



## Rethinking the Efficacy of Global Health Diplomacy

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### JCSP 48

#### Exercise Solo Flight

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CANADIAN FORCES COLLEGE – COLLÈGE DES FORCES CANADIENNES

JCSP 48 – PCEMI 48

2021 – 2022

Exercise Solo Flight – Exercice Solo Flight

**Rethinking the Efficacy of Global Health Diplomacy**

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Before the deadly West Africa Ebola outbreak or the COVID-19 pandemic, there was a push from the World Health Organization (WHO) for a more sustainable Global Health approach that would expand the typical bilateral practice of Medical Diplomacy to multi-country efforts that would reduce the global disease burden.<sup>1</sup> The WHO global strategy intends to focus on a collaborative process to improve global health problems, not providing aid to promote self-national interests. The switch to a worldwide perspective initiated large funded programs from countries like the United States, which has a focus on "the big four:" malaria, HIV/AIDS, tuberculosis, and neglected tropical diseases, designed to make a significant impact by building capacity in partner nations to detect and treat the big four.<sup>2</sup> Although the larger program building had substantial implications in decreasing the disease burden in the initial years, over the long term, have proven to be unsustainable due to program reliance. In comparison, smaller countries such as Cuba increased their ongoing Medical Diplomacy efforts supplemented with capability building such as education exchange programs have demonstrated to promote long-term internal health program stability. The large-scale global capacity-building program model is not sustainable and could cause the opposite desired political effects because it creates a dependency on the program itself. The better approach is to shift Global Health Diplomacy (GHD) efforts from capacity building to capability building that would be manageable with a country-specific end-user.

Examining the successes and failures of GHD capacity-building efforts require a deeper conceptual context. Medical Diplomacy is a unique soft power tactic that the United States, China, and other smaller countries, such as Cuba, use to promote their international influence through health initiatives for select partner nations or multiple countries.<sup>3</sup> The application of Medical Diplomacy is typically through conducting vaccination campaigns, building facilities, and providing medical specialists or medical professionals to provide direct care. Historically Medical Diplomacy efforts are bilateral relationships between two countries designed to win the trust and affection of the recipient country's population and its governmental leaders. The political gains that Medical Diplomacy offers from a partner nation could fade once the service has been provided or the medical supplies have been consumed. Leveraging the WHO announcement to work together to fight global diseases, the past twenty years have seen an increased number of states trying to improve their political agendas' longevity by incorporating Medical Diplomacy into their nation's policies.<sup>4</sup> Recognizing that disease-causing pathogens do not respect borders, the term "Medical Diplomacy" is often replaced with GHD to reflect the more significant effort to assist with Global Health Security for all countries involved.

Although many countries see the importance of coming together in the interest of Global Health Security, it was not until the COVID-19 pandemic response that some countries saw the utility of GHD to increase status with international organizations. For example, its Middle Eastern partners already recognize Iran as a regional health and scientific leader. Iranian GHD with its neighbors during the pandemic earned its growing credibility with the WHO, which led

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<sup>1</sup> Reinhardt, E. "World Health Day 2006: Working Together for Health." UN Chronicle, (2006). 43:1, 78.

<sup>2</sup> Fauci, A. S. "The expanding global health agenda: a welcome development." Nature Medicine (2007): 1170.

<sup>3</sup> Kickbusch, I, et al. "Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health." Bulletin of the World Health Organization (2007). 230-232.

<sup>4</sup> Sumaworo, M. "Medical Diplomacy to Face The Global Health Challenges: A Case Study of COVID 19." Front Page Africa, 2020.

to Iran being able to circumvent economic sanctions for the import and export of medical equipment, which shifted its humanitarian GHD efforts to commercial production.<sup>5</sup> Moreover, Iran turning resources to its health industry allowed an unanticipated economic boom and allowed Iran to demonstrate a positive impact on the international system. In 2018 Iran exported approximately \$24 million in medical equipment; by the end of 2021, Iran's medical equipment exports reached over \$7 billion.<sup>6</sup> In addition, due to a lack of resources during the pandemic, developing countries in the region were more likely to be influenced by external GHD pressures that caused a dynamic shift in political relationships in favor of Iran.

Such as the situation created by the pandemic's dramatic medical supply strain put on every nation allowed smaller developed states to be poised and wage a 'soft power battle' with a more prominent state actor. For the most part, the vaccine has become widely accessible worldwide. However, many developing countries still rely on international partners to provide critical medical equipment and supplies to maintain their public health standards. Having a limited global presence, Taiwan seized the opportunity to mobilize GHD efforts during the COVID-19 pandemic to provide personal protective equipment, medical technology, and vaccines to reinforce relationships and build new relationships with partners in the Caribbean and Latin American region.<sup>7</sup> Taiwan's interest in this region is to preserve its most significant concentration of allies in the Western Hemisphere. The hope is that these relationships will generate friends to speak on Taiwan's behalf in the overarching international system against China's territorial claims. The GHD campaign yielded that Taiwan successfully solidified diplomatic relationships with eight countries, including Haiti, Guatemala, and Paraguay. However, China secures diplomatic capital with Costa Rica, Panama, El Salvador, and Nicaragua. Guyana initially had a formal diplomatic relationship with Taiwan, publicly cutting all ties to establish a relationship with China, and received immediate shipments of the COVID vaccine. China would also apply the same GHD vaccine tactic in Nicaragua. It is common knowledge that the Nicaraguan government was already isolated by the United States, making it an easy win for China. Once Nicaragua completely cut ties with Taiwan and entered a formal relationship with China shortly after, it also received shipments of the COVID vaccine. Taiwan could not match China's GHD efforts and had to lean on the United States to maintain some of its relationships. As a result, Honduras negotiated to enter a formal relationship with China to cut ties with Taiwan until the United States intervened, offering solidarity for both countries if they maintained diplomatic relations.

The Caribbean Islands, South, and Central America, before the pandemic, were already a GHD tug of war between the United States and China. Rotating deployments of its hospital ships, the United States conducted Operation Continuing Promise from 2007 to 2018 to provide medical, dental, and veterinary services to various South and Central American countries.<sup>8</sup> When the USNS Comfort completed its first four-month deployment in 2007, it provided direct assistance to local communities in Latin America, using multiple short port visits to provide

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<sup>5</sup> Dolatabadi, A. B. and M. Kamrava. "The Covid-19 Pandemic and Iranian Health Diplomacy." Middle East Policy, (2021). 28: 70-71.

<sup>6</sup> Dolatabadi, A. B. and M. Kamrava. "The Covid-19 Pandemic and Iranian Health Diplomacy." Middle East Policy, (2021). 28: 67.

<sup>7</sup> Geden, B. "Taiwan's 'Medical Diplomacy' in Latin America" The Wilson Center Sound Cloud aired March 1, 2022: <https://www.wilsoncenter.org/microsite/3/node/109602>

<sup>8</sup> United States. U.S. Southern Command. "Continuing Promise 2018" SOUTHCOM Press Release.

medical and dental care, treating over 120,000 patients. In addition, the U.S. Navy Seabees completed multiple humanitarian construction projects to support local infrastructure.<sup>9</sup> Ten years later, the 2017 Operation Continuing Promise focused on strengthening regional partnerships, specifically in Guatemala, Honduras, and Colombia treating over 15,000 patients.<sup>10</sup> Over the years, Operation Continuing Promise successfully projected the United States GHD effort providing political capital for the United States in the region.

Emulating the United States GHD efforts in 2011, China deployed the hospital ship the Peace Ark on "Harmonious Mission 2011" with 107 medical professionals to Cuba, Jamaica, Trinidad and Tobago, and Costa Rica.<sup>11</sup> The Peace Ark had the mission to provide medical services to the local population, host nation militaries, and perform other cooperation efforts. In 2019 the United States hospital ship would follow China to many of the same Caribbean Islands as part of Operation Enduring Promise.<sup>12</sup> The USNS Comfort deployed for five months in Central and South America and the Caribbean, providing medical assistance to Colombia, Costa Rica, Dominican Republic, Ecuador, Grenada, Haiti, Jamaica, Panama, Peru, Saint Lucia, St. Kitts and Nevis, and Trinidad and Tobago. The USNS Comfort is accredited to provide healthcare for over 488,000 patients in the region, including over 5,500 surgeries from 2007 to 2019.

China has had a long history of providing international humanitarian aid, but in the early 1990s became proactive in employing Medical Diplomacy to improve its public image.<sup>13</sup> Once the Chinese Navy constructed its hospital ships, they became the first official Chinese medical team to join the WHO emergency response system.<sup>14</sup> As a result, China's hospital ships were in positioned for direct competition to provide disaster relief and humanitarian aid with the United States hospital ships operating on Caribbean islands of strategic and political interest. However, before the Peace Ark visited the West, China conducted "Harmonious Mission 2010" to provide GHD to Djibouti, Kenya, Tanzania, Seychelles, and Bangladesh. Which led to proof of the concept that China could use Medical Diplomacy as a path to strengthen its diplomatic relations with the developing countries.

Although the Peace Ark missions demonstrated that China was interested in providing international humanitarian assistance, its GHD efforts were small-scale. However, China's overall humanitarian spending has increased, reaching over \$128 million in 2017, although an increase for China was still less than one percent of the worldwide total of humanitarian expenditures that year. Comparing the United States in 2017, spending on humanitarian

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<sup>9</sup> United States. Naval History and Heritage Command. "Humanitarian Actions 2007- Present – Operation Continuing Promise."

<sup>10</sup> United States. U.S. Southern Command. "Continuing Promise 2017" SOUTHCOM Press Release.

<sup>11</sup> Zhenjiang, W. and D. Zongfeng. China. "PLAN's hospital ship to visit Latin America." China Defense Blog, PLA Daily (2011).

<sup>12</sup> United States. U.S. Navy. "Enduring Promise: USNS Comfort Deployment 2019." America's Navy Media (2019).

<sup>13</sup> Dooley, Howard J. "The Great Leap Outward: China's Maritime Renaissance." *The Journal of East Asian Affairs*, (2021). 26:1, 71.

<sup>14</sup> Volodzko, D. "China's Medical Diplomacy: China's latest contribution to the WHO is part of a long history of using medical diplomacy as soft power." *The Diplomat*, (2016).

assistance peaked at \$6.89 billion.<sup>15</sup> A notable difference in how the two apply their humanitarian funds is that the United States works with international partners, host nation governments, and NGOs for a large spectrum of foreign aid. On the other hand, China focuses on making bilateral agreements with host nations that typically have conditions for support. Most of China's humanitarian aid packages contribute to infrastructure and civic development programs such as the Belt and Road Initiative. The international community often criticizes the Chinese government for its lack of or slow response in terms of global humanitarian health response. For example, China was not part of the international donors to provide essential services or donations for the 2014 West Africa Ebola outbreak. In addition, China faced criticism for not providing humanitarian assistance at the start of the COVID-19 pandemic. Once China assisted, its COVID-19 relief supported ninety-four countries, eighty-one of which is part of the Belt and Road Initiative.

China's and the United States' foreign aid policies have a variety of motivations to achieve various political objectives that often seem to be in direct competition with one another.<sup>16</sup> Regarding GHD, China focuses on short-term donation efforts or disaster relief to foster an immediate effect. In contrast, the United States provides the same type of bilateral short-term GHD efforts and synergizes international health partners to build sizeable public health programs. Unfortunately, due to a lack of trust, different approaches, and opposing ideologies in providing humanitarian aid, China and the United States' efforts have had little to no coordination and have fueled GHD competitiveness. Recently Germany has been working to facilitate closer relations between China and the European Union to encourage collaborative humanitarian efforts that have not yielded results. Even though China's humanitarian efforts predate the pandemic, it lacks transparency in where the funds are applied. Moreover, the lack of transparency creates a blockade for other international donors to harmonize efforts in good faith.

The United States GHD approach switched to the largescale whole government capacity-building during the second Bush administration when the connection between all aspects of human well-being that public health provided was tied to national security.<sup>17</sup> In 2000 the National Security Council declared that HIV/AIDS was a National and Global Security Threat that could create instability in entire nations and regions. The HIV/AIDS threat was especially concerning the destabilization of African nations' social, economic, and political systems. The infection rate was so high in African militaries that it hindered efficiency in providing adequate defense internally or from neighboring countries. The thought process was that the infection rates on the African continent would create a second wave of destabilization in other countries abroad like Russia, India, and China, which already had spikes in their HIV infection rates. Russia's HIV rate at the time was fifty percent higher than the United States, and India was already listed as an HIV endemic country. The concern in China was the HIV-positive rate would reach twenty million by 2010. The magnitude of potential impacts on the global economic and security of HIV/AIDS deaths in large populations would be catastrophic. Most of the concern at the time

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<sup>15</sup> Kurtzer, J. "China's Humanitarian Aid: Cooperation amidst Competition." Center for Strategic & International Studies, (2020).

<sup>16</sup> Kurtzer, J. Ibid.

<sup>17</sup> American Bar Association. "HIV/AIDS, National Security, and Global Security." Human Rights, Fall (2004). 31:4, 14.

grew from the fact that ninety percent of the world's HIV-positive population did not know they were infected.<sup>18</sup>

The response in 2003 to the HIV/AIDS National Security Threat by President George W. Bush was to establish the United States President's Emergency Plan for AIDS Relief (PEPFAR).<sup>19</sup> This large scale whole government program includes the U.S. Department of Defense; U.S. Agency for International Development; the U.S. Department of Health and Human Services, and its agencies, including the Centers for Disease Control and Prevention, Health Resources and Service Administration, and the National Institutes of Health; the Peace Corps; the U.S. Department of Labor; the U.S. Department of Commerce; and the U.S. Department of the Treasury. PEPFAR is led by the President appointee U.S. Global AIDS Coordinator and Health Diplomacy in the Department of State. Although the WHO efforts started in 1988, the launch of PEPFAR launched one year after WHO announced its "3 by 5 Initiative" to provide HIV treatment for three million people globally by 2005.<sup>20</sup>

PEPFAR, until COVID-19, was the most extensive global health program that focused on a single disease, raising over \$100 billion in cumulative funding for HIV/AIDS treatment, prevention, and research since it was initiated.<sup>21</sup> Providing HIV diagnostics, treatment, and training for healthcare workers, by 2021, twenty of the 50 countries that PEPFAR had engaged in achieved HIV epidemic control.<sup>22</sup> Before PEPFAR, the HIV epidemic in Africa had no intervention. Once the program started, it provided a dramatic drop in HIV rates and improved the overall quality of life. Over the life of the PEPFAR program, over 18 million people received antiretroviral treatment, 300 thousand new healthcare workers have been trained, and HIV testing has been conducted for over 63 million. Since HIV-positive people live longer and fewer people are getting infected because a higher number of people with undetectable viral load are passing on less HIV. The shift has moved to try to reach the "Key Population," which are the sex workers, prisoners, and men who have sex with men. The HIV Key Population who were excluded previously due to social and cultural practices in some countries may be the catalyst for future HIV outbreaks. One of the continued concerns of this program is if the Key Population is not reached before program funding is exhausted, HIV could have a global resurgence.

The United States GHD, through PEPFAR, demonstrated an unprecedented amount of goodwill from a single government. This program also highlighted the need to address other Global Health Threats such as malaria and tuberculosis. This program also led the U.S. House of Representatives to submit HR 5501, which, once signed into law, provided funds to fight HIV/AIDS, tuberculosis, malaria, and other neglected tropical diseases in foreign countries.<sup>23</sup> In addition, the United States became the largest donor to the Global Fund. From 2002 to 2021, the

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<sup>18</sup> Feldbaum, H., K. Lee, and P. Patel. "The National Security Implications of HIV/AIDS." *PLoS Med*, (2006). e171.

<sup>19</sup> U.S. Department of State. United States President's Emergency Plan for AIDS Relief (PEPFAR).

<sup>20</sup> World Health Organization. "WHO and HIV 30-year timeline." (2018).

<sup>21</sup> "The Global HIV/AIDS Epidemic." *Global Health Policy*, (2021). Accessed April 1, 2022 at <https://www.kff.org/global-health-policy/fact-sheet/the-global-hiv-aids-epidemic/>

<sup>22</sup> United States. U.S. Department of State. United States President's Emergency Plan for AIDS Relief (PEPFAR).

<sup>23</sup> U.S. Congress. Public Law 110-293, Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

Global Fund has provided over \$50 billion of combined funds to critical health programs to fight HIV, tuberculosis, and malaria in 155 countries.<sup>24</sup>

The United States may not directly classify the President's Malaria Initiative (PMI) as Medical Diplomacy, but since 2005 PMI has been one of the United States Agency for International Development (USAID) and Center for Disease Control (CDC) major global health programs.<sup>25</sup> PMI's positive impact on the National Malaria Control Programs (NMCP) in the countries PMI is operating is a clear demonstration of the United States' willingness to support the health and well-being of its partner nations. When PMI started, the malaria death rate was one million people a year. Ranking malaria as the deadliest disease in human history, in the early 2000's it was estimated to have killed half the world's population that ever lived.<sup>26</sup> Although there had been previous interest in eradicating malaria, there was no political interest in taking large-scale actions until the late 90s. In 1998 the WHO formally announced that malaria would be impossible to eradicate because developing countries could not afford to maintain appropriate malaria prevention and control programs.<sup>27</sup> However, in the same announcement, WHO stated that the annual malaria cases could be cut in half by 2010 with the proper funding, calling it the "Roll Back Malaria (RBM)" initiative. Answering the call, the international community contributed funds to the WHO RBM, including organizations such as the Bill and Melinda Gates Foundation and Wellcome Trust, by providing financial support directly through bilateral funding or funding through organizations like the World Bank. Unfortunately, by 2003 the combined international financial aid effort would not reach the desired target.

A little over fifty percent of the world's wealthiest countries contributed to the WHO RBM by 2003. However, as a note of interest, some non-donating countries discreetly took a political argument that the funds would not impact malaria rates in developing countries that cannot utilize the money due to lack of capacity.<sup>28</sup> A couple of years later, President George W. Bush announced the creation of PMI, which would focus on investing in the developing country's ability to fight against malaria. Starting in three African countries, PMI's initial budget for PMI was \$4 million. Capacity-building efforts are directly related to malaria treatment and control by targeting: supply chains, health worker training, general health infrastructure, and disease surveillance. By 2020, PMI operated with a budget of \$746 million, working in twenty-seven countries that span Africa and Southeast Asia.<sup>29</sup> Since PMI has supported the fight against malaria, the global malaria death rate has decreased by sixty percent

The United States PMI capacity building provides massive funds for capacity-building that has helped to establish a significant global donor partnership against malaria. The positive impacts that PMI has made on reducing the malaria burden in Africa have been a monumental effort. Including the training to conduct Indoor Residual Spraying (IRS) operations and the

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<sup>24</sup> Global Fund. "Global Fund Overview." (2021).

<sup>25</sup> United States. USAID and CDC U.S. President's Malaria Initiative. "15 Years of Fighting Malaria & Saving Lives - Annual Report to Congress April 2021," Washington, D.C. (2021). 3-5.

<sup>26</sup> Whitfield, J. "Portrait of a serial killer." *Nature*, (2002).

<sup>27</sup> Narasimhan, V. and A. Attaran. "Roll Back Malaria? The scarcity of international aid for malaria Control." *Malaria Journal*, (1998), 2:8, 1-2.

<sup>28</sup> Narasimhan, V. and A. Attaran. "Roll Back Malaria? The scarcity of international aid for malaria Control." *Malaria Journal*, (1998), 2:8, 7.

<sup>29</sup> USAID and CDC U.S. President's Malaria Initiative. "End Malaria Faster: U.S. President's Malaria Initiative Strategy 2021 – 2026." Washington, D.C. (2022). 6-7.



insecticides used. Similar invention efforts were undertaken in the 1960s in Africa that reduced the malaria rates to low endemic rates and even to the point of elimination in some areas; in Kenya and Tanzania, the malaria prevalence was reduced by half.<sup>30</sup> After a five-year IRS campaign, the primary malaria-causing mosquito, *Anopheles gambiae*, the population declined, and the other primary vector of malaria *Anopheles funestus* appeared to have been eradicated. In the West African country of Nigeria, IRS and mass drug administration of antimalarials were used with the same dramatic decreases as seen in the East African countries. The 1960s African malaria intervention was eventually considered a failure because malaria elimination could not be achieved. Due to lack of funding, the IRS could not be sustained indefinitely, and insecticide resistance would limit the IRS effectiveness.

Since 2001, there has been a significant decline in malaria prevalence in endemic areas across Africa. The decrease is accredited to the major investment from PMI in large-scale control interventions. Mass distribution of long-lasting insecticide-treated nets (LLINs), IRS, and combination drug therapies helped shape an ambitious goal of eliminating malaria in 35 endemic countries by 2030.<sup>31</sup> The WHO 2018 World Malaria Report highlights an extraordinary success in malaria control over the years; however, from 2015 to 2017, there was a period of no significant progress globally. In 2017 there were approximately 219 million recorded cases and 435,000 malaria-related deaths. Although LLIN use and IRS directly impact successful programs, malaria control efforts need to be re-evaluated based on sustainability. It recalls many of the previous control programs in the 1960s failed because they were not sustainable. A more recent example was in 2017 in the Northeast districts of Uganda when PMI stopped IRS, and malaria cases increased ten percent in one year.<sup>32</sup> The current IRS and LLIN programs are expensive and, once started, must be maintained indefinitely to contribute to a reduction of malaria. Including strategic IRS applications and housing modifications that add screens and enclose open eaves has decreased malaria prevalence.<sup>33</sup> Adding housing modifications to an Integrated Vector Management (IVM) plan may be a sustainable action that creates physical barriers between the malaria vector and humans without the long-term use of insecticides.<sup>34</sup> Many of the current efforts have been evaluated as individual control interventions; there is no indication of a study combining these efforts in a data-based IVM program that has been assessed long-term for efficacy and sustainability. However, all tend to support an IVM program need to be established and have adequate funds for sustainment.<sup>35</sup>

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<sup>30</sup> Enayati I, A., and J. Hemingway. "Malaria Management: Past, Present, and Future." *Annual Review of Entomology*, (2010). 55:571-572.

<sup>31</sup> World Health Organization. "World Malaria Report." World Health Organization; (2018). Geneva. Accessed at: <https://www.who.int/malaria/publications/world-malaria-report-2018/report/en/>

<sup>32</sup> USAID and CDC U.S. President's Malaria Initiative. "Malaria Operational Plan FY 2018." Washington, D.C. (2018). 11

<sup>33</sup> Tusting, L. S., M. M. Ippolito, B. A. Willey, I. Kleinschmidt, G. Dorsey, R. D. Gosling, and S. W. Lindsay. "The evidence for improving housing to reduce malaria: a systematic review and meta-analysis." *Malaria Journal*, (2015). 14:209, 11

<sup>34</sup> Tusting L. S., C. Bottomley, H. Gibson, I. Kleinschmidt, A. J. Tatem, S. W. Lindsay, and P. W. Gething. "Housing Improvements and Malaria Risk in Sub-Saharan Africa: A Multi-Country Analysis of Survey Data." *PLOS Medicine*, (2017). <https://doi.org/10.1371/journal.pmed.1002234>

<sup>35</sup> United States. USAID and CDC U.S. President's Malaria Initiative. "Malaria Operational Plan FY 2018." Washington, D.C. (2018).

As the Super Powers face off to provide short-term medical assistance or focus on building global public health programs, the island nation of Cuba earns its international prestige with a GHD approach based on "people power."<sup>36</sup> In 1960 Cuba lost half of its medical professionals due to a mass exodus after the revolution. Recognizing the importance of a healthy population to Cuba's recovery in these early post-revolutionary days, Fidel Castro sent Cuban doctors to provide free healthcare to every remote farmland and town in Cuba. The newly established government made it clear that it would practice Universal Health Coverage, which would be every citizen's right by law. Working to build a national healthcare system with limited resources set the foundation for how Cuba would assist other countries. Cuba surprised many in the international community in 1961 when it sent medical teams to help Chile after a massive earthquake. Cuba was already facing strains on its public health system and had no diplomatic ties with Chile, still sending medical teams to assist with the earthquake aftermath. Cuba's disaster relief for Chile would become its first step toward GHD.

Faced with stiff embargos by the United States and not having access to the same resources available to other countries, Cuba had to develop its healthcare system in a scarce environment. However, through the 1970s and 1980s, Cuba implemented a robust Foreign Aid program that contributed over nineteen percent of civilian aid provided by other developed countries.<sup>37</sup> The uniqueness of Cuba's GHD policy is it would send support to countries that had no diplomatic ties but created a simple bilateral agreement that favored the receiving country more than the Cuban government. Another outlier in the Cuba GHD model is it would focus on sending doctors and other medical professionals to very remote locations of the countries they served. Often the Cuban doctors provided the first modern medical care to these isolated populations.

Under no specific political agenda, the basis of Cuba's GHD is quality healthcare is a fundamental human right. By 2010 Cuba's GHD effort had deployed over 134,849 medical professionals in 107 countries, which saved more than two million lives and performed three million surgeries (not including the two million sight-restoring surgeries through Cuba's Operation Miracle program). In addition, administered vaccinations to ten million people globally.<sup>38</sup> Cuba's GHD efforts earned international prestige, and Cuba's efforts were recognized and praised by international organizations such as the United Nations and WHO. Enabling Cuba's global political capital transformed into support from many member countries in those organizations who continue to advocate for the United States embargos on Cuba to be lifted.

As with many other countries, Cuba's short-term GHD consists of medical disaster response teams, vaccination campaigns, and transfer of knowledge programs. The long-term GHD efforts are where Cuba pulls away from the typical model. Cuba's most prominent resource is the pool of medical professionals it has established and continues to reinforce. As a result, Cuba has made its doctors one of its main national products. In the 1980s, Cuba had over fifteen thousand physicians.<sup>39</sup> As GHD obligations increased, the government invested in more

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<sup>36</sup> Feinsilver, J. M. "Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism." *Cuban Studies*, (2010). 41: 87.

<sup>37</sup> Feinsilver, J. M. *Ibid.* 88.

<sup>38</sup> Feinsilver, J. M. *Ibid.* 97.

<sup>39</sup> Gorry, C. "Six Decades of Cuban Global Health Cooperation." *MEDICC Review*, (2019). 21:4 83-85.

physicians to support local communities and GHD efforts. In 2018 the number of trained Cuban doctors reached over ninety-five thousand. Although the island of Cuba is small, it has thirteen health universities that offer degrees in medicine, nursing, and other health professions, with one hundred fifty hospitals and a strong biotechnology industry. Cuba applies its GHD policies by sending doctors and other healthcare professionals to countries abroad for two years. These medical teams teach in foreign medical schools, embed in austere communities, staff foreign hospitals that lack medical professionals, and award grants for international students to attend Cuban medical schools. These long-term GHD tactics would build new relationships and strengthen existing ones with mutual economic benefits.

Cuba's GHD policy has been mutually beneficial in solidifying its relationship with the oil-producing country of Venezuela and other regional trade partners. The trade relationship with Venezuela would be coined "oil-for doctors," which in 2008 earned Cuba the equivalent of \$5.6 billion from the provisions in that bilateral agreement.<sup>40</sup> In the same year, twenty-two percent of all the medical supplies and medicine among the regional ALBA countries (The Bolivarian Alliance for the Peoples of Our America) were purchased through Cuba's biotech industry, netting over \$350 million. Although there are clear economic benefits, the long lineage of Cuba's Medical Diplomacy activities has institutionalized a sense of humanitarian duty as a motivation for its medical professionals.

The motivation of medical professionals that are on the ground delivering the services based on their home GHD policies may not have their country's authentic intentions in mind. However, there are many variables to consider to connect a state's motivation for GHD engagements, such as social justice/human rights, economic benefits, international pressure, and or project power.<sup>41</sup> Like Cuba, Brazil, and South Africa are committed to their GHD policies based on social justice. In addition, like Cuba, Brazil views GHD enhances its international reputation and wants to be viewed as a regional leader. In comparison, South Africa uses its foreign policies, including GHD to battle the struggle for its post-apartheid image. India, one of the world economic leaders, is one of the few countries that exercise all four motivations in their GHD policies. The public health challenges it faced in eradicating smallpox and dealing with other internal non-communicable diseases led India's government to invest in its medical system and industry. The result is that India could lean on its medical industry to project its power through GHD policies to support its economy under the umbrella of defending human rights. Moreover, Russia's GHD efforts are selective and strategic, tied to a more comprehensive foreign policy to project power and benefit domestic economic stability.

Foreign policies are steered by the government's motivations, as seen in the GHD applied approach. For example, China, often criticized for its aggressive foreign policies, uses its GHD in multilateral agreements typically due to pressure to take action from international organizations.<sup>42</sup> However, when the need arises to project its global power against another superpower, China will not hesitate to employ GHD. As done in 2018, during the economic

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<sup>40</sup> Feinsilver, J. M. "Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism." *Cuban Studies*, (2010). 41: 98.

<sup>41</sup> Watt, N. F., E. J. Gomez, ad M. McKee. "Global health in foreign policy—and foreign policy in health? Evidence from the BRICS." *Health Policy and Planning*, (2014). 29:769–770.

<sup>42</sup> Watt, N. F., E. J. Gomez, ad M. McKee. *Ibid*.

crisis among OPEC countries, the Chinese hospital ship made a special stop at the capital of Venezuela during Mission Harmony. The decision to make this stop only was made after the Pentagon announced that the USNS Comfort would be stopping in neighboring Colombia to provide medical care to thousands of Venezuelan migrants fleeing their homes.<sup>43</sup> The impact of these hospital ship visits provided short-lived political influence in both countries. Still, the embedded Cuban teams in those countries could allow Cuba to shape the scope of soft power impact.

Although the United States and Cuba have opposing ideologies in governance, their GHD motivations are the same. However, comparing the long-term GHD approach have the same goals but different approaches. For example, both countries are contributing to the fight against malaria. In that case, the Cuban GHD leans into a country-specific tailored capability-building policy. For instance, in Kenya, Cuba pledged to assist the Ministry of Health in building medical research capability and producing pharmaceutical products.<sup>44</sup> This GHD effort contributes to the NMCP IVM plan by creating a larvicide production facility owned and operated by Kenya. In addition, the Cuban government has a similar project for Ghana to build a larvicide center that Ghana NMCP would use in their IVM operations. Based on the needs of Ghana, the larvicide center will also be able to produce fertilizer for crops.<sup>45</sup> Cuba GHD tapping into its human capacity also provides professors to teach at Tamale Teaching Hospital in Ghana and currently has 299 Ghanaian students attending medical school in Cuba.

The Cuban GHD approach provides means that are not solely reliant on Cuba. Both the PEPFAR and PMI programs have the same fundamental flaw. Both programs provide medications, maintain the supply chain, and have a strict oversight on the entire operation. If priority shifts and the funds stop, the program achievements would eventually reverse. The understanding is that Cuba does not have the resources to maintain large GHD programs indefinitely. So Cuba's focus is to make countries capable and builds a pool of professionals that become national resources. For example, the Cuban international medical school program trained 30,000 doctors over twenty years at the Latin American School of Medicine.<sup>46</sup> The international student who attends must return to their country and serve their communities.

In some cases, the graduates become leaders at home, like Haitian Dr. Patrick Dely. After graduating from medical school in Cuba, he became the CDC's Field Epidemiology Training Program director in Haiti. He was later appointed as Director of Hygiene and Epidemiology by the Ministry of Public Health.

The true impact of Cuba's GHD impact to influencing the international system may not be realized till it's too late for the United States or China to change tactics. GHD as a soft power will increase in the twenty-first-century international system since the system is growing with

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<sup>43</sup> Associated Press. "Chinese navy hospital ship docks in Venezuela amid crisis." Fox News, (2018). Accessed April 1, 2022 at: <https://www.foxnews.com/world/chinese-navy-hospital-ship-docks-in-venezuela-amid-crisis?msclkid=ce4e626ac28411ec9e568f56b1ec7f19>

<sup>44</sup> Kabale, N. "Kenya, Cuba in Sh24 Billion Malaria War Project." Daily Nation, (2021). Accessed April 1, 2022 at: Kenya, Cuba in Sh24 Billion Malaria War Project - allAfrica.com

<sup>45</sup> Bugri, M. "Cuba to help Ghana build larva centre in Savelugu." National, (2022). Accessed April 1, 2022 at: <https://www.myjoyonline.com/cuba-to-help-ghana-build-larva-centre-in-savelugu/#:~:text=The%20Cuban%20government%20is%20set,mosquito%20larva%20to%20combat%20malaria.>

<sup>46</sup> Gorry, C. "Six Decades of Cuban Global Health Cooperation." MEDICC Review, (2019). 21:4 86.

fragmentation and, at the same time, becoming unavoidable global.<sup>47</sup> This contradiction in the global community continues to evolve in the post-Cold War environment, creating a shift in security concerns and resource management, forcing Nations that prospered from two adversarial Great Powers to re-develop their security strategy and possibly new trade partners. As a result, many political leaders will use GHD as a soft power to attract and entice other state leaders to achieve a peaceful diplomatic outcome.<sup>48</sup> The ultimate goal is to foster a relationship between the targeted country's leaders and population to build mutual understanding. Building a robust Public Health capacity-building program is only effective if funding continues. Short-term donations do not create generational memory once the supplies are gone and the crisis is over. However, adding capability with human capacity is much like adding infrastructure and supporting a solid leader that adds stability to a fragile state, allowing internal organic development that leads to sustainment.<sup>49</sup>

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<sup>47</sup> Kissinger, H. *Diplomacy*, (1994): 23.

<sup>48</sup> Nye, Joseph S. *Soft Power: The Means to Success in World Politics*. (2004): 5-7,99-100.

<sup>49</sup> Freedman, Lawrence. "The Future of War: A History; Cure Not Prevention." *PublicAffairs*, (2019). 218.

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