

Health Diplomacy and World Health Organization in Nigeria, 1960-2018

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Abstract

Review Article

The World Health Organisation activities are within the purview of the concept known as Health Diplomacy. Health diplomacy is a multilateral negotiation that shape and managed global health policy. It can also be seen as a tool for furtherance of national interest through exportation of health interventions to foreign lands. The WHO was established on 7 April 1948 with Headquarters in Geneva, Switzerland with the mandate to improve wellbeing of all humans across the globe. The WHO mandate include universal health coverage, international health regulations, increasing access to medical services, social, economic and environmental determinants of health, control and prevention of NCD and health-related sustainable development goals. In Nigeria, WHO was established in the 1960 and signed the Basic Agreement in 1962. Since then, the WHO has made serious effort in management of non-communicable diseases and near-elimination of some endemic diseases like small pox and management of medical emergencies such as the Ebola and other influenza attacks. Major challenges confronting WHO in Nigeria include politically/religious induced bias against WHO activities and corruption. However, there is high potential for the country to benefit in attracting foreign intervention in health improvement and also creating greater impact in the health of her neighbouring states.

Keywords: Health, Diplomacy Health Diplomacy, World Health Organisation.

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INTRODUCTION

The activities of the World Health Organisation in Nigeria fall within the subject of Health Diplomacy. It is imperative to understand the meaning of health diplomacy in order to appreciate what WHO is doing in Nigeria, an undeniable elements and components or practice of health diplomacy occurs within the WHO. It is significant to note/state that improvement in global health had been negotiated within the WHO in such multilateral negotiations like the international code of the marketing of Breast Milk Substitute [1].

Meaning of Health Diplomacy

Health diplomacy may be understood in two perspectives. Firstly, health diplomacy emanated as a concept driven by globalisation, many actors across nation states, negotiating with a focus improving human wellbeing, which is multilateralism. This perspective is propagated by Kickbusch [2] who defines health diplomacy as the “multi-level and multi-actor negotiations processes that shape and manage global policy environment for health”. This implies that different actors that span beyond nation state actors negotiations processes that is geared towards better standardization of taking care of human well-being across the globe.

The second perspective of understanding health diplomacy is the use of health as a foreign policy tool or advancement of national interest. In this case, using health interventions in foreign lands as instrument to advance foreign policy interest.

Accordingly, Fauci defines health diplomacy as “winning the hearts and minds of people in poor countries by exporting medical care expertise and personnel to those who need it most” [2]. To this end Tommy Thompson, an erstwhile United States Secretary in Human Services, popularized the use of what he called ‘medical diplomacy’ as an important critical ingredient and instrument the government of the United States anti-terrorism strategy. In his words “what better way to knock down the hatred, the barriers of ethnic and religious group that are afraid of America and hate America than to offer good medical policy and good health to those countries” [3]. In this perspective health diplomacy is the advancement of national interest through promotion of good health in overseas.

Health diplomacy is therefore a combination of the two perspectives mentioned above. It is convenient to define health diplomacy as multilateral negotiations processes that shape the environment of global health policy with elements of pursuit of national interest,

covertly and/or overtly. To this end, health diplomacy consists of several disciplines such as law, international affairs, management, economics, trade policy and public health. According to Novotry and Adams [4], health diplomacy is a political activity that meets the dual goals of improving global health while maintaining and strengthening international relations abroad, particularly in conflict areas and resources poor environment.

Actors of Health Diplomacy

Historically, actors of diplomacy are mainly sovereign nation-states. However, the introduction of globalisation in some decades ago, actors in the international scene have gone beyond the traditional nation-states to include many other actors such as international organisations, especially the United Nations with its specialised agencies like UNICEF, FAO, etc. Also regional organisations such as the AU and ECOWAS has specialised agencies that deals with health. Furthermore, there are vast bodies of international non-governmental organisations that contribute immensely to human wellness for example the ICRC, Doctors without Borders, Amnesty International etc. to mention just a few.

There is another multitude and multiple private corporate organisations that shape and affect the policies of global public health such as multinational drugs/medical equipment manufacturing companies such as Pfizer Global Pharmaceuticals, Mega Life Sciences, Vitamedics, Glaxosmithkline, May and Baker, etc. Health is one issue that is so important and broad that its list of actors is endless. Currently, even an individual can be an actor of health diplomacy due to infectious attack, for instance, the Liberian diplomat, Patrick Sawyer brought Ebola to Nigeria in 2014 and he became an important referral point in the issue of how Ebola was imported to Nigeria.

In summary, financial institutions, manufacturers of food, tobacco, alcohol etc. are indirectly or directly classified as actors of health diplomacy.

Brief History of World Health Organization (WHO)

The World Health Organization (WHO) is a specialized agency of the United Nations that is saddled with the responsibility of maintaining international public health. It was established on 7 April 1948 head quartered in Geneva, Switzerland. The WHO is a part of the body made up of the United Nations development group. Its predecessor, the Health Organization, was an agency of the League of Nations. The constitution of the World Health Organization had been signed by 61 countries on 7 April 1948, On July 24th 1948 the first ever world health assembly was held. It incorporated the Office International d' Hygiène Publique and the League of Nations Health Organization.

The Health organization of the League of Nations was midwifed by a number of conferences. The International Sanitary Conference was held. Between 1851 and 1938 there were a chain of 14 conferences on health diplomacy with major attention on cholera, yellow fever and bubonic plague etc. It is worthy to recognize that these conference in 1892 that was passed. In 1902 and 1907, the Pan American Sanitary Bureau and the International d' Hygiene publique were found after the convention for the plaque was endorsed. These concerted success spurred the establishment of the Health Organization of the League of Nations when it was formed in 1920 [5]. The League of Nations Health Organization metamorphosed into the World Health Organisation, after World War II with the establishment of the United Nations. In the United Nations Conference on International Organizations, delegates from China, Norway and Brazil negotiated on the formation of an international health organization under the auspices of the new United Nations [6].

However, no resolution sealed through in the conference, so the Secretary General of the conference in the person of Alger Hiss recommended the process of declaration for the formation of such a body. Eventually a declaration was passed calling for international conference on health. To globalize the organization the word 'International' was changed to 'World' [7].

On July 1946, the world health organisation body of rules, the constitution, was endorsed by 51 countries [8]. The first world health organisation was held on 7th April 1948 and in this conference, the constitution of WHO came into force as it was ratified by the 26th member state [8].

World Health Organization (WHO) Introduction

WHO is a specialised agency of the United Nation with the sole responsibility to promote human wellbeing across the globe? There are globalised health challenges and threats in the 21st century and the need for collective defense becomes inevitable. The organisation formulates and enhances the use of evidence base tools, norms and standards to support member states to craft health policy options. The WHO is the body that implements the International Health regulations and publishes series of reference classification such as the International classification of functionaries, Disability and Health (ICF). The WHO is also responsible for the formulation and implementation of health policy around the world such as International code of marketing of breast milk substitute [9], frame work convention on Tobacco control [10] and global code of practice on International Recruitment of Health personnel [11]. The WHO is a leading medial publication through her expert assessment of particular global health topic such as the Bulletin of the WHO, the Eastern Mediterranean Health Journal etc.

WHO Activities/Impact in Nigeria

Nigeria, giant of Africa with a population of over 200 million people attained nationhood in 1960 from her British colonial masters. She has benefited immensely from WHO, the ultimate body where health diplomacy is practised. Some areas the WHO has impacted on Nigerians are highlighted below.

Nigeria became a sovereign nation in 1960 and thus became a member of the WHO in 1962 she endorsed the basic agreement of WHO. The ultimate mission of the organisation in Nigeria is to enhance the achievement of highest level of health for all people living in Nigeria. The WHO partners with various levels of government and other stakeholders to develop the health sector. This partnership is demonstrated through the provision of technical and logistic support to Nigeria health programmes.

The Headquarters of WHO is in Abuja, the Federal Capital Territory, with branches littered in the 36 states capitals. Since 1960, WHO has partnered, collaborated and supported Nigeria health care delivery system in deploying personnel, treatment kits, laboratory equipment as well as infection prevention and control supplies to prevent further casualties in areas of infectious attacks. For instance, recently on the 6th of September 2018, the Borno Ministry of Health officially declared an outbreak of cholera and WHO deployed about two hundred community health workers to search from house -to -house on suspected case of cholera and water purification tablets and oral rehydration solution (ORS) along with enlightens campaigns were conducted by WHO to prevent further loss of lives.

Vaccination

On vaccination against polio, not too long the World Health Organisation in concert with three North Eastern States of Nigeria (Bauchi, Borno and Yobe) successfully inoculated over three million children to counter polio in the just completed cVDPV2 outbreak response (OBR). WHO has been in the business of immunization of Nigerian children since 1960.

Training/Assessment

The World Health Organisation has over the years deliberately involved in the enhancement of Nigeria health workers through trainings. The trainings are tailored to ensure that the health workers acquire requisite expertise to assess diseases and appropriately report to authorities for prompt and adequate attention. For instance from 03 -15 of September, 2018 about 862 health workers were trained as part of effort by WHO to boost Integrated Diseases Surveillance and Response (IDSR) capacities. World Health Organization (WHO) in partnership with the Nigeria Centre for Disease Control (NCDC) and the European Union has been empowering local, state and national authorities to better protect Nigerians against disease outbreaks

through prompt and effective detection, assessment and response to health emergencies.

Natural Emergencies Management

WHO has created positive impact in the management of natural emergencies in Nigeria? WHO assisted federal government agencies in ameliorating the sufferings of Nigerians in flooding of September 2018? The floodings affected twelve states of the federation. WHO provided technical expertise in the evaluation of the needs of the situation? On the recent flooding's across the country, the World Health Organization (WHO) is closely working with the Federal Ministry of Health, Nigeria Centre for Disease Control (NCDC) and the National Emergency Management Agency (NEMA) in States affected by floods to support the health response to the emergency.

It is worthy to put on record the great work WHO is also doing in Nigeria man -made emergencies. Nigeria history is littered with avoidable man- made disasters, just after attainment of nationhood the country was greeted with political crisis that took a lot of lives with lost. From the civil war to the war against insurgency in the north east it has been sorrow and shed of blood. In this entire crisis the WHO has been for Nigeria helping to reduce pain and improve human wellbeing.

The World Health Organization has accomplished a lot in Nigeria especially in the elimination of the infectious disease and small pox. They have launched experiments, provided resources and have continuously invested a great amount of effort and attention that could possibly lead to the eradication of dangerous, infectious diseases like Ebola, Malaria, HIV/AIDS, and Tuberculosis. The Ebola outbreak in West Africa was first reported in March 2014. The government, WHO and medical community all of whom reacted quickly to the threat fared well in terms of mobilising resources that prevented the spread of the disease. A total of twenty (20) cases reported and eight (8) deaths were confirmed (www.oxfordbusinessgroup.com). They had a hand in what led to the decrease in the severity of effects of long term illnesses, for example, diabetes, cancer etc. They have created more awareness where physical and mental development, ageing, sexual and reproductive health are concerned.

Establishment of NAFDAC

Nigeria domesticated the WHO International Code in 1986 and backed it legally with Marketing (Breast Milk Substitutes Act No. 41 of 1990) as amended by Act No. 22 of 1999. According to the UNICEF report, Nigeria is grouped among the countries that have enacted legislations or other legal measures encompassing many of the provisions of the Code UNICEF, 2011. In May 1999, the Federal Government reviewed and amended the Code of Marketing of Breast

Milk Substitutes. This gave birth to the National Agency for Drug Administration and Control (NAFDAC).

Challenges Limiting the Impact of WHO in Nigeria

Nigeria health records is very poor as obtained in many undeveloped parts of the globe, the health base is too weak. The cost of improvement of the health system is so enormous. The weak system swallows all effort by the organization like the thin cows Pharaoh saw in his dream. There are so many institutions and organizations beckoning attention and resources to meet up with these daunting challenges are limited. This is a source of discouragement to individuals as well to corporate entities. There is therefore increasing recognition that strong and effective health systems that are evidence-based in their operations are necessary to achieve continued improvement in health outcomes in an efficient and equitable manner.

One major problem that affects the smooth running of the organization is interference from the government of the state or nation where the operation is carried out. Everything or issue or challenge is politicized, even health crisis. A situation where there is little or no interference politically from the local authorities will significantly improve the activities of the body.

Another major issue that limits the operation of the body is insecurity. Crisis ridden areas cannot get the best out of the WHO. Also, corruption is cancerous to the activities of WHO in Nigeria. Swallowing all the good effort of WHO in Nigeria.

Politically/Religious

Politically/Religious induced bias negatively impacts the activities of WHO such as the boycott of immunization in the North and the withdrawal of pupils from schools in South due to unfounded rumours of contaminated vaccines by the Nigerian army. On the 17th of October, 2017, the same rumour that cause uproar in all states of the South-East spread to Rivers State and forced all academic activities to be disrupted. The rumour had it that the military is vaccinating students with monkey pox virus.

CONCLUSION

The prospects of health diplomacy in Nigeria are immensely bright. There are a lot of potentials to explore by Nigeria and other actors of health diplomacy. For instance, according to the Nigeria Investment Promotion Council (NIPC); it has been estimated that about 30,000 Nigerians spend \$1 billion annual on medical tourism. 60 percent of this amount is spent in four major areas of healthcare namely cardiology, orthopaedics, renal dialysis issue and cancer (www.nipc.gov.ng). Major actors of health diplomacy, especially global pharmaceutical and healthcare firms

should make effort to reverse the outflow, in excess of \$1 billion per annum, spent on medical tourism. Nigeria, one of the leading economies and largest market of Africa is a gold mine for investors in the health sector as government owned facilities are crippling and crumbling on a daily basis. Investment opportunities include specialist hospitals, diagnostic and trauma centers, ambulance services, mobile clinics, pharmaceutical manufacturing, small holder specialist clinics etc.

Consequently economic diplomacy should be employed to attract the right investment in the health sector. The health of the people is like an elephant meat, no one carry it. All stakeholders must put personal aggrandizements into the dust pin of history to move Nigerians health forward.

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