

# Interrogating the Health - Foreign Policy Nexus: The Nigerian Experience



*Interrogando a Saúde - Nexo da Política Externa: a experiêncianigeriana*

*Interrogando el nexo entre la salud y la política exterior: la experiencia de Nigeria*

Benjamin Anaemene<sup>1</sup>

1. Dr Benjamin Anaemene, Department of History and International Studies, Redeemer's University Nigeria. E-mail: anaemeneb@run.edu.ng

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## RESUMO

O nexosaúde - política externa é exploradonesteartigo por meio de um estudo de caso da Nigéria que interroga a motivação para a diplomacia da saúde e demonstra as instituições e mecanismos para suaconduta. O objetivodesteartigo é demonstrarcomo a Nigéria, desde a conquista da independênciaem 1960, atribuiuimportância à utilização da saúdecomoinstrumento de promoção da política externa. O artigoutiliza o método primário e secundário de coleta de dados. Os dados primáriosforamobtidos a partir de entrevistasorais e reportagens de jornaisdiários. Além disso, baseia-se emmateriais dos Arquivos da OMS emGenebra e dos ArquivosNacionais, Ibadan. Os dados secundáriosforamobtidos de livros, artigos de periódicos, publicaçõesgovernamentais e da internet. Os dados geradosforamanalisados por meio de análisedescritiva e de conteúdo. O artigoconclui que a experiêncianigerianarevela as ligações entre saúde e política externa. Oscompromissos de saúdena forma de ajuda, assistência e cooperaçõesão usados comouma forma de soft power que cumpreobjetivos de política interna e externa, incluindosegurança, crescimentoeconômico e outros interesses. a condução da diplomacia da saúde da Nigéria. De qualquer forma, essesfatoresconstituem um pesoalbatroz para osdiplomatas da saúdeenfrentarem as dificuldadesapresentadas pela disseminação global de doençasinfecciosas.

Palavras-chave: Saúde; Política estrangeira; Nigéria; Diplomacia; Diplomacia da saúde

## ABSTRACT

The health - foreign policy nexus is explored in this article through a case study of Nigeria that interrogates the motivation for health diplomacy and demonstrates the institutions and mechanisms for its conduct. This article demonstrates how Nigeria since the attainment of independence in 1960 has attached importance to utilising health as an instrument for promoting foreign policy. It utilizes the primary and secondary method of data collection. The primary data were obtained from oral interviews and daily newspaper reports. It further draws upon materials from the WHO Archives in Geneva and National Archives,

Ibadan. Secondary data were sourced from books, journal articles, government publications and the internet. The data generated were analysed using descriptive and content analysis. The Nigerian experience reveals the linkages between health and foreign policy. Health engagements in the form of aid, assistance and cooperation is used as a form of soft power that fulfills domestic and foreign policy goals including security, economic growth and other interests. However, institutional pluralism, divided responsibilities and non-professionalisation of health diplomats have marred the conduct of Nigeria's health diplomacy. These factors constitute weighty albatross to health diplomats in meeting up with difficulties presented by the global spread of infectious disease.

**Keywords:** Health; Foreign policy; Nigeria; Diplomacy; Health diplomacy

## RESUMEN

El nexo entre la salud y la política exterior se explora en este artículo a través de un estudio de caso de Nigeria que cuestiona la motivación de la diplomacia en salud y demuestra las instituciones y los mecanismos para su conducta. El objetivo de este artículo es demostrar cómo Nigeria, desde la consecución de la independencia en 1960, ha concedido importancia a la utilización de la salud como instrumento para promover la política exterior. El artículo utiliza el método primario y secundario de recopilación de datos. Los datos primarios se obtuvieron de entrevistas orales e informes de periódicos diarios. Además, se basan materiales de los Archivos de la OMS en Ginebra y los Archivos Nacionales de Ibadan. Los datos secundarios se obtuvieron de libros, artículos de revistas, publicaciones gubernamentales e Internet. Los datos generados fueron analizados mediante análisis descriptivo y de contenido. El artículo concluye que la experiencia de Nigeria revela los vínculos entre la salud y la política exterior. Los compromisos de salud en forma de ayuda, asistencia y cooperación se utilizan como una forma de poder blando que cumple objetivos de política interior y exterior, incluidos la seguridad, el crecimiento económico y otros intereses. Sin embargo, el pluralismo institucional, las responsabilidades divididas y la falta de profesionalización de los diplomáticos de la salud han obstaculizado la conducta de la diplomacia sanitaria de Nigeria. En cualquier medida, estos factores constituyen un obstáculo importante para los diplomáticos de la salud a la hora de hacer frente a las dificultades que presenta la propagación mundial de enfermedades infecciosas.

**Palabras llave:** Salud; La política exterior; Nigeria; Diplomacia; diplomacia de la salud

## INTRODUCTION: EMERGENCE OF HEALTH IN FOREIGN POLICY .....

Health concerns have become a significant issue in international politics. Regardless of the unprecedented upsurge in the health and foreign policy discourse much of the emerging literature has focussed on the theoretical underpinnings of the field or particular aspects of the health foreign policy linkage. There is little in-depth analysis in the existing literature to advance knowledge on how individual countries engage with health as a foreign policy issue. This phenomenon is investigated in this article through a contextual analysis of Nigeria that interrogates the motivations for health diplomacy and elucidates the institutions and mechanisms for its conduct.

It is incontrovertible that health received little consideration in foreign policy and international relations mainly due to its focus on applied concerns of power politics, diplomacy and foreign policy, which has resulted in the preoccupation with peace and security. Consequently, health has been categorised as 'low politics.' (Weber, 1997; Fidler, 2016; Khazatzade-Mahani;

Ruckert; Labonte, 2018), in the hierarchy of foreign policy functions. Classifying foreign policy objectives as high and low politics has been a long-standing distinction in the field of international relations (Morgenthau, 1962). Health was seen as a social welfare function performed by states. Thus, international health activities were perceived to involve ‘technical, scientific, non-political endeavours which were outside the purview of the state’s national security, economic interests and concerns about countries and regions of strategic importance’ (Fidler, 2005). Apparently, international health has been viewed as purely humanitarianism.

However, Fidler has argued that health has not always been at the margins of low politics, as health arose as a foreign policy issue in the context of countries promoting their economic interest (Fidler, 2005). The links between health and foreign policy were born out of the expansion of trade, particularly between Europe and the outside world. With increased trade came the risks of diseases spreading in Europe. Thus, the tension between the promotion of trade and health development could not be resolved by introducing quarantine measures at the national level. Instead, international cooperation was sought, resulting in negotiating a series of conventions on trade and health referred to as the International Sanitary Conventions (McInnes; Lee, 2012). The practice of linking international health with humanitarianism and human dignity developed only after powerful states’ commercial interest in international health cooperation dwindled, in the years after the Second World War (Goodman, 1971).

Health prominence in the foreign policy functions of security, economic interest, political and economic development and human dignity can be attributed to the governance transformation taking place within and among countries. This is traceable to the end of the Cold War and globalisation, which highlighted the importance of health as a critical element of development, good governance and security. The importance of health is underscored by the redefinition of national security to include issues of health to make the concept of health security more relevant to the challenges states face in the post-Cold War era. For instance, in 2000, the United Nations Security Council adopted a resolution identifying HIV/AIDS as a threat to international peace and security (United Nations Security Council, 2000). Health was the subject of three of the eight-millennium development goals. The 2030 Agenda for sustainable development recognised from the start the importance of health. Health is covered under SDG 3, “Ensure healthy lives and promote wellbeing for all ages” (United Nations General Assembly, 2015). It is also critical to delivering other sustainable development goals, mostly because good health is fundamental to human potentials’ realisation. Besides, health has achieved unique recognition as a critical determinant of socio-economic progress. The protection and promotion of health has also become an independent marker of good government at national and international levels. All these have given health an entry into studies of foreign policy and international relations.

Indeed, one key initiative that explored the nexus between health and foreign policy was the global health and foreign policy initiative launched in September 2006 when the Foreign Affairs Ministers from France, Norway, Indonesia, Senegal, South Africa and Thailand announced the

commencement of a process of cooperation on health and foreign policy. They argued that “health is one of the most important, yet still broadly neglected long term foreign policy issues of our time” (Oslo Declaration, 2007). The Ministers agreed to make an impact on health “a point of departure and a defining lens that each country would use to examine key elements of foreign policy and development strategies”. The Oslo Declaration was acknowledged by the UN General Assembly, where Resolution 64/108 ‘recognised the close relationship between global health and foreign policy’ (United Nations General Assembly, 2010). By 2006 global health issues had begun to occupy a significant position on the G-8 agenda. For instance, during the St Petersburg G-8 Summit in 2006 the leaders pledge to ensure greater cooperation in the areas of global health emergencies and response, as well as improve disease surveillance and monitoring and stepping up public awareness of efforts to combat disease (Frist, 2007).

The US government also affirmed the link. In 2009, President Barack Obama launched his Global Health Initiative arguing that the US cannot isolate itself from the rest of the world and still expect the best nor ignore the public health challenges beyond the US borders (White House, 2009). Examples of how health concerns have entered the realm of foreign policy are abundant. The outbreak of severe acute respiratory syndrome (SARS) in 2003, the HIV/AIDS pandemic, the 2014 Ebola outbreak in West Africa, the spread of Zika virus, bioterrorism and the recent Covid-19 pandemic are all seen as direct threats to national security and foreign policy interests because of their ability to threaten international stability (Feldbaum, 2009; Elbe, 2010; Michaud; Kates, 2013; Rushton, 2019; Harman, 2020).

The goal of this article is to demonstrate how Nigeria since the attainment of independence in 1960 has attached importance to utilising health as an instrument for promoting foreign policy. The Nigerian experience reveals the linkages between health and foreign policy. Health engagements in the form of aid, assistance and cooperation is also used as a form of soft power that fulfils domestic and foreign policy goals including security, economic growth and other interests. It is no gainsaying that the hierarchy of foreign policy functions of national security, the global economy, political and social development and the protection and promotion of human dignity through humanitarianism and human right policies are echoed in Nigeria’s international health relations. Its avowed foreign policy interests include socio-economic and political ties with its immediate West African neighbours, particularly on domestic health security issues focusing on ECOWAS and the African Union, Nigeria’s cooperation in the field of health with key bilateral actors (Britain, the United States and Japan) and a commitment to global citizenship through membership in multilateral organisations outside Africa, including the UN, the WHO, European Union, and the Commonwealth. The threats of infectious diseases to human health and economic activities have caused an intensification and organisational formulation of Nigeria’s health diplomacy at the bilateral and multilateral level. Such diplomacy has gone beyond pandemics’ threats and has established a basis for developing a more extensive set of cooperative relationships. The article utilizes the primary and secondary method of data collection. The primary data were obtained from oral interviews and

daily newspaper reports. It further draws upon materials from the WHO Archives in Geneva and National Archives, Ibadan. Secondary data were sourced from books, journal articles, government publications and the internet. The data generated were analysed using descriptive and content analysis.

## THEORETICAL UNDERPINNING

This article is anchored on two theories, namely realism and constructivism. Analysing health diplomacy efforts through the prism of international relations operationalised through realist and constructivist frameworks helps to comprehend better the motivation that drives states, particularly Nigeria, to utilise health to pursue its foreign policy goals. According to the realist, states actions are driven by the pursuit of power (Jervis, 1998; Griffiths, 2007). The realists believe that the conduct of international relations is the outcome of the choices of states operating as independent actors rationally pursuing their interest in a system of sovereign states. Joshua Goldstein (2005) summarised the realists framework in three propositions; 1. States are the most important actors; 2. They act as rational individuals in pursuing national interest, and 3. They act in the context of an international system lacking central government. Under this framework state's use of health in foreign policy is seen to promote its national interest. In this wise, disease prevention and control serve to protect national security and economic power.

In contrast, constructivism sees the world and what we can know about the world as socially constructed. It holds that shared ideals and values – independent of national interest, hold influence in international relations (Theys, 2017). Constructivists posit that the behaviour of states in international relations is shaped by complex cultures. In fact rule governed interactions shape states' interest and identities. For constructivists, norms help states pursue their selfish interest in mutually beneficial ways and overcome collective goods problems. Norms define how states conceive their interests and identities (Katzenstein, 1996; Onuf, 1989). Thus, states' conception of its interest, its presentation on the international stage and its behaviour can change due to interstate interactions. States, like, people come to see themselves as others see them. Diplomatic interactions can affect how states formulate their political influences and articulate interests. Hence, health diplomatic processes become more than mechanical conduits for articulating and defending predetermined interests. They have become avenues through which states and non-state actors construct and express their ideas, interests and identities.

Significantly, Nigeria's use of health as a foreign policy tool is not merely a natural and inevitable development arising from what is happening in the real world. Instead, the motivations are made or socially constructed in such a way as to reflect the ideas, interests and relative power of individuals and communities. These communities are not merely states, governments or political actors but can include other groups such as practitioners and academic disciplines within the health and international relations fields (McInnes; Lee, 2012).

## NIGERIA AND INTERNATIONAL HEALTH ORGANISATIONS .....

Nigeria's membership of international health organisations reflects a religious implementation of one of its foreign policy principles. The fourth principle of Nigeria's foreign policy – multilateralism, explains Nigeria's enthusiastic and instinctive search for membership in key international organisations globally and at regional levels (Olusanya; Akindele, 1986). Nigeria believes that international organisations provide numerous opportunities for multilateral negotiations and collaboration among states and could be used by the country to its advantage. In line with its avowed foreign policy principle, Nigeria joined a host of international health organisations such as the World Health Organisation. This suggests that a significant characteristic of Nigeria's diplomacy at independence was multilateral diplomacy. This was particularly true in the field of health. In recent years, the cross-border transmission of infectious diseases has facilitated cooperation among countries. Therefore, international health organisations have become ideal fora for states to deliberate on global and national health challenges. In this regard, Nigeria joined the International Health Organisations to participate in international health decision-making processes actively.

### *Nigeria and the World Health Organisation*

The World Health Organisation (WHO) is the UN-designated specialised agency in health and plays a leading role in coordinating international health activities. The World Health Organisation has played a central role in Nigeria's health development since its inception in 1948. In doing this, the WHO also acted beyond its original mandate. Nigeria became an associate member of the WHO in 1956. However, much was not achieved both before and during associate membership because Nigeria was sovereign void. Since the attainment of independence in 1960, Nigeria has been actively involved in the WHO's activities.

In 1979, the World Health Organisation formally designated the National Orthopedic Hospital Igbobi Lagos and the Aro Mental Hospital Abeokuta as WHO collaborating centres. The two hospitals' designation was in recognition of their potentials to perform the three main functions of providing various services to the people of Africa in general and Nigeria in particular, conducts research and offer training in their specific fields. On training, the hospital facilities would encourage African countries to stop sending their scholars to Europe and reduce the brain drain from the continent. Besides, the WHO also contributed to manpower development through fellowship awards to Nigerians to train in various fields. Many Nigerians received training under this scheme in public health, health education, nutrition, statistics, public health, nursing, occupational health, leprosy control among others. The smallpox eradication programme and the control of cholera were outstanding achievements in the assistance of the WHO for diseases control in the country. Other WHO assisted campaigns was directed against malaria and tuberculosis among others.

Nigeria has shown her commitment to attaining the WHO goals through its financial contributions to the organisation's Regular Budget Funds (RBF) from 1961 to 2007. The constitution states that WHO is primarily

financed by its member states' assessed contribution calculated according to the United Nations Scale of ability to pay based on Gross National Product (GNP) and population (WHO, 1948). Between 1961 and 2007, Nigeria contributed a total sum of \$14,248,242.72 to the WHO's Regular Budget Fund. It is important to note that despite Nigeria's civil war from 1967 – 1970 and the economic recession of the 1980s, Nigeria WHO's Regular Budget Fund on to the fund. The Health Assembly never suspended Nigeria's voting privileges and services to which a member was entitled was never suspended by the Health Assembly based on non-fulfilment of its financial obligation.

Furthermore, in line with the WHO constitution which stipulates that the 'Health Assembly or the Executive Board acting on behalf of the World Health Assembly may accept and administer gifts and bequest made to the organisation provided that the conditions attached to such gifts or bequests are acceptable and are consistent with the objectives and policies of the organisation (WHO 1948). Nigeria has given many financial assistance and gifts to the World Health Organisation. For instance, in 1967, Nigeria donated two pieces of artwork worth £5000 to both the new headquarters of the World Health Organisation Regional Office for Africa and the WHO general headquarters in Geneva (Daily Times, 1967). In 1974, the Federal Government approved a Nigerian contribution of N20,000 towards the WHO Appeal Fund for combating the health problems in the drought-stricken Sudanese Sahelian zone of Africa (Daily Times, 1974).

Furthermore, in 1975, 1976 and 1977, Nigeria supported the following extra-budgetary contributions; Special Regional Accounts of Bio-Medical Research Centre in Ndola, Zambia and malaria eradicating special account of the WHO African Region (Ogbang, 1978). In 1990, Nigeria made a 2 million naira donation to the 24 million naira Special Fund for Health in Africa (New Nigerian, 1992). The Fund was used in financing community health priorities, especially child survival, safe motherhood, adolescent health, better nutrition, water supply and health education. Other areas include selective disease control, workers health and social welfare.

The organisation has derived significant benefits from the experience of high eminent authorities sent by Nigeria to attend the World Health Assemblies, Executive Board sessions, and Experts Committees and Regional Committees. According to Professor Adeoye Lambo, among the developing countries, Nigerian scientists in the field of medicine and health are considered one of the best in the world. He recounted that 'there is no day or week that I have walked in the corridors of WHO in Geneva, without seeing a Nigerian scientist or consultant rendering one advice or another' (The Statesman, 1987). This is a measure of Nigeria's commitment to the attainment of the WHO goals.

Nigeria was nominated as a member of the Executive body of the WHO on many occasions (EB Members, E11/87/3/NIE. WHO Archives Geneva). During the 28<sup>th</sup> session of the Executive Board on May 29, 1961, Nigeria designated Dr C. M. Norman Williams to serve at the Executive Board. However, with Norman Williams's appointment as the Director of Health Services in the African Regional office in Brazaville, he was replaced by Dr O. B. Alakija. On May 31 1966, Dr M. P. Otolurun was designated to serve on the Executive Board with Dr A. O. Austen Peters as Alternate. While Dr S. I. Adesuyi and

Dr G. A. Ademolu were advisers, Dr Otolorun served on the Board consecutively from 1966 to 1969. He resigned in May 1969 and was replaced by Dr S. L. Adesuyi. In 1990 and 1994, Professor Olikoye Ransome Kuti was designated to serve on the Executive Board. The moderation of their words and their measure of judgment has represented a contribution to the WHO. Moreover, this was a great honour to Nigeria in particular and Africa in general.

Nigerians have also featured prominently on high-level appointments in the WHO. In 1971, Professor Adeoye Lambo was appointed Assistant Director-General of WHO (New Nigerian, 1971). As the Assistant Director-General, he was responsible for organising medical education and training, health promotion and protection, pharmacology and toxicology. His appointment crowned a very long relationship between WHO and Professor Lambo. Before this period, he was either delivering a WHO sponsored lecture, carrying out a WHO project or advising the organisation on an aspect of health in Africa. Professor Adeoye Lambo was elevated to the post of Deputy Director-General in 1973 (New Nigerian, 1971). As the Deputy Director-General he was the second-in-command of the WHO, where Dr Mahler was the Director-General. Professor Adeoye Lambo, as the Deputy Director-General, was the Secretary to the Executive Board and played a significant part in planning, programming and budgeting for a technical programme in the area of infectious diseases, cancer, and mental health, among others.

Before 1971, some other Nigerians had been appointed by the WHO to serve in different capacities at the regional and headquarter levels. For instance, Dr David Jackson Amah was appointed in 1966 as Regional Adviser in Public Health at the WHO Regional Office for Africa in Brazzaville (Daily Sketch, 1966). In 1969, Dr Otolorin was appointed WHO representative for two African countries, Liberia and Sierra Leone (Morning Post, 1969). Furthermore, Dr Okezie, the Federal Commissioner of Health, at the 24<sup>th</sup> session of the World Health Assembly in Geneva in 1971 was unanimously elected President of the African Group for 1971/1972 (Federal Ministry of Information, 1971). Besides, Dr Olatunji Adeniyi-Jones was appointed in 1970 as Director of Health Services, WHO Regional Office for Africa (Morning Post, 1970). In 1973, Dr Ayo Bruties was appointed a consultant to the WHO to set up psychiatric service in developing countries (Daily Times, 1973). In 1983, Professor Oladipo Olujimi Akinkugbe was appointed WHO consultant in Geneva to coordinate the WHO's effort to mobilise universities throughout the world for the WHO primary drive towards health for all, human and social justice (Nigerian Herald, 1985).

Another notable Nigerian that contributed to the growth of WHO was Professor Adetokunbo Lucas. His work with WHO began in 1965 when he became a member of the Expert Panel for Parasitic Diseases and consultant and temporary adviser for the Regional Offices. He was the pioneer Director of WHO Tropical Diseases Research (TDR) for a decade from 1976 to 1986. His tenure as TDR Director witnessed marked improvement in the fight against tropical diseases namely malaria, leprosy, onchocerciasis and lymphatic filariasis. Clear evidence was the huge investment of about US \$200 million to combat these diseases. (Lucas, 2010).

Another index of Nigeria's contribution is the hosting of some of the WHO essential conferences and events. Nigeria successfully hosted the 23<sup>rd</sup>

session of the Regional Committee meeting in 1973. Nigeria also took active participation in the negotiation, formulation and revision of WHO policy instruments notably the Alma Ata Declaration with particular focus on the Primary Health Care in 1978, the International Code on the Marketing of Breastmilk Substitutes, the Bamako Initiative, the Framework Convention on Tobacco Control 2003 and the Revision of the International Health Regulation in 2005 among others. Nigeria has used the WHO to serve its foreign policy interest in the area of health. Nigerians have also chaired important WHO conferences. For instance, on February 10 1983, General Olusegun Obasanjo chaired an extraordinary meeting of experts in Medical Sciences and Public Health dealing with the effects of nuclear war on man's health and total wellbeing in all cultures (Nigerian Herald, 1983).

### *Nigeria and the Commonwealth*

Nigeria has used the Commonwealth in the pursuit of her foreign policy objectives in the area of health. Nigeria benefits tremendously from functional cooperation for development amongst Commonwealth countries. The Commonwealth of Nations has demonstrated a significant commitment to international health. The Secretariat enables the Commonwealth Ministers of Health to meet annually at Geneva, before sessions of the World Health Assembly to discuss current issues, review action on past decisions and evolve conventional approaches as necessary to the significant issues before the Assembly. The Secretariat also arranges triennial meetings of the Commonwealth Ministers of Health for extensive discussions on specific health issues and delineating courses for the future (Larby; Hennem, 1993). A good deal of endeavour is directed towards improving essential health and medical services, clean water, disease prevention, and control and para-medical use, particularly in small rural areas where facilities may be limited.

Since its establishment in 1965, the Commonwealth Secretariat has, in response to the wishes of its members, introduced wide-ranging health operations financed through the Commonwealth Fund for Technical Cooperation CFTC. The CFTC has been assisting in health development activities through the General Assistance Programme, thereby making available advisers, and medical officers, (Commonwealth, 1983). The Fellowship and Training Programmes of the Commonwealth provide opportunities for nationals from developing countries to undergo training attachments, specialised courses, and study visits to selected centres.

The Academic Exchange Programme includes providing facilities for teachers in medical schools to undergo short periods of training, pursue specific objectives, participate in seminars and conferences, and study tours. Every year, through the CFTC, the organisation provides over 650 technical experts and consultants who help develop the skills of over 4000 Commonwealth citizens in critical areas. As a developing country, Nigeria contributes to this directly through the Technical Aid Corps (TAC), and many expert advisers come from Nigeria.

Another central platform of health cooperation between Nigeria and the Commonwealth is the Commonwealth Medical Association, which is concerned with maintaining professional standards and ethics

and is committed to providing continuing medical education programmes, including distance learning. Primary health care is one of the central concerns of the Commonwealth Nurses Federation, which operates on a regional rather than a pan Commonwealth scale. Nigeria is also member of the West African Health Community.

#### *Nigeria and the UNICEF*

UNICEF was created in December 1946 to assist European children facing famine and diseases. Its mandate was extended in 1953 to become the United Nations Development Agency for Children. UNICEF presence in Nigeria was established in 1953 (ISKANDER, 1987). Since then, Nigeria has benefited from its interventions in the area of child and maternal health. UNICEF first intervention in Nigeria focused on endemic disease control like leprosy, yaws and malaria. It sponsored research projects to understand the prevalence and causes of malnutrition better. In collaboration with the University College London and the World Health Organisation, UNICEF established a Department of Food Science and Nutrition in the University of Ibadan. In 1954, a milk drying plant supported by UNICEF Africa was approved for Nigeria to produce and distribute dry milk for infants and young children.

UNICEF provided humanitarian assistance to the war-affected areas during the Nigerian Civil War through the provision of milk, protein-rich food, vitamins and medical supplies to meet the needs of about 5.5 million children and women in the affected areas. In 1970, UNICEF contributed massively to relief reconstruction efforts. Besides, the UNICEF Executive Board provided funds to the tune of \$7 million for the rehabilitation of schools and health centres and the expansion of children services. Another programme was launched by the UNICEF in 1982 geared towards the elimination of common infections of early childhood using simple growth monitoring, oral rehydration therapy, breastfeeding and immunisation. UNICEF also commenced HIV/AIDS-related activities in the mid-1990s. In 2012, when the Boko Haram insurgency in the Northeast posed serious humanitarian challenges, UNICEF Nigeria prioritised critical emergency assistance and essential services for affected communities. UNICEF supported government efforts to contain the spread of Ebola in 2014 through the deployment of social mobilisers to educate the public on prevention measures.

#### COOPERATION WITH REGIONAL ORGANISATIONS

##### *Nigeria and the European Union*

The 1970s saw the emergence of Nigeria's cooperation with the European Union (EU). The main event was when Nigeria led the delegation of 46 African, Caribbean and Pacific states (ACP) during the negotiation with European Economic Community (now EU), which culminated in the forming the ACP-EEC Lome Convention on February 28, 1975, in Lome, Togo. The policy framework for EU Nigeria partnership has been

the 2000 Cotonou Agreement. Besides, the main instrument of EU assistance is the European Development Fund. Interestingly, the social sector remains one of the priority sectors of EDF with particular emphasis on support for routine and polio immunisation campaigns, improved access to clean water and sanitation and reinforce livelihoods and revenue generation in rural populations through food and nutrition security.

The European Union, WHO and UNICEF in tandem with Nigeria's government work assiduously to strengthen health systems and eradicate polio. Illustratively, the Minister of Health Professor Isaac Adewole signed on February 16, 2017 a €70 million European Union grant to support Nigeria's health sector (WHO, 2017). The EU Fund supported Maternal, Newborn and Child Health, Nigeria health systems and elimination of polio virus in Nigeria. Similarly, the UNICEF disbursed €50 million of the grant to the wards in Adamawa, Bauchi and Kebbi States to ensure that by 2020, 80 per cent of them will have functional primary health care centres that would provide regular services to about three million children under age five years and almost a million pregnant women and lactating mothers. The remaining € 20 million was disbursed through the WHO to support health care systems' strengthening towards achieving universal health coverage in Anambra and Sokoto states and support polio eradication in Nigeria. The EU also provided support to immunisation governance in Nigeria between 2014 and 2018. The project aimed to improve routine immunisation, Maternal and Newborn and Child Health by protecting children and their mothers from vaccine-preventable diseases.

#### *Nigeria and the African Union*

Since its establishment, the African Union (AU) has developed legal and policy instruments to address public health problems in the region (Onvizu, 2012). Nigeria has been part of several initiatives introduced by the AU. For instance, Nigeria has been involved in health ministerial-level dialogues and other high profile meetings. Nigeria has supported of the AU activities in Africa and the hosting of its important conferences and events. In April 2001, Nigeria hosted the Summit of Heads of States of AU member states where the Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious Diseases was adopted. Some crucial milestones of such meetings include:

1. The Lome Declaration in 2000. The Declaration requested increased collaboration with WHO and UNAIDS and the Decision on Polio eradication in Africa
2. AU Assembly Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Infectious Diseases 2003. The Declaration urged the international community to provide more funding to governments and institutions in Africa. It also requested governments and international agencies to enhance partnerships with African nations to help build the capacity to manufacture affordable drugs at local and regional levels.
3. African Health Strategy, 2007 – 2015, to scale up health systems and promote international health partnerships in Africa later revised as African Health Strategy 2016 – 2030.

4. In 2007, the AU Conference of Ministers adopted the Johannesburg Declaration on strengthening health systems for equity and development.
5. In 2006, the AU adopted the Abuja call for accelerated action towards universal access to HIV/AIDS, Tuberculosis and Malaria services by 2010.
6. In 2010, the AU Summit in Kampala adopted Decisions on NEPAD and Eight G8 Muskoka Initiative on Maternal Newborn and under-five Child Health.

In 2014, Nigeria dispatched its medical team as part of the African Union Support to Ebola Outbreak in West Africa (ASEOWA). ASEOWA was the African Union's contribution to stopping the transmission of the Ebola virus disease in Guinea, Liberia and Sierra Leone. Nigeria has also worked in tandem with the African Union through its specialised health agencies such as the African Centre of Disease Control to fight against the deadly Covid-19 pandemic.

#### *Nigeria and ECOWAS*

Nigeria was a founding member of ECOWAS, the regional body central to Nigeria's foreign policy. ECOWAS promoted social progress and collaboration in the social field as one of the community's objectives (Anaemene, 2013). It was against this background that the West African Health Organisation WAHO was established in 1987 as the specialised agency of ECOWAS saddled to promote cooperation among its members in health. Its mission is to attain the highest possible standard and protect the peoples' health in the sub-region. WAHO supports ECOWAS member states' capacity in preparedness and response to epidemics through the establishment of national emergency management mechanisms for public health emergencies. In 2018, WAHO organised a yellow fever simulation exercise in Lagos in collaboration with the Nigeria Centre for Disease Control. WAHO has contributed to health workforce harmonisation instrument, health security agenda, setting and building of quality and resilient health systems. ECOWAS Health Ministers hold regular formal meetings. In June 2017, the ECOWAS Assembly of Health Ministers adopted the Regional Strategic Plan on Non-communicable Diseases. In 2016, the Dakar Resolution on the "One Health" Approach was adopted during the ministerial meeting on Combating Zoonosis and Related Public Health Threats. Nigeria has also collaborated with other ECOWAS member States in the containment of the Covid-19 pandemic. For instance, Nigeria donated 67 million naira worth of Personal Protective Equipment to aid the fight against the coronavirus pandemic in Sao Tome and Principe (Ojeme, 2020).

#### *NIGERIA'S BILATERAL HEALTH COOPERATION*

Nigeria's health cooperation with other countries has been established mainly by signing health cooperation agreements, regular dialogue mechanisms, high profile visits, and joint health programmes. Among all the developed countries, the United States is particularly active in

Nigeria's health issues. To achieve its foreign assistance for health, the US relies heavily on some significant US government agencies and prominent foundation nongovernmental organisations (Global Health Watch, 2007). The major US government agencies are the United States Agency for International Development (USAID), the Centre for Disease Control and Prevention (CDC), the Department of Defense (DoD) and the National Institutes for Health (NIH).

Nigeria has received tremendous support from PEPFAR in its fight against HIV/AIDS. The US – Nigeria partnership on HIV/AIDS began in 2004 through PEPFAR, and from 2004 to 2009, the US-supported HIV prevention, treatment and care and support programmes to the tune of \$1.5 billion. On August 25 2010, the Secretary to the Government of Federation of Nigeria, Alhaji Mahmoud Yayale Ahmed, and Dr Robin Sanders, US Ambassador to Nigeria, signed a memorandum of understanding approving a partnership framework HIV/AIDS 2010-2015 (United States Diplomatic Mission to Nigeria, 2010). The partnership framework was a strategic plan for cooperation between Nigeria's government and the United States government, the US President's Emergency Plan for HIV/AIDS Relief.

It is instructive to note that USAID has been supporting malaria control efforts in Nigeria for more than a decade. The USAID malaria funding level increased to about \$7million annually in 2007 and 2008 and then to \$16million in 2009 and 2010. Nigeria became a PMI focus country in 2011, with initial funding of \$43.5 million (President's Malaria Initiative, 2015). The funding has increased yearly from \$60.1 million in 2012 to \$73.3 million in 2013 and \$75.0 million in 2014. PMI was first implemented in three states namely Cross River, Zamfara and Nasarrawa. In 2012, PMI expanded to six more states and in 2013 to two more states to make a total of 11 PMI focus states (Federal Ministry of Health, 2012). In each of the states, PMI works with all the local government authorities for 230 Local Government Areas (LGAs) from eleven states.

Another health priority of the US government in Nigeria is polio eradication. CDC and USAID are the major implementing agencies for US global polio efforts, with CDC as the US lead agency. Some of the activities provided by the CDC include technical and financial support to Nigeria for polio eradication and measles pre-elimination activities. Other activities are campaign planning, monitoring and supervision, acute flaccid paralysis surveillance, outbreak investigations, nomad outreach, special project research and data management support. In recent times, the National Stop Transmission of Polio Programme was expanded to include specialised staff and activities to improve routine immunisation services across the northern states. The US government was instrumental in resolving the polio immunisation boycott in Northern Nigeria in 2003. The impact of the CDC's activities is that there has not been a recorded wild poliovirus in Nigeria since July 2014.

Aside from the United States, there are also many bilateral agencies active in Nigeria's health sector. These include the UK Department for International Development (DFID), the Canadian International Development Agency (CIDA), and the Japan International Cooperation Agency (JICA). The DFID has supported the government's efforts in

transforming health systems, HIV/AIDS, routine immunisation and medical aid. The major projects are Partnership for Transforming Health Systems (PATHS), Partnership for Reviving Routine Immunisation in Northern Nigeria (PRRINN), and Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHH).

The Canadian International Development Agency (CIDA) has provided fund for the technical and physical upgrading of the Schools of Health Technology and Health Facilities. It also supported the Comprehensive health sector reform and strengthening between 2005 and 2007. Others include support for contraceptive commodities from 2005 to 2008; support to stop polio virus transmission, support to Routine Immunization and the National Programme on Immunization (NPI) now NPHCDA 2003 to 2009 and support for Integrated Sexual and Reproductive Health and Service Delivery in Nigeria.

The Japan International Cooperation Agency also provided support for infectious Disease prevention for children through the UNICEF. JICA also provided technical assistance to the Lagos State Government on health reform matters, environmental sanitation and malaria control from 2005 to 2008.

#### NIGERIA AND NON-ORGANISATION ORGANIZATIONS

Non-governmental organisations (NGOs) have also played crucial roles in international health activities. Over the past two decades, Nigeria has stepped up its efforts in cooperating with these organisations and institutions and has attracted funds, technologies and pharmaceuticals for its health sector. Nigeria maintains favourable cooperative ties with many NGOs worldwide, including the Rockefeller Foundation, Rotary International, Kellogg Foundation, Bill and Melinda Gates Foundation, CARE, OXFAM, and Save the Children among others. Still, a few have important overseas missions in Nigeria and are critical to emergency relief, health care delivery and infrastructure development in many countries. The past two decades have witnessed an increase in global funding by these foundations. One major foundation supporting Nigeria's health sector is Bill and Melinda Gates Foundation. Nigeria is a relevant focus country for the Gates Foundation, which provides more than \$400million in funding to partner organisations operating health and development programmes (GATES FOUNDATION, 2012). One example of the Gate's Foundation efforts to build effective partnerships in Nigeria is its support for eradicating polio through international bodies such as the World Health Organisation (WHO), United Nations International Children Education Fund (UNICEF), Rotary International and the World Bank. In partnership with all stakeholders, Gate's Foundation is committed to implementing the National Polio Eradication Emergency Plan. Other examples include grants to the Society for Family Health to improve care for newborns and pregnant women in various communities in Northeast Nigeria. Save the Children nongovernmental organisation has been working in Nigeria since 2001 to improve health systems and deliver maternal, newborn, and child health services, including reviving

routine immunisation. In 2014, it protected 12,662 children from harm, provided 693,156 children with a healthy start in life, helped 2,791 families feed their children and gave 4,409,772 children vital nourishment (SAVE THE CHILDREN, 2023).

## CHALLENGES FACING THE PRACTICE OF HEALTH DIPLOMACY IN NIGERIA

Despite its many positive sides, there are indications that Nigeria's health diplomacy has not been fully maximised. It has been affected by several factors. Nigeria is lagging behind in terms of health diplomacy particularly in formulating a country strategy on health diplomacy. This is not unconnected to the difficulties encountered in maintaining health as a foreign policy issue. Scholars have accused foreign policymakers of complacency. This is because foreign policy makers engage with health only during health emergencies. Still, as the crisis passes, attention shifts away from the protection of public health and disease prevention. The threats posed by emerging infectious diseases such as HIV/AIDS, Ebola and Covid-19, among others, are now a cause for concern. Therefore, it is imperative for states, including Nigeria, to work together in the fight against these deadly diseases as they respect no national boundaries. Diplomacy, with its power of negotiation, will become a critical element in this process.

Nigeria, as a developing country, has mostly been the recipient of development assistance, including health. It has also relied on such support to advance domestic health status. Nigeria must overcome the challenges associated with development assistance for health, such as disease and mismatch, with its priorities. Nigeria can maximise its gains from development assistance for health if it takes leadership in coordinating health activities in the country within a comprehensive national health plan. Nigeria should ensure that donors align their contributions with national policies through a donor mapping study and a systematic costing of the health sector strategic plan. Each year all donors should liaise regularly with the government to evaluate progress made and plan for future activities.

Available evidence shows that Nigerian diplomats and foreign policy experts lack the requisite training and orientation to meet the diplomatic realities and challenges of the present global age. Indeed, the current training of career foreign service and health professionals in the field does not emphasise health diplomats' professionalisation. The Foreign Service Academy, which was established in the early 1980s, only served the training needs of staff newly recruited into the service. Aside from this, the Nigerian Foreign Service Academy has not integrated global health issues into its curriculum. Nigeria should take a cue from other countries such as the United States National Foreign Affairs Training Centre/Foreign Service Institute. They have, over the years, integrated global health issues in their training curriculum. Nigeria should provide public health professionals and diplomats with the practical tools they need to recognise and manage their health diplomacy roles.

As a matter of fact Nigerian missions abroad attach more importance to cultural, economic, military and trade Attaches, they do not have health Attaches. This shows that the country does not pay requisite attention to

bilateral health issues. Nigeria puts minimal efforts into developing protective frameworks to forestall global health threats in the future. In 2014 alone, the United States Department of Health and Human Services had commissioned nine health attaches in 13 countries. Nigeria must begin to explore new diplomatic paradigms and give a boost to health attaches. This is particularly important when it comes to controlling the spread of diseases like Covid-19. One of the challenges is the lack of political communication channels. Essentially, a new type of health diplomat is needed to better harness and rationalise information to frequently equip decision-makers with vital data and furnish plausible preparedness strategies.

Again, institutional pluralism and divided responsibilities in the conduct of external relations have also affected Nigeria's health diplomacy. It has been argued that the only Ministry which is by nature and responsibility best equipped for this is the Ministry of Foreign Affairs. This is because the interests represented by the Ministry abroad are the totality of Nigerian interests, whether in health, agriculture, financial, economic and military fields. The relationship between the foreign ministry and other home ministries has been characterised by a personality conflict, rivalries and petty jealousies. Apparently, there is the absence of a focal point for the coordination of the activities of the Ministry of Foreign Affairs' with those home ministries where external relations are concerned, particularly the Ministry of health. As a corollary, inter-ministerial meetings are often ad-hoc in nature, and participation rarely includes the ministers themselves. Besides, enquiries and communications between the foreign affairs Ministry and other ministries were often left unattended even on critical health relations issues with other countries or international organisations. Thus, to enhance the Ministry of Foreign Affairs' capacity to perform this coordinating role, it is imperative to strengthen further the Ministry's in-house institutional and human resource capacity, particularly in international health cooperation and development.

## CONCLUSION

This article has shown that health serves as an effective instrument in supporting Nigeria's foreign policy. The importance of health in Nigeria's foreign policy has been demonstrated in its bilateral and multilateral relations. Besides, health meetings with high profile Nigerian leaders have become more frequent. Foreign policy tools like negotiation and lobbying have been utilised in the health sector to facilitate health development. Nigeria has used health to promote its national interest. Nigeria has an opportunity to improve the health and welfare of countries in the global south especially Africa. This is imperative as a strong committed engagement in global health strategy is good foreign policy. Thus, generating goodwill among other countries will likely make them cooperate with Nigeria on other important bilateral issues. However, Nigeria should endeavour to address the various challenges confronting the practice of health diplomacy such as institutional pluralism, divided responsibilities and non-professionalisation of health diplomats, which have marred the conduct of Nigeria's health diplomacy.

## REFERENCES

- ANAEMENE, Benjamin. Health Diplomacy and Regional Integration in West Africa: The West African Health Organisation's Experience. *Journal of International Studies*, v. 9, p. 59-75, 2013.
- COMMONWEALTH. Seventh Commonwealth Health Ministers Meeting Canada, 1983 Report, Ottawa, Canada, 2-7 October. Commonwealth Secretariat, London.
- EB MEMBERS DESIGNATED TO EB SESSIONS, file no, E11/87/3/NIE. WHO Archives Geneva
- DR Otolorin made WHO's Representative for two countries. *Morning Post*, 25 August, 1969.
- ELBE, Stefan. *Security and Global Health: Towards the medicalization of Insecurity*. Cambridge: Polity, 2010.
- FEDERAL MINISTRY OF HEALTH. *Malaria Advocacy Brief for Policy Makers*. Abuja: FMOH, 2012.
- FEDERAL MINISTRY OF INFORMATION. *Press Release n.478*. 15 May 1971.
- FELDBAUUM, Harley. *US Global Health and National Security Policy*. CSIA Global Health, 2009.
- FIDLER, D. *Health and Foreign Policy: A conceptual Overview*. Nuffield Trust, 2005.
- FIDLER, D. Global Health Diplomacy and Ebola Outbreak. In: HALABI, S.; GOSTIN, L.; CROWLEY, J. (ed.). *Global Management of Infectious Disease After Ebola*: p.133-148. New York: Oxford University Press, 2016.
- FRIST, W.H. Medicine as a currency for peace through global health diplomacy. *Yale Law and Policy Review*, v. 26, n.1, p. 209-29, 2008.
- GATES FOUNDATION TO OPEN OFFICE IN ABUJA. (2012). Retrieved <http://www.gatesfoundation.org/Media-Center/Press-Releases/2012/09/Gates-Foundation-to-Open-Office-in-Abuja> Accessed 20 July 2020.
- GLOBAL HEALTH WATCH. *An Alternative World Health Report*. US Foreign Assistance and Health. London: Zed Books, 2007.
- GOLDSTEIN, JOSHUA. *International Relations*. India: Pearson Education, 2005.
- GOODMAN, Neville. *International Health Organisations and Their Work*. Churchill, London: Livingstone, 1971.
- GRIFFITHS, Martin. *International Relations Theory for the Twenty – First Century: An Introduction*. London: Routledge, 2007.
- HARMAN, Sophie. Covid 19, the UN and Dispersed Global Health Security. *Ethics and International Affairs*, v. 34, p.373-378, 2020.
- JERVIS, Robert. "Realism in the study of World Politics". *International Organisation*, v. 54, n. 4, p. 971-991, 1998.
- KATZENSTEIN, Peter J. *The Culture of National Security: Norms and Identity in World Politics*. New York, Columbia University Press, 1996.
- KHAZATZADE-MAHANI, Akram; RUCKERT, Arne; LABONTE, Ronald. Global Health Diplomacy. In: MCINNES, Colin; LEE, Kelley; YOUDE, Jeremy (eds.). *The Oxford Handbook of Global Health*. Oxford: Oxford University Press, 2018.
- LARBY, P. M.; HENNAM, H. *The Commonwealth*. v. 5. London: Transaction Publishers 1993.
- LUCAS, Adetokunbo. *It was the Best of Times: From Local to Global Health*. Ibadan: Africa Bookbuilders, 2010.
- MCINNES, Colins; LEE, Kelley. *Global Health and International Relations*. Cambridge: Polity Press, 2012.
- MICHAUD, Joshua; KATES, Jennifer. Global Health Diplomacy: Advancing Foreign Policy and Global Health Interest. *Global Health, Science and Practice*, v. 1, n. 1, p. 24-28, 2013.
- MORGENTHAU, Hans. J. *Politics in the Twentieth Century: The Decline of Democratic Politics*. Chicago: University of Chicago Press, 1962.
- NIGERIA'S Donation. *Daily Times*, Lagos, 22 September 1967.
- NIGERIA gives N20,000 to WHO. *Daily Times*, Lagos, 27 July. 1974
- NIGERIAN Appointed WHO Adviser. *Daily Sketch*, 21 November 1966.
- NIGERIAN doctor get top WHO job. *Daily Times*, Lagos, 18 September 1973.

- NEW Man at WHO is Africa's Top Psychiatrist. **New Nigerian**, 4 October 1971.
- NIGERIA Donates N2m to African Health Fund. **New Nigerian**, 31 August, 1992.
- AKINKUGBE appointed WHO consultant. **Nigerian Herald**, 21 September, 1985.
- OBASANJO chairs WHO confab. **Nigerian Herald**, 26 February. 1983.
- OGBANG, Peter. **Address by the Chief Delegate of Nigeria to the 31st Session of the World Health Assembly in Geneva**, May 1978.
- OLUSANYA, G. O.; AKINDELE, R. A. The Fundamentals of Nigeria's Foreign Policy and External Relations. In: OLUSANYA, G. O.; AKINDELE, R. A. **Nigeria's External Relations: The First Twenty Five Years**. Ibadan: Ibadan University Press, 1986.
- ONUF, Nicholas. **World of Our Making: Rules and Rule in Social Theory and International Relations**. London: Routledge, 1989.
- ONZIVU, William. **Regionalism and the Reinvigoration of Global Health Diplomacy: Lessons from Africa**. *AJWH* v. 7, n. 1 p. 49-76, 2012.
- OSLO DECLARATION. **Global Health - a pressing Foreign Issue of our time**. *Lancet*, v. 369, p. 1373-8, 2007.
- PRESIDENT'S MALARIA INITIATIVE. **Nigeria Malaria Operational Plan 2015**. Retrieved: <http://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy-15/fy-2015-nigeria-malaria-operational-plan.pdf?sfvrsn=6> Accessed on: 6 September 2015
- RUSHTON, Simon. **Security and Public Health**. Cambridge: Polity Press, 2019.
- SAVE THE CHILDREN IN NIGERIA. Retrieved: <http://www.savethechildren.org/site/c.8r-KLIXMGIpI4E/b.9086271/k.C5BA/Nigeria.htm>
- THEYS, Sarina. "Introducing Constructivism" in International Relations. In: MCGLINCHEY, Stephen; ROSIE, Walters; SCHEINPFLUG, Christian. **International Relations Theory**. Bristol: E-International Relations Publishing, 2017.
- THE STATESMAN. 27 February, 1987.
- United Nations General Assembly. **Global Health and Foreign Policy. Note by the Secretary General. A/65/399**. United Nations, 2010.
- United Nations General Assembly. **Transforming Our World: The 2030 Agenda for Sustainable Development**. Resolution adopted by the General Assembly on 25<sup>th</sup> September, 2015, A/RES/70/1. United Nations, 2015.
- United States Diplomatic Mission to Nigeria. **U.S. and Nigeria Sign HIV/AIDS Partnership Framework for Action**, 2010. Retrieved: [http://nigeria.usembassy.gov/pr\\_08252010.html](http://nigeria.usembassy.gov/pr_08252010.html) Accessed on: 27 August 2015.
- United Nations Security Council. **United Nations Security Council Resolution 1308.S/RES/1308**. United Nations, 2000.
- OJEME, Victoria. Nigeria donates medical supplies to Sao Tome and Principe. **Vanguard**. 30 July 2020. Retrieved: <https://www.vanguardngr.com/2020/07/nigeria-donates-medical-supplies-to-sao-tome-and-principe/>
- WEBER, S. Institutions and Change. In: DOYLE, M.; IKENBERRY, G. (ed.). **New Thinking in International Relations**. Boulder: Westview Press, 1997.
- WHITE HOUSE. **Statement by the President on Global Health Initiative, 5<sup>th</sup> May**. Retrieved: [http://www.whitehouse.gov/the\\_press\\_office](http://www.whitehouse.gov/the_press_office) Accessed on: June 2020.
- WHO. **European Union, WHO and UNICEF partner with Government of Nigeria to strengthen health systems and eradicate polio**, 2017. Retrieved: <https://www.afro.who.int/news/european-union-who-and-unicef-partner-government-nigeria-strengthen-health-systems-and> Accessed on: 4 October 2021.
- WHO Top Job for Adeniji Jones. **Morning Post**, 7 November 1970.