



HEALTH AND FOREIGN POLICY: A CONCEPTUAL OVERVIEW

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Introduction

The past decade has been a time of ferment for health policy, particularly in international affairs (Lee 2003). In this period, health has become more important on the global political agenda. One consequence of this development is the frequency with which states address health issues through their foreign policies. Although the worlds of ‘health’ and ‘foreign policy’ are not complete strangers (Pannenberg 1979), their relationship has not historically been prominent in discourse in either area. Health’s rise as a foreign policy concern means that the relationship between these two previously distant policy worlds has become an important issue deserving more sustained analysis.

This paper focuses on the relationship between health and foreign policy by undertaking a conceptual overview of this relationship. This overview attempts to structure analytically what has become a complex and fast-moving policy challenge. The objective is to provide some conceptual shape to the evolving nexus between health and foreign policy so that we begin to make sense of the recent rise of health as a foreign policy issue.

My approach involves three parts. First, I probe the premise that health has risen in foreign policy importance by analysing how health relates to functions served by foreign policy. Health and foreign policy have a long historical relationship, but health

activities existed at the margins of foreign policy because health did not factor into important foreign policy functions. I argue that health's rise in foreign policy reveals health becoming important to all functions undertaken by foreign policy activities. This situation is unprecedented, particularly for U.S. foreign policy.

Second, I examine divergent ways of thinking about this unprecedented nexus between health and foreign policy. Different interpretations of health's new relationship with foreign policy raise questions concerning how we think about 'health' and 'foreign policy.' The three conceptual approaches I present – the revolution, remediation, and regression perspectives – explain the new health-foreign policy nexus in contrasting ways.

Third, I argue that health's rise in foreign policy signals a more profound change in national and international governance. This change involves understanding that the protection and promotion of health has become, in the early 21st century, an independent marker of 'good governance' at the national and international levels. This situation makes national and international activities on health interdependent in ways unprecedented in the history of endeavors to protect health. Such interdependency calls for health and foreign policy experts to collaborate in constructing a new way of working in order to transform health governance at home and abroad.

Explaining Health's Rise as an Issue in Foreign Policy

One way to demonstrate health's rise in foreign policy is to list events, controversies, and initiatives that have occurred in the last ten years in which foreign policy makers have addressed health issues. Although informative, describing situations in which health has been a foreign policy issue does not significantly advance understanding why and how the health-foreign policy relationship has changed. For this reason, this paper takes a conceptual approach to analysis. The first step in this approach explores how health's relationship with foreign policy's basic functions has changed.

Foreign policy functions

Foreign policy is complex, which makes efforts to simplify it conceptually dangerous. Nevertheless, identifying basic functions associated with foreign policy proves useful in exploring the relationship between health and foreign policy. Foreign policy serves four basic functions. First, foreign policy seeks to ensure a nation's security from external threats. Thus, achieving national security is a function of foreign policy. Second, foreign policy contributes to a country's economic power and prosperity by promoting international trade and investment. Third, states use foreign policy to support order and stability in countries and regions important to a nation's security and economic interests. Thus, foreign policy involves political and economic development activities. Fourth, foreign policy incorporates efforts to promote and protect human dignity. These efforts often involve support for human rights and provision of humanitarian assistance.

Identifying foreign policy's basic functions does not mean that a country synthesises each function harmoniously, or that each function is equally important to the country in question. In fact, experts in foreign policy and international relations have frequently discussed the existence of a hierarchy of objectives for foreign policy, often described through the categories of 'high politics' and 'low politics' (Weber 1997), or 'hard power' and 'soft power' (Nye 2004). Although oversimplified, the foreign policy functions can be arranged hierarchically to indicate how countries prioritise the basic functions of foreign policy (see Figure 1).

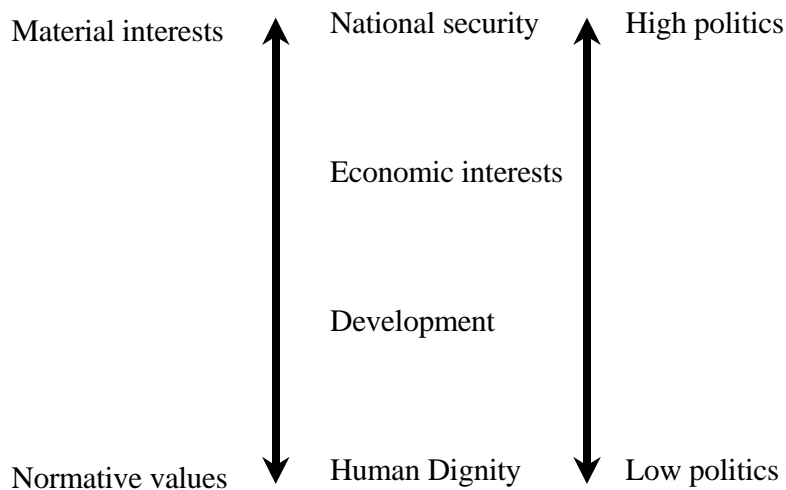


Figure 1

Health and foreign policy's four functions

The hierarchy of foreign policy functions is crude but instructive when analysing health's relationship with foreign policy. Historically, health has frequently been categorised as 'low politics' because international health activities were perceived to involve technical, scientific, non-political, and humanitarian endeavors not connected with the state's national security, economic interests, or concerns about countries and regions of strategic importance. Even within the 'low politics' of foreign policy, health was marginal. Scholars have noted how little attention health has received in foreign policy and international relations (Lee & Zwi 2003).

In this vein, international health activities have often been considered ‘mere humanitarianism.’ These perceptions suggest that international health gravitated toward normative values concerning human dignity and had less relevance to the state’s pursuit of its material interests, power, and security. Health’s linkage with human rights after World War II (Constitution of the World Health Organisation 1946; International Covenant on Economic, Social, and Cultural Rights 1966) deepened perceptions of the nature of health’s nexus with foreign policy.

States have not always considered health to be at the margins of ‘low politics’ because health arose as a foreign policy issue in the context of states promoting their economic interests. The driving motivation for international health cooperation from the first international sanitary conference in 1851 until World War II was the interest major trading nations in Europe and North America had in reducing the burden other countries’ quarantine regulations imposed on trade (Howard-Jones 1950). The association of international health with humanitarianism and human dignity developed only after the economic interests of powerful states in international health cooperation faded, particularly after World War II (Goodman 1971).

Similarly, the connection between health and economic development was not unknown in the past because foreign policy makers understood the contributions economic development can make to health (World Bank 1993). The assumption that ‘wealth makes health’ meant, however, that foreign policy emphasised economic development, believing that better health would follow as a matter of course. In addition, health’s place in development policies was marginalised for other reasons, ranging from how Cold War geo-politics affected development strategies to the politicisation of international health activities through their linkage by developing countries with demands for a New International Economic Order (International Conference on Primary Health Care 1978).

Health’s historical relationship with foreign policy did not include national security. State concerns with biological weapons (bioweapons) provided a basis for connecting health and national security; but a nexus never developed because the manner in which states addressed the threat of bioweapons reflected little, if any, serious consideration of health. States addressed the bioweapons threat through arms control prohibitions (Geneva Protocol 1925; Biological and Toxin Weapons Convention 1972). Countries did not supplement the arms control approach with public health strategies in case the prohibitions failed to prevent the development or use of bioweapons. If health factored at all in the arms control approach, it was as a source of friction because the prohibitions on the development of bioweapons could not outlaw peaceful research on, and uses of, biological agents because such activities were necessary for health purposes (such as research on, and development of, drugs and vaccines).

Similarly, national and international health operated without connection to national security concerns about bioweapons. States never applied the international legal regime for control of naturally occurring infectious diseases in ways that supported security concerns about bioweapons. Nor were national health systems designed with the

bioweapon threat in mind. A connection between health and bioweapons existed in the United States in the immediate aftermath of World War II because of fears of possible Soviet use of bioweapons against the United States (Fee & Brown 2001). This fear stimulated the development of U.S. federal public health capabilities, such as the Epidemiological Intelligence Service. This integration of public health and national security proved short lived, however, as the two areas subsequently developed along different tracks.

Elevating health in U.S. foreign policy during the Carter administration

The Carter administration's attempt in the late 1970s to elevate health in U.S. foreign policy proves interesting against the historical background of health's place on the margins of the 'low politics' of foreign policy. President Carter ordered a review of all U.S. government activities on international health in order to inform the effort to raise the profile of health in U.S. foreign policy. The relevant policy document, *New Directions in International Health Cooperation* (1978), argued that more U.S. foreign policy attention on international health would contribute to U.S. interests in national security, economic power and opportunities, political and economic stability in the international system, and the advancement of human rights. In short, the Carter administration built a case for more U.S. foreign policy action on international health by arguing the wisdom of such action under all four basic foreign policy functions.

Although the Carter administration appealed to all four functions, the effort's main thrust concerned protecting and promoting human dignity. *New Directions in International Health Cooperation* captured this emphasis when it stated that 'the right to health and our Nation's moral commitment to help guarantee that right form an integral part of the foreign policy of the Carter Administration.' This position revealed that arguments concerning national security, economic power, and international stability through development represented the Carter administration 'going through the motions' with respect to the traditional foreign policy hierarchy of functions. The Carter administration's objective was to make an issue at the margins of 'low politics' a strategic component of U.S. foreign policy through a human rights approach.

The rise of health in foreign policy and the four functions

We can similarly use the four functions of foreign policy to analyse health's rise as a foreign policy issue. The hypothesis is that health's new foreign policy prominence reflects the movement of health from the margins of 'low politics' into a situation in which health now features significantly in all four foreign policy functions. If accurate, the hypothesis identifies an unprecedented situation in foreign policy's relationship with health.

The hypothesis' accuracy is easy to demonstrate. A substantial, and still growing, body of literature has developed over the last decade that analyses health's place in national security, the global economy, political and economic development, and the protection and promotion of human dignity through humanitarian assistance and human rights policies. Part of this literature makes the case that health should be more important to U.S. foreign policy (Institute of Medicine 1997; Ban 2001; Kassalow 2001).

A striking element of many U.S.-centric arguments is the manner in which they situate health in U.S. foreign policy by connecting health with U.S. material interests in national security and economic power. Unlike the Carter administration, much of the recent discourse accepts the traditional hierarchy of foreign policy functions and endeavors to establish health's place at each point along the spectrum from high to low politics.

The Bush administration's national security strategy and health

Arguments connecting health to foreign policy functions are not confined to the musings of pundits, policy wonks, and academics. The Bush administration embedded health in all four foreign policy functions in its *National Security Strategy of the United States* (2002). *National Security Strategy* contains the Bush administration's approach to national security and foreign policy and argues that its approach is 'based on a distinctly American internationalism that reflects the union of our values and interests.' The union of interests and values elaborated in *National Security Strategy* makes frequent references to health threats and problems connected to each foreign policy function.

In terms of national security, the Bush administration highlighted bioterrorism and the HIV/AIDS pandemic as threats. *National Security Strategy* also identified HIV/AIDS as a threat to U.S. objectives concerning the liberalisation of international trade and asserted that '[b]eyond market access, the most important area where trade intersects with poverty is public health.' Similarly, *National Security Strategy* asserts that disease threatens U.S. economic and political development objectives in Africa and other regions. The Bush administration argued that '[i]n countries afflicted by epidemics and pandemics like HIV/AIDS, malaria, and tuberculosis, growth and development will be threatened until these scourges can be contained.' HIV/AIDS particularly imperils the Bush administration's desire to expand 'the circle of development by opening societies and building the infrastructure of democracy.'

Finally, *National Security Strategy* argues that infectious diseases, especially HIV/AIDS, threaten the 'nonnegotiable demands of human dignity.' The Bush administration's definition of these demands does not include the right to health; but it does involve the idea that disease can harm civil and political rights by stimulating stigma, discrimination, and hostility, which undermine the conditions and institutions needed for freedom to thrive in a society. According to the Bush administration, preserving human dignity requires fighting disease and investing in health; and these requirements form part of the conditions under which the Bush administration has

indicated that it will provide international assistance to developing countries (www.whitehouse.gov).

Thus, the Bush administration has connected health in prominent ways with all the functions of foreign policy. Although the Carter administration attempted similar connections in the late 1970s, the Bush administration's linking of health to national security, economic power, political and economic development, and concepts of human dignity occurs in a health context more ominous than the one in which President Carter attempted to elevate health in U.S. foreign policy. In short, the Bush administration's *National Security Strategy* formulates foreign policy responses to serious threats and challenges health problems increasingly pose for U.S. material interests and normative values.

Shock of the New: Interpreting Health's Rise as a Foreign Policy Issue

Experts have an easier time agreeing that health has grown in foreign policy importance over the last ten years than they do reaching consensus on what this development means. The existence of different explanations for health's new nexus with foreign policy suggests that we can analyse the new relationship in different ways that lead to divergence rather than convergence. I now explore competing conceptualisations and their implications for health's new prominence in the world of foreign policy.

Revolution

The revolution perspective on health's rise as a foreign policy issue interprets this development as transformative of the health-foreign policy relationship. The revolution perspective maintains that health's rise in foreign policy collapses the traditional dichotomy of 'low politics' and 'high politics,' producing a new political space in which health serves as a central objective of global policy. In this new political space, health has expansive meaning, which transcends traditional distinctions between national and international health, between domestic and foreign policy, and between material interests and normative values.

The four functions of state-centric foreign policy become broader governance tasks of a global polity in which borders and sovereignty have become dysfunctional remnants of a way of organising humanity that has exhausted its usefulness. The revolution perspective holds that health in the global polity operates as an ethic – a normative value internalised as a constitutive interest. The polity's identity is connected with the health ethic, giving it a defining role in how the polity's citizens conceive of their security, prosperity, development, and dignity. The global polity's health ethic resonates with the principles stressing health's importance in human affairs articulated in the preamble of the Constitution of the World Health Organisation; and the ethic reflects the extent to which health has influenced rethinking of traditional notions of security, economic interests, development, and human dignity.

Remediation

The second perspective – remediation – maintains that health’s rise as a foreign policy issue reflects the continued reality of the traditional hierarchy of foreign policy functions. In short, health’s rise in foreign policy reflects health being addressed through the traditional foreign policy framework, thus reinforcing its continuity. The framework’s continued application remedies the mistaken notion, which evolved in the post-World War II period, that health has a special role in international relations. The remediation perspective acknowledges health’s escape from the margins of ‘low politics’ but interprets this escape as health becoming another issue (like others) addressed by traditional foreign policy approaches. The escape occurred not because a transcendent health ethic emerged but because health-related threats to the material interests and capabilities of states increased.

When diseases threaten national security and military capabilities, economic power, and stability in the international system, states take foreign policy action. When international disease problems complicate and frustrate a state’s pursuit of its material interests, foreign policy responses result. What drives foreign policy is the threat posed to the material interests and capabilities of states not a cosmopolitan ethic on health’s importance to 21st century humanity.

The remediation perspective also maintains that the health issues that enter ‘high politics’ are limited to a small number of communicable disease threats capable of causing serious perturbations in the realms of security and power. Thus, the remediation perspective conceives ‘health’ narrowly, which explains why bioterrorism, the HIV/AIDS pandemic, and severe outbreaks of highly transmissible pathogens receive the lion’s share of foreign policy attention. Other infectious and non-communicable disease problems, especially in developing countries, remain neglected. In contrast to the health ethic of the revolution perspective, the remediation interpretation of the health-foreign policy nexus preserves traditional understandings of foreign policy and adopts a restricted outlook on what health issues enter the ‘high politics’ of foreign policy.

Regression

The third perspective views health’s rise as a foreign policy issue as a regressive development in the relationship between health and foreign policy. The regression perspective sees in health’s new foreign policy prominence sobering indicators that health problems are getting worse. From the halcyon days of the late 1970s, when smallpox was eradicated and Health for All by the Year 2000 was the ambition, a parade of horrors has marched through international health – the HIV/AIDS pandemic, the crisis in emerging and re-emerging infectious diseases, the growing double burden of communicable and non-communicable diseases being borne by developing countries, and the threat of the proliferation of bioweapons and bioterrorism.

In this vein, the UN Secretary-General’s High-Level Panel on Threats, Challenges, and Change lamented the ‘dramatic decay in local and global public health capacity’ (*Report of the Secretary-General’s High-Level Panel 2004*). Further, health inequalities between developed and developing countries continue, and in some respects have deepened and become more difficult to redress. In short, when health features as an important issue on security, economic, development, and human dignity agendas, the new health-foreign policy nexus is no cause for celebration or complacency.

The regression perspective has a conceptual as well as an empirical component. The empirical reality of a deteriorating global health situation provides little support for the view that health, seen either as an interest or value, has transformed foreign policy and stimulated acceptance of radically new interpretations of traditional ideas of security, economic interests, development, and human dignity. Viewing health’s rise in foreign policy as stemming from growing threats to the material interests and power of states may have empirical validity, but this outlook perpetuates traditional interpretations of health’s nexus with foreign policy that seem inadequate given the scope and nature of global health threats today. Conventional perceptions of health in foreign policy hold health hostage to the views of powerful states concerning their material interests and capabilities. One result is disproportionate political attention and economic resources devoted to national biodefence in developed states rather than to improving general public health capabilities in developing countries, where greater health needs exist (see Figure 2).

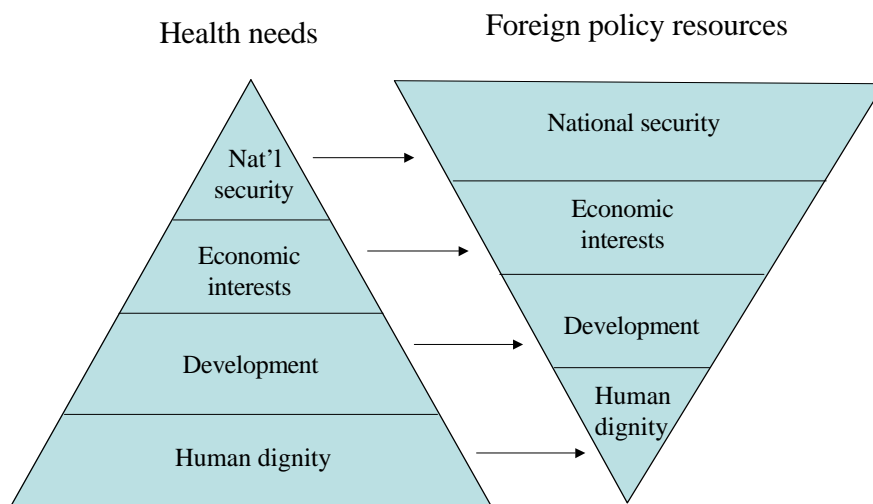


Figure 2.

The attention health now receives in foreign policy may obscure the corrosive effect of thinking about health in terms of state interests traditionally defined as material power and capabilities. Connecting health to ‘high politics’ threatens to tarnish long-standing associations of health, and international health specifically, with normative aspirations for human community and dignity.

Thus, the regression perspective perceives the emergence of ugly empirical and conceptual consequences in health’s rise as a foreign policy issue. This rise reveals not only an empirical reality in which global health conditions are deteriorating but also a context in which the machinations of ‘high politics’ subordinate aspirations traditionally associated with health in the ‘low politics’ of foreign policy. The wish of health experts and activists for health to be more politically important may have come true, but in a way that threatens what was special about health in international relations. The regression perspective laments, thus, what appears to be the worst of all possible worlds for the health-foreign policy linkage – empirical deterioration and conceptual decay.

Present at Creation: A New Way of Working for Health in Foreign Policy

The revolution, remediation, and regression perspectives are not the only ways to think about health’s rise as a foreign policy issue. Engaging in conceptual comparisons stimulates, however, thinking about what the new health-foreign policy nexus means, and what we may want it to do with this new nexus. Although they diverge in how they interpret health’s new foreign policy prominence, all three communicate that the relationship between health and foreign policy has entered a new phase that breaks radically from the past. This break presents the challenge of creating and managing a ‘new way of working’ (Heymann Testimony 2003) concerning both health and foreign policy in the early 21st century.

Health as an indicator of ‘good governance’ nationally and internationally

This challenge’s importance goes beyond the frequency with which health issues now arise in the foreign policies of states. Health’s prominence in the foreign policy functions of security, economic interests, political and economic development, and human dignity reflects a governance transformation taking place within and among countries in the era of globalisation. For the first time in history, events have made health a key factor in the governance of international relations.

Health’s importance in foreign policy functions indicates how health now relates in significant ways to national governance. The new health-foreign policy nexus provides a way for those engaged in domestic health to comprehend seminal changes taking place in national governance because of transnational health threats and problems. Just as foreign policy makers have to confront domestic health systems and capabilities in addressing health problems and threats, domestic health practitioners and officials have to

appreciate that foreign policy on health issues affects their world not just some distant realm inhabited by soldiers, diplomats, and ‘doctors without borders.’

Health’s importance in the four functions of foreign policy is replicated in international governance. The UN Secretary-General’s High-Level Panel on Threats, Challenges, and Change highlighted health’s importance to the maintenance of international peace and security (*Report of the Secretary-General’s High-Level Panel* 2004). Controversies at the World Trade Organisation have given health a prominence in international trade specifically and international governance generally it never had before (Ranson et al. 2002). Health’s importance in the UN’s Millennium Development Goals (<http://www.un.org>) and the report of the World Health Organisation’s Commission on Macroeconomics and Health (2001) demonstrate how health has become central in thinking about political and economic development.

Linkages between health and human rights have also become more active in international relations in the last decade through the application of human rights principles in the fight against HIV/AIDS (Mann 1999); the reinvigoration of interest in the right to health in the UN system (Hunt 2003); and the human rights concerns raised by public health responses to outbreaks of infectious disease (for example, the use of quarantine and isolation during the global response to SARS) (Sapsin et al. 2004).

Health’s prominence in both foreign policy and international governance across security, economic, development, and human dignity concerns signals that the protection and promotion of health has become an independent marker of ‘good governance’ at national and international levels in the early 21st century. The UN Secretary-General’s High-Level Panel captured this development in arguing that improving global disease monitoring capabilities was imperative as a means of ‘building effective, responsible States’ (*Report of the Secretary-General’s High-Level Panel* 2004).

UN Secretary-General’s reform proposals and health

One can further appreciate the growing importance of health to foreign policy and international and national governance through the UN Secretary-General’s own proposals for UN reform (Annan 2005). Each of the Secretary-General’s objectives for UN reform – freedom from fear, freedom from want, and freedom to live in dignity – depends on health improvements nationally and internationally.

To achieve freedom from want, the Secretary-General emphasized fulfillment of the eight UN Millennium Development Goals (MDGs), three of which target specific health problems (child mortality; maternal health; and combat HIV/AIDS, malaria, and other diseases) and four of which seek improvement in key health determinants (poverty and hunger; universal primary education; gender equality; and environmental sustainability). The eighth MDG (develop a global partnership for development) targets cooperation with pharmaceutical companies to provide access to affordable, essential medicines in developing countries.

The Secretary-General also asserted that access to sexual and reproductive health services, providing safe drinking water and sanitation, controlling pollution and waste disposal, universal access to essential health services, and building national capacities in science, technology, and innovation are national priorities for achieving freedom from want. The Secretary-General identified strengthening global infectious disease surveillance and increasing research on the special health needs of the poor as global priorities in realizing freedom from want.

In terms of freedom from fear, the Secretary-General's new vision of collective security included addressing threats presented by naturally occurring infectious diseases and bioweapons. These tasks require strengthening national and global public health and potentially involving the UN Security Council in 'any overwhelming outbreak of infectious disease that threatens international peace and security.'

The Secretary-General's conception of freedom to live in dignity also connects to health. The Secretary-General declared that '[t]he right to choose how they are ruled, and who rules them, must be the birthright of all people, and its universal achievement must be a central objective of an Organization devoted to the cause of larger freedom.' Public health feeds this right and attribute of human dignity because '[e]ven if he can vote to choose his rulers, a young man with AIDS who cannot read or write and lives on the brink of starvation is not truly free.'

The Secretary-General's UN reform proposals constitute a vision in which UN members must elevate health as a foreign policy and governance priority in order to support security, development, and human dignity. The Secretary-General's UN reform strategy clarifies the importance of states thinking in terms of health as a foreign policy priority. Indeed, this strategy essential makes the success of UN reform and its contributions to international governance in the 21st century dependent on the effectiveness of foreign policy pursuits of health objectives.

Implications of thinking of health as a 'good governance' indicator

Health has not typically been included as an independent benchmark for good governance, such benchmarks being reserved for such things as democracy and the rule of law. To the extent good governance discourse incorporated health, it was as an anticipated consequence of structural economic and political reforms. Health's emergence as an independent indicator of good governance does not flow from global consensus that health is a normative end in itself but from a rugged convergence of material interests and moral values on the need to put health higher on national and international governance agendas.

This reality forces thinking about foreign policy and health outside their respective conventional 'boxes' because this environment requires a new way of working. Those engaged in foreign policy and health must re-orient themselves to be effective in a context in which the health-foreign policy relationship is urgent, globalised, multi-sectoral, and interdisciplinary. This complexity creates the challenge of managing

the confluence of the rawness of power politics, the pressures of globalising economic activities, the demands of scientific knowledge, and the moral imperatives of an interconnected humanity.

Conclusion

Health's escape from the margins of the 'low politics' of foreign policy and emergence as a defining challenge for national and international governance in our globalised world are developments we still struggle to comprehend, analyse, and shape. We can make some sense of these developments by grasping how important health has become to fulfilling the foreign policy and governance functions of security, economic opportunity, development, and human dignity. Health's importance to these functions remains subject to diverse interpretations, which challenge us to think more rigorously and creatively about the new health-foreign policy nexus.

How we answer this challenge may determine how future generations think about our imagination, commitment, and contribution to managing a task unprecedented in the history of governance. More immediately, how we answer this challenge will determine what strategies and tactics are chosen, what issues are given priority, and how resources are allocated. In short, how we answer the challenge of making sense of the new foreign policy-health nexus will decide what impact the relationship between health and foreign policy has on the lives of people all over the world today, tomorrow, and in the years to come.

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