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Global Public Health Diplomacy

An Opportunity for Ireland?

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Introduction

Since the outbreak of the COVID-19 pandemic, global public health has risen to the forefront of national and international politics. This pandemic has revealed the depth of global interdependencies for countries' national resilience, health security and well-being. COVID-19 has led to a global public health paradigm shift, and exposed the need for new structures, reform to global public health institutions and for international leaders to assume greater political responsibility for global public health. The growing complexity of health issues calls for better global health governance, including better coherence among multiple initiatives, clearer distribution of responsibilities, as well as more transparency and accountability among the key actors. While COVID-19 has restated the need for improved public health diplomacy, this is an issue which necessarily goes beyond merely responding to COVID-19 and which demands a proactive strategic engagement on how to prepare for future public health crises and emergencies. A health diplomacy strategy is essential in addressing the cross-border challenges facing global public health and securing the global agreements needed to combat them.

This paper will outline the proposals for reform of EU and UN global public health initiatives as well as analyse the health-foreign policy nexus and explore how the better integration of health issues into foreign policy priorities can enable Ireland to take a leadership position in health diplomacy and develop an Irish "foreign health policy". It will also explore how foreign policy can accelerate consensus-building in high-level health negotiations. The paper concludes by examining how Ireland can further its health diplomacy capacities at a national, all-island and inter-island level with Northern Ireland and the UK, and assume leadership role opportunities in multilateral fora, like the EU and UN.

The EU's Response to Global Public Health Crises

In order to improve its health crisis preparedness and response capacities, the EU has put forward a proposal for a [European Health Union](#) which would seek to strengthen the EU's health security framework and improve its resilience to cross-border threats. This proposal is comprised of three strands: [crisis preparedness and response measures](#) (CPRM), the EU's [pharmaceutical strategy](#), with an emphasis on secure pharmaceutical supply chains and strategic autonomous production, and [Europe's Beating Cancer Plan](#). The CPRM strand comprises three elements: strengthening EU coordination for cross-border health threats, revising EU health agencies' mandates, and establishing an EU body for biomedical preparedness (the European Health Emergency Preparedness and Response Authority (HERA)). Effectively achieving these elements will be dependent upon institutional reform, European legal frameworks, and sufficient funding.

Institutional Reform

The European Medicines Agency's (EMA) role is to evaluate, supervise and regulate medicines for the benefit of public human and animal health in the EU, and it also supports pharmaceutical research and innovation by European micro, small and medium-sized enterprises. The COVID-19 pandemic exposed the lack of an effective crisis response system as well as a weak capacity to monitor and address critical medicines and medical device supply shortfalls. To address these shortcomings, the European Commission has [proposed](#) to extend the EMA's mandate. This includes: permanently formalising its ad hoc COVID-19 arrangements to improve crisis preparedness and management, increasing

staffing numbers, establishing steering groups to manage medicine shortages and assess medical devices, as well as an EMA emergency task force. The EMA, in conjunction with the European Centre for Disease Prevention and Control (ECDC), would also be tasked with facilitating and coordinating an EU clinical trials infrastructure.

The ECDC is the EU agency charged with identifying, assessing and communicating the current and emerging threats to human health posed by infectious diseases. In conjunction with national health monitoring bodies it provides: epidemiological assessments, scientific advice, public health training and health communication services for Member States as part of an EU-wide disease surveillance and early-warning system. Central to strengthening the ECDC will be the timely development of the European Health Data Space to provide relevant information, with respect to GDPR provisions. Information sharing between the ECDC and other relevant health agencies like the European Food Safety Authority and European Environmental Agency, international bodies like the US Centers for Disease Control and Prevention (CDC) and Member State reference laboratory facilities will also be crucial in reinforcing the ECDC's epidemiological surveillance capacity. As part of a proposal to enable the triggering of an EU-wide common response and enhanced communications coordination, the ECDC would be tasked with formulating recommended response measures based on its risk assessments to feed into the informal advisory Health Security Committee group. A more coordinated EU approach would also allow for the recognition of a health emergency at EU level by an independent advisory committee and enable EU emergency response mechanisms, pending legal amendments and close coordination with the WHO. The ECDC would also be the responsible EU agency for developing and implementing EU health crises preparedness and crisis response plans with Member States and training national healthcare staff and officials accordingly.

These upgrades would be complemented by the proposed establishment of a new body, the European Health Emergency Preparedness and Response Authority (HERA) which would manage EU measures to anticipate and address future pandemics.

Legal Frameworks

While the EU has made significant strides in improving its capacity to respond to health challenges, such as the COVID-19 vaccine purchase programme, its legal room for manoeuvre is constrained by the European Treaties, specifically Art. 168.5 TFEU, which precludes the harmonisation of Member States' laws on human health.

There are two potential options to address this. One is to explore the capacity within the existing EU Treaties and Article 168 to expand the current public health frameworks, while respecting Member States' competencies with reference to Art. 6 (a) TFEU in terms of subsidiarity and EU support for Member States' "protection and improvement of human health". The other is to explore possible Treaty change, an issue which is likely to be considered during the upcoming Conference on the Future of Europe. While Taoiseach Micheál Martin has indicated that the Irish Government has to be "open to potential treaty change [...] notwithstanding the challenges it presents", Ireland remains cautious about Treaty change as it could require a national referendum and could ripple across into other areas.

A proposed EU Regulation on addressing serious cross-border health threats would enable the EU to declare health emergency situations and allow for the stockpiling, procurement and development of

relevant goods.

At global level, a legally binding international treaty on pandemic prevention and preparedness under the auspices of the World Health Organization (WHO) has been proposed. The EU adopted this decision at the European Council on 20 May 2021, and it has been suggested that the decision was adopted to ensure the participation of the EU in the negotiations in view to the EU's possible accession to the Treaty addressing matters which fall within their competencies. Such a treaty could be discussed at the November 2021 Global Conference on Health and Climate Change and support international efforts to reinforce global national health security. Furthermore, it would consolidate the link between interdependence and resilience to future pandemics. Such a treaty may fall under the WHO's existing 2005 International Health Regulations (IHR) which govern the international response to infectious diseases and could, similarly to the WHO Framework Convention on Tobacco Control, be adopted without a referendum.

Funding Structures

The European Health Union will be funded through the EU4Health 2021-2027 programme, which aims to invest €5.3bn into the European Health Union priorities as well as supporting Member States' national health systems. Other sources of emergency funding have also been redirected to address public health including the reallocation of unspent Cohesion funding through the Coronavirus Response Investment Initiative and the European Solidarity Fund. The EU's health efforts will be supported by the Horizon Europe programme to finance research and innovation and by Structural Funds.

After the outbreak of the COVID-19 pandemic in Europe, a narrower economic understanding was mentioned in the Roadmap for Recovery, jointly published in April 2020 by European Council President Charles Michel and European Commission President Ursula von der Leyen, which stated that European strategic autonomy refers to the, "need to produce critical goods in Europe, to invest in strategic value chains and to reduce over-dependency on third countries". Sweden, however has cautioned against using the perceived vulnerability of EU supply chains for key resources, as evidenced in an exceptional crisis like the COVID-19 pandemic, to shape the general rules underpinning EU trade, competition or economic policies as it could distort competition and the economic level-playing field.

UN Global Health Response

At the global level, the current architecture for managing global public health crises is governed by the World Health Organization (WHO) and the broader UN system. According to the Independent Panel Report into the COVID-19 response, led by Helen Clark and Ellen Johnson Sirleaf, the WHO was underpowered, underfunded and over-politicised by its member states. The Report identified a series of lacunae at both national and global levels. Consistent warnings of a pandemic, and the lessons from previous epidemics including severe acute respiratory syndrome (SARS), Ebola and Zika in terms of preparedness and funding were not sufficiently implemented. The WHO's formal notification and emergency declaration procedures under the IHR were too slow to respond to COVID-19's rapid spread and many countries failed to heed the declaration of a Public Health Emergency of International Concern (PHEIC) on 30 January 2020. Global leadership was absent as countries pursued unilateral measures, and international responses were insufficient due to under-funding.

In order to ensure future health crises are effectively managed, the Independent Panel Report proposes seven recommendations which can be grouped under two mutually reinforcing frameworks, a political framework and an institutional one.

Political Framework

The Report proposes the establishment of a "Global Health Threats Council" (GHTC) led by Heads of State and Government to assume ultimate political responsibility for global public health and provide the political impetus, support and accountability for global, regional and national efforts. The GHTC should create and administer an International Pandemic Financing Facility to raise additional dedicated funds for preparedness and crisis response measures for relevant regional and global institutions. National Heads of State and Government should also adopt a political declaration at a special session of the UN General Assembly in September 2021 and publicly commit to strengthening pandemic preparedness and response measures as well as to adopt a new international pandemic treaty. National pandemic coordinators should be appointed by Heads of State and Government and be directly accountable to them with a whole-of-government mandate for pandemic preparedness and response. The WHO's Director-General and Regional Director positions should be strengthened and depoliticised through non-renewable seven year single terms in office and recruitment according to merit rather than political or regional origin criteria. The effectiveness of these reforms would however, depend on the level of political commitment and responsibility from national leaders to implement decisions made.

Institutional Framework

The Report proposes that the WHO's financial independence should be strengthened on the basis of fully unearmarked resources and an increase in Member States' fees to cover two-thirds of the WHO's base budget. The WHO's mandate should focus on providing normative, policy and technical guidance, pandemic preparedness support through WHO Country Offices as well as a being a leader, coordinator and convenor in the operational aspects of pandemic response, and not in supply procurement. Additionally, the WHO should formalise periodic peer reviews between its members and ensure that they all update their national preparedness plans against WHO targets and benchmarks. The WHO should be granted the authority to publish outbreak information without prior approval of national governments, future PHEIC declarations should be based on the precautionary principle where warranted, and be supported with a global transparent system of surveillance. WHO expert staff should have short-notice access to relevant outbreak sites and multi-entry visas.

Ultimately, the answer to global public health crisis preparedness and response measures is a question of the location of competencies in terms of political and expert technical responsibility. At EU level this is expected to be further discussed at the level of the European Council as the relevant political framework as well as at the Conference on the Future of Europe, and at the EMA, ECDC and proposed HERA agencies at the technical institutional level. At a global level, the question of political and technical competence for global public health is expected to be presented and discussed at a special session of the UN General Assembly in September 2021.

Health Diplomacy in the New Global Health Paradigm

This raises the question: how can Ireland best forge a health diplomacy strategy which meets the

challenges and opportunities of this new global health paradigm?

For the purposes of this paper the subject of health diplomacy can be defined as those "*health issues and determinants [which] cross national boundaries, are global in nature and require global agreements to address them*". Health diplomacy itself is where diplomatic knowledge and health expertise are combined to deal with health emergencies, natural disasters and conflicts, but also work to improve health care internationally, focussing on areas of greatest need.

Health diplomacy operates at the effective intersection between health policy and foreign policy which tackles global public health and wellbeing issues that require negotiation and discussion at an international level in order to address them. A global health diplomacy is a multi-level and multi-actor process with negotiations between governments, regional bodies, private firms, media entities, NGOs, and philanthropic and international organisations which together shape the global health policy environment by forming alliances and reaching bilateral, multilateral and plurilateral agreements. At EU level, the European Council provides a platform for politicians and diplomats to engage with their counterparts as well as the relevant EU agencies. At national level, the Government would assume responsibility for connecting with scientific researchers, activists, lobbyists, medical practitioners, local authorities, data collectors, disseminators and citizens. In a globalised interconnected world where bacteria and viruses can travel as fast as telecommunications and financial flows, health policy is interwoven with foreign policy concerns. An effective health diplomacy strategy means equipping diplomats with the necessary knowledge around public health issues as well as informing health officials about the international negotiations and structures where critical decisions are forged.

Health diplomacy can be utilised to improve global public health outcomes, it can be a crucial element of enhancing and reforming global public health governance structures and it can form part of national strategies to increase the international profile of countries and organisations as diplomatic health powers. The outbreak of the COVID-19 pandemic has revealed the pressing need for accomplished health diplomacy in order to address the challenges it poses. The current debate on the topic revolves around key questions regarding where leadership on and authority for global health should lie, who should be involved, and what legitimate roles different health actors could have. Global health diplomacy has attained this political prominence through three interrelated mutually-reinforcing policy agendas:

- A health security agenda which is driven by the fear of global pathogens, in an era of globalisation where disease has the potential to spread worldwide in a very short amount of time;

- An economic agenda which covers the economic impacts of poor health outcomes, international trade and the provision of health goods and services e.g. in the pharmaceutical and food sectors;

- A social justice agenda which conceives of health as a human right and a social public good, underpinned by the UN Sustainable Development Goals (SDGs) and cooperation with philanthropic and civil society organisations.

Ireland should consider its health diplomacy efforts within these three interelated agendas. Two

distinct mutually reinforcing frameworks, a political and an institutional one, are needed to respond to the new health order at both the regional EU and the global UN level.

The twin ecological and digital transitions, namely the European Green Deal and Europe's Digital Future, provide the policy underpinnings for the EU's New Industrial Strategy in terms of achieving the Union's climate neutrality targets and transition to a more digitalised European economy while maintaining firms' competitiveness. The new Trade Policy Review is currently being examined to take into consideration the issue of strategic autonomy. The challenge the EU now faces is how to reduce its reliance on asymmetric relationships with external partners, like China or the USA, while still maintaining and defending the global, open rules-based trading system. In addition, if the EU is to assert its normative power in determining global rules, regulations and values, it may need to reduce its dependence, and by extension, strengthen its autonomy, and rebalance its relations with countries with different normative or institutional arrangements, like China. This is particularly difficult without resorting to protectionist measures such as raising tariffs or else potentially providing significant state aid to select firms, which would distort both domestic and international competition and could involve EU treaty changes. It is this apparent paradox that the European Commission's "strategic autonomy" seeks to solve.

The following section of this paper outlines in more detail what is meant by the concepts of closed and open autonomy.

Leadership Opportunities for Ireland in Global Public Health Diplomacy

In this above context, how can Ireland play a leadership role in meeting the challenges to global health? Does Ireland have the effective capacity to contribute to the development and implementation of international agreements which can meaningfully address cross-border global health issues?

Health diplomacy can be understood through two interconnected perspectives; first, advocacy for health objectives through non-health policy means like foreign policy; and second, the use of global health initiatives and policies to achieve non-health objectives such as preserving strategic national interests, such as Switzerland does. Global health diplomacy is not a one-size-fits-all policy approach however, and needs a variety of approaches for different levels and degrees of engagement. Ireland can tailor its health diplomacy strategy to apply at the national, all-island and inter-island, EU and global levels.

Ireland already has considerable strengths and resources at its disposal in terms of its health diplomacy. The priority areas for the Department of Foreign Affairs' overseas development agency, Irish Aid, strongly emphasise public health issues including: combatting hunger, HIV/AIDS, sexual and reproductive health issues, reinforcing national health systems, clean water access and sanitation, as well as environmental protection and climate adaptation in cooperation with partner countries to maximise their impacts, such as Sierra Leone, Ethiopia, Zambia and Mozambique. These priorities are complemented by Ireland's consistent support for international health organisations and initiatives like the Global Fund, GAVI and COVAX and Ireland's high profile position in disarmament policy in order to minimise the risks to human life. Ireland's high profile role in advocating for both the WHO Framework Convention on Tobacco Control and the EU Tobacco Products Directive also showcase Ireland's achievements in international public health diplomacy.

Traditionally, Ireland has followed a foreign policy firmly rooted in moral principles and mutually beneficial cooperation and has successfully combined supporting domestic economic growth with fostering greater diplomatic influence through a strategy of global engagement. Ireland's foreign policy is based on genuine engagement with the principle of multilateralism, particularly through the UN and Irish Aid's untied development programmes, and its active EU membership which amplifies Ireland's generous bilateral aid programme. Commitment to the peace progress on the island of Ireland is another factor which could be considered in terms of health diplomacy.

National, All-Island and Inter-Island Level

In addition to the EU and global levels, Ireland could assume a leadership role at the national, all-island and inter-island level.

To achieve this, the Irish Government could consistently apply a health lens across all of its policy areas to maximise the impacts of its health diplomacy efforts given the cross-cutting nature of health. Part of the development of a national strategy involves policy coherence at Government and cross-departmental level, the establishment of cross-department networks between the Departments of Foreign Affairs (including Irish Aid) with experts and officials from the Department of Health, other relevant government departments and possibly other actors (e.g. semi-state bodies and NGOs). The adoption of such a health lens would guide Ireland's health diplomacy efforts which should identify what is possible, what is in Ireland's national interests, how to best support international efforts at the global health level and the appropriate level of commitment to health in the context of assistance towards development.

This should be supported by a coherent and comprehensive communications strategy across Government departments and between the national and local authorities. The importance of clear and consistent information was evident during the COVID-19 crisis where peer-to-peer recommendations spread quickly to the detriment of government and expert advice. To combat both mis- and disinformation, consultations with relevant social media firms should be sought.

One further dimension at national level which merits closer attention is the North-South, East-West connection. Disease does not respect borders and Ireland must ensure that it establishes and maintains effective communication and coordination of health measures at an all-island and inter-island level by coordinating health crisis preparation and emergency response measures. Given the deep cross-border health interconnections which already exist between Ireland and Northern Ireland, such as the North-South food safety promotion agency "Safefood" under the Good Friday Agreement, and the considerable progress made on integrating and coordinating systems for human as well as plant and animal health, the Irish Government could endeavour to work more closely with health authorities in Northern Ireland and the UK. Recognition of the potential divergences of Northern Ireland and Great Britain post-Brexit from EU health standards and provisions within the context of the Northern Ireland Protocol could add a further layer of complexity to the possible implications of changes to EU competency in health matters and strain the Protocol.

The Irish Government could advocate for a more expanded structural concept of health which focuses beyond primary medical intervention towards broader societal well-being and healthcare as a social right. For example, synchronising health programmes with economic and social investments, like

education policy, infrastructure projects and governance reforms in order to fully reap the potential benefits of health improvements, policy and governance reforms as a broader diplomatic strategy.

As a country with a strong pedigree in attracting and retaining significant investment in biomedical and pharmaceutical research and manufacturing, Ireland is well positioned to be at the forefront of the opportunities posed by "new health economy" such as in personalised medical care and tele-medicine. The potential gains due to a strong global health industry presence in Ireland and its position as a leader in attracting and nurturing health efforts could support Ireland's economic growth and better enable it to aid others in emulating Ireland's health industry ecosystem. As part of its health diplomacy strategy, Ireland could also be a leader in considering guidelines for the potential ramifications of investor screening mechanisms regarding strategically sensitive health firms such as PPE manufacturing and health service applications.

Strategic Options at EU and Global Level

Ireland has recognised that partnerships and working in coalitions with others at bilateral, EU and UN levels has led to more effective outcomes. Ireland can further build on its strong reputation as an honest broker in international fora, like the EU and UN, to help efforts to depoliticise and de-link security policy from international health cooperation measures by building up mutual trust and accountability between relevant actors.

The historic agreement on the Multiannual Financial Framework (MFF) 2021-2027, the COVID-19 pandemic and the forthcoming Conference on the Future of Europe present opportunities for the Irish Government to advocate for greater Europeanisation of health policy and health diplomacy measures to amplify its own endeavours. Deepening cooperation with like-minded Member States could offer positive scaling-up opportunities and economies of scale in terms of greater economic bargaining power, as demonstrated by the EU's COVID-19 vaccine purchases. Ireland could also play a leadership role within the EU by advocating for the added-value of greater Europeanisation of European health policy in order to improve intra-Union solidarity and to address systemic challenges to national health services, particularly those faced by smaller Member States like Ireland. Additionally, Ireland could ensure that health considerations are duly incorporated into strategic autonomy discussions within the EU, with particular reference to planning, procurement and open supply chains for critical health products and services, like pharmaceuticals. Furthermore, the Irish Government can seek to ensure that the EU strikes a balance between openness to trade while protecting its own interests and leading on global vaccine production and distribution. Another option for the Irish Government could be to highlight the role the EU plays as one of the largest donors to COVAX in terms of funding and vaccines. In the cacophony of voices claiming global public health leadership, the EU's exemplary generosity in this regard often goes unnoticed. The Irish Government could highlight the EU's prominence in global health policy and how EU membership amplifies the impact of Ireland's voice in health diplomacy.

Ireland is in a unique position given its prominent global position as a non-permanent member of the UN Security Council from January 2021 to December 2022. This unique position would allow Ireland to consider future threats posed by an unknown "Pathogen X" through its ongoing work tackling sim-

ilar threats to human health like the Biological and Toxin Weapon Convention (BTWC), the Chemical Weapons Convention (CWC) CBRN framework (chemical, biological, radiological and nuclear) and disarmament issues where Ireland already has an outstanding international record. The decision by US President Biden to investigate the possible lab-based origins of COVID-19, such as from the Wuhan Institute of Virology, highlights the need to account for the potential health security implications of biological "gain of function" research into pathogens. This need for a dispassionate, depoliticised, science-based investigation into the origins of COVID-19 is also supported by international scientific researchers as well as WHO Director-General Tedros Adhanom Ghebreyesus, the USA, Canada, UK, Norway, Israel and South Korea as well as the Czech Republic, Denmark, Estonia, Latvia, Lithuania and Slovenia and the EU. The upcoming BTWC Convention Meetings of Experts 30 August – 8 September 2021 and Meetings of States Parties 22-25 November 2021 may both offer opportunities for Ireland to raise the health security implications of pathogen research within its disarmament endeavours.

Furthermore, the Irish Government could have an additional opportunity to advocate for better health diplomacy at the discussion of the proposed international pandemic treaty to be held at a special session of the World Health Assembly in November 2021, as well as during the UN General Assembly in September 2021 and the WHO's 2021 Global Conference on Health and Climate Change in Glasgow, UK.

Ireland has through the EU committed to the establishment of a Global Health Threat Council and to encouraging other leaders to make global political commitments to address public health threats as well as supporting WHO reforms to improve the organisation's effectiveness, reinforce its financial independence and to depoliticise its recruitment processes. Ireland is a leading advocate for multilateralism and global engagement on health issues, Irish Aid possesses a strong voice in promoting global public health through its overseas development programme. The Department of Foreign Affairs has already played a leadership role in establishing the global consensus on health provisions in the context of the Sustainable Development Goals (SDGs) at the United Nations in New York in 2015, which provide the overarching framework for Ireland's international development policy.

Agriculture, climate change and food systems are increasingly interwoven into health policy through the importance of nutrition, an area Ireland has long championed in its health policy through supporting resilient and sustainable agricultural systems and agri-food value chains. The forthcoming September 2021 UN Food Systems Summit is an example of where Ireland could play a leading role in health diplomacy given Ireland's focus on the links behind nutrition and health and the possibility of food as a disease vector.

Reaching out to support those furthest behind is fundamental to Ireland's health efforts. A key partner with the International AIDS Vaccine Initiative (IAVI) through Irish Aid, this demonstrates Ireland's global leadership is supporting research which not only addresses the immediate health consequences of disease, but their wider social and economic contexts and the crucial links between poverty and poor health. It also highlights the need to invest diplomatic resources into health challenges which may be less high-profile than COVID-19, but where Ireland can have a greater impact on equally if not more, dangerous epidemics like HIV/AIDS, tuberculosis, malaria and other communicable diseases. Ireland is also a global leader in focussing on the concrete benefits of gender equality and the empowerment

of women and girls for health outcomes as part of its diplomatic and development work. As part of its National Strategy on Women, Peace and Security 2019-2024 Ireland is committed to providing medical and psychosocial services for women and girls who have experienced conflict-related harms as well as expanding access for comprehensive sexual and reproductive health services. DFA's holistic approach towards gender-based violence combining medical and psychological health with societal well-being and legal advice through "One Stop Centres" in Sierra Leone, and across Africa, serves to demonstrate how Ireland can be an inspiration for others and a global leader in developing and implementing comprehensive health diplomacy and development strategies.

Conclusion: Can Ireland play a Leadership Role in Health Diplomacy?

The current COVID-19 pandemic has shown both the pressing need for effective and ambitious global public health diplomacy in addressing both present and future collective health challenges facing the world and how interdependent we are upon one another for our health security, economic prosperity and well-being.

Ireland is an engaged Member State at the heart of the EU and as a non-permanent member of the UN Security Council, it has a prominent position on the world stage. The Irish Government can convincingly advocate for national, regional and global health policies which respond to the present and future global public health challenges through concerted diplomatic measures. A global public health diplomacy strategy means viewing Ireland's foreign policy through a health lens and taking a comprehensive, incremental and ambitious approach in order to address global public health. In a new international public health paradigm, Ireland is well placed to play a leadership role in shaping this new order and leading by example. Ireland's considerable international track record of principled development aid and commitment to a morally just foreign policy combined with a demonstrative biomedical research and innovation base, capable diplomatic corps and robust economic base suggest that Ireland has the capacity and ability to be a local, regional and global health diplomacy leader.

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