With nearly 37 million people affected by HIV/AIDS, the United States responded to this crisis with the greatest ever example of humanitarian action by a single country in history.⁴ In 2003, President Bush announced the launch of PEPFAR and Congress approved it with strong bipartisan support. The initiative established bilateral aid programs to enhance HIV/AIDS treatment in 15 low and middle-income target countries. PEPFAR was renewed by Congress in 2008 – with a near-tripling of its budget – and again in 2013. PEPFAR now reaches 65 countries worldwide.⁵

PEPFAR's positive health impacts over the last decade are indisputable: it has reduced HIV/AIDS-related mortality and morbidity and rapidly expanded access to anti-retroviral treatments (ART) for more than 7.7 million men, women, and children. Equally important is that PEPFAR has had key secondary effects on public opinion, socio-economic development, and state stability, which in turn boost U.S. national security objectives.⁶

- Studies have shown that PEPFAR has contributed to a positive opinion of the United States in target countries—a finding that holds true across all 12 PEPFAR countries in Sub-Saharan Africa receiving funds since 2003.⁷ According to Gallup poll data collected on approval of U.S. leadership from 2007 to 2011, PEPFAR countries have had an average approval rating of 68 percent compared to the global average of 46 percent.⁸
- PEPFAR's ability to decrease mortality, morbidity, and prevalence of HIV/AIDS limited the loss of human capacity. Since PEPFAR's inception, target countries have fared substantially better on socio-economic indices as compared to non-PEPFAR countries. For example, PEPFAR countries improved on UN Human Development Index (HDI) scores – a composite measure of socio-economic development – more quickly than non-PEPFAR countries. Since 2008, PEPFAR countries on average increased their positive HDI rank by more than three points compared to just one point for non-PEPFAR countries.⁹
- PEPFAR has also played a role in security, stability, and governance. According to World Bank data, since 2004, PEPFAR countries in Sub-Saharan Africa reduced political instability and violent activity by 40 percent compared to only three percent among non-PEPFAR countries in the region.

Despite PEPFAR's positive impact, with the persistence of global health challenges—including pandemic threats like H1N1 flu and Ebola, other infectious diseases, and non-communicable diseases—advancing more U.S. global health programs of the same scope will be a challenge. Congressional support for PEPFAR has steadily declined and the debate over global health programs is increasingly partisan. Fiscal pressures have limited the resources available for foreign assistance.

We believe this reluctance to continue U.S. leadership in global health is shortsighted. PEPFAR has worked, and we should do more. Investments in the well-being of others pays not just humanitarian dividends, but strategic dividends as well.

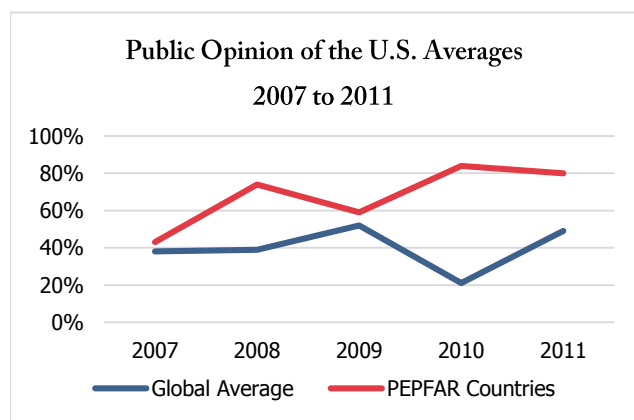
Future Opportunities for Strategic Health Diplomacy

In a resource-constrained environment, it is important to select and design future global health programs that have clear strategic benefits. We should, for example, consider addressing diseases that plague countries with strategic importance to the United States, and we should look to diseases that are both the leading causes of mortality and morbidity and those that can be cured, such as Hepatitis C and malaria.

As policymakers debate how to engage the world—and how to secure U.S. interests and mitigate foreign threats under budgetary constraints—strategic health diplomacy must be considered an effective tool to meet these challenges.

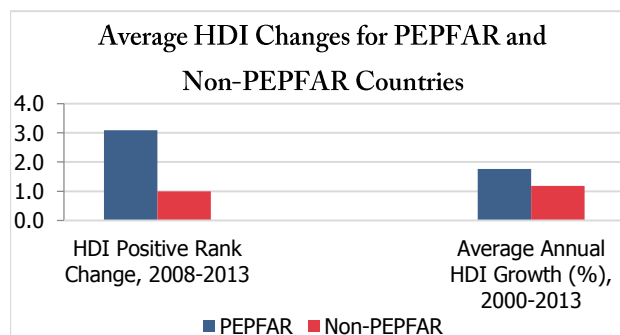
Examples of PEPFAR’s Secondary Impacts¹⁰

I. Public opinion of the United States fared better in PEPFAR countries¹¹



Advancing global support for and goodwill toward the United States is an effective way to curry favor with developing states and secure strategic alliances.

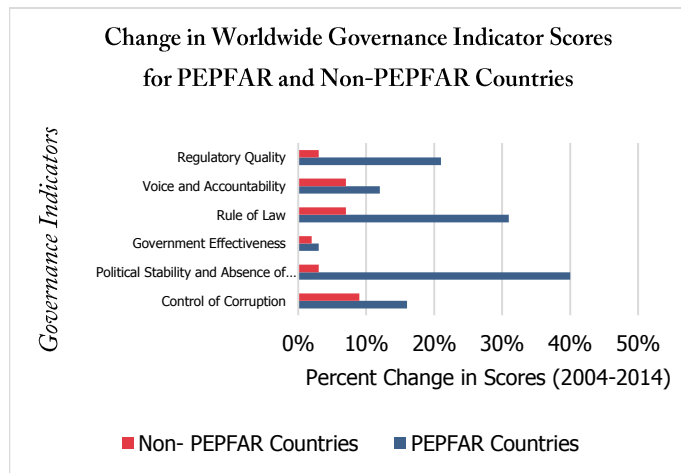
II. PEPFAR countries improved their Human Development Index (HDI) scores more rapidly than non-PEPFAR countries¹²



* The UN Human Development Index measures and ranks countries’ levels of socio-economic development based on four criteria: life expectancy at birth, mean years of schooling, expected years of schooling, and gross national income per capita.

Enhanced health outcomes associated with PEPFAR create for more productive and economically-viable states, which can offer strategic trade partnerships for the United States.

III. PEPFAR countries performed significantly better on Worldwide Governance Indicators compared to non-PEPFAR countries¹³



Stable and secure states are better equipped to respond to global threats and mitigate the potential for economic, political, and societal discord that can disrupt the world order.

¹ The White House. "National Security Strategy." Washington, DC, 2015.
² "The Top 10 Causes of Death." WHO. May 1, 2014. Accessed October 15, 2015. <http://www.who.int/mediacentre/factsheets/fs310/en/>.
³ See Wilson, Jacque. "Timeline: AIDS Moments to Remember - CNN.com." CNN. March 4, 2013. Accessed September 11, 2015. <http://www.cnn.com/2013/03/04/health/timeline-hiv-aids-moments/>; Address at United Nations Special Session on HIV/AIDS." U.S. Department of State Archive. June 25, 2001. Accessed October 13, 2015. <http://2001-2009.state.gov/secretary/former/powell/remarks/2001/3756.htm>.
⁴ See "Statistics: Worldwide." AmFAR. July 1, 2015. Accessed September 22, 2015. <http://www.amfar.org/worldwide-aids-stats/>; "The Top 10 Causes of Death." WHO. May 1, 2014. Accessed September 22, 2015. <http://www.who.int/mediacentre/factsheets/fs310/en/>.
⁵ The United States Department of State, *Controlling the Epidemic: Delivering on the Promise of An Aids-Free Generation*. Available at: gov/documents/organization/234744.pdf.
⁶ The White House. "FACT SHEET: Focus, Partner, Achieve - the U.S. Commitment to Addressing HIV/AIDS." December 1, 2014. Accessed September 21, 2015. <https://www.whitehouse.gov/the-press-office/2014/12/01/fact-sheet-focus-partner-achieve-us-commitment-addressing-hiv-aids>.
⁷ Goldsmith, Benjamin E., Yusaku Horiuchi, and Terence Wood, "Doing Well by Doing Good: The Impact of Foreign Aid on Foreign Public Opinion," *Quarterly Journal of Political Science* 9 (2014): 87-114. Accessed February 25, 2015. doi: 10.1561/100.00013036.
⁸ "Global Views of U.S. Leadership." Gallup.com. Accessed September 18, 2015. <http://www.gallup.com/poll/142631/worldwide-leadership-approval.aspx>.
⁹ "Human Development Reports." UNDP Data. Accessed September 18, 2015. <http://hdr.undp.org/en/data>.
¹⁰ 12 PEPFAR and non-PEPFAR countries were compared in Sub-Saharan Africa based on highest 2004 HIV/AIDS prevalence rates. PEPFAR countries include Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. Non-PEPFAR countries include Cameroon, Central African Republic, Chad, Republic of the Congo, Gabon, Guinea-Bissau, Lesotho, Liberia, Malawi, Swaziland, Togo, and Zimbabwe.
¹¹ "Global Views of U.S. Leadership." Gallup.com. Accessed September 28, 2015. <http://www.gallup.com/poll/142631/worldwide-leadership-approval.aspx>.
¹² "Leading Through Civilian Power: The First Quadrennial Diplomacy and Development Review." 2010. Accessed October 8, 2015. <http://www.state.gov/documents/organization/153139.pdf>.
¹³ "Worldwide Governance Indicators| World DataBank." The World Bank. Accessed September 28, 2015. <http://databank.worldbank.org/data/reports.aspx?source=worldwide-governance->

Founded in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole, and George Mitchell, the Bipartisan Policy Center (BPC) is a nonprofit organization that drives principled solutions through rigorous analysis, reasoned negotiation, and respectful dialogue. With projects in multiple issue areas, BPC combines politically balanced policymaking with strong, proactive advocacy and outreach.