Introduction

A nation must be healthy before it can be stable, prosperous, and secure.

COVID-19 has reinforced the importance of national and health security as citizens and governments face the pandemic’s harrowing effects, from health inequities to supply chain issues and more. Indeed, in recent years global health has emerged as more than just a national security concern, impacting economies and governance beyond what has previously been seen, understood, and recognized.

Prior solutions to issues surrounding health security were rooted in diplomacy and regional cooperation. However, diplomacy alone is not enough, as the transboundary nature and planetary health spillover of diseases are being noted at every juncture. Institutions must integrate public health with diplomacy if risks to global public health, such as COVID-19, Ebola, MERS, SARS, and monkeypox, endure—and this is compounded by existential challenges such as natural disasters, climate change, biological, chemical, and radiological hazards, migration, refugee crises, and overall public health shortfalls. These factors represent an even bigger threat to human health than economic and strategic turbulence. Global diplomacy needs to mature to this realization that we are in this together, and traditional career diplomacy alone can no longer solve the pressing puzzles of a new age.

Diplomacy needs a new algorithm and a new vision. Since the signing of the Vienna Convention of Diplomatic Relations in 1961, the world has undergone radical transformation. The priorities and preferences of people—the way they behave, the way they react, and the way they do business—the way nonprofits operate, the way politics seems to define our existence, and the choices made have pushed forth a window of opportunity for diplomatic community engagement. But seeing merit in this opportunity calls for both a vision and bold leadership. Both could be predicated on active ideals to build

The South Asia Center serves as the Atlantic Council’s focal point for work on greater South Asia as well as relations between these countries, the neighboring regions, Europe, and the United States. It seeks to foster partnerships with key institutions in the region to establish itself as a forum for dialogue between decision-makers in South Asia, the United States, and NATO. These deliberations cover internal and external security, governance, trade, economic development, education, and other issues. The Center remains committed to working with stakeholders from the region itself, in addition to partners and experts in the United States and Europe, to offer comprehensive analyses and recommendations for policymakers.
an egalitarian world order with fraternity at the heart of diplomacy. Application of knowledge, tact, and intelligence in favor of human betterment would be the defining inspiration of how a health attaché could add value.

As such, the modern era presents an opportunity to fundamentally alter our thinking in support of a more inclusive health-diplomacy approach that the international diplomatic community must capitalize on, one that puts humans, as children of this universe, at the heart of growth. It is in this context that I draw on earlier ideas for the role of health attaché, which date to 1948 and have at times been deployed by the US government, to pursue a capacity adjustment for diplomatic missions the world over: adding a health attaché as a standard embassy position would give missions the bandwidth to tackle complex, interrelated problems while demonstrating this new approach to global healthcare diplomacy.

**What is a health attaché?**

The health attaché will serve as the prime representative and advocate for healthcare, development, human rights, and trade for the people represented by the embassy or mission in the host country. Given the globalized nature of the modern world, with frequent travel and people living outside their home countries for extended periods for a variety of reasons, standardizing a healthcare liaison from one’s home government would be a crucial step in internationalizing public health diplomacy.

The attaché will also further multilateralism by supporting embassies and/or high commissions via a health security and development angle. This work will intersect within a domestic and international setting by providing intellectual support on global health outcomes to local and national officials and work to build bilateral ties on issues of shared medical, public health, pharmaceutical, technological, and academic interests across the health and development sectors. As an individual, the health attaché should carry a strong track record on public health and healthcare issues, and be a local citizen of the receiving country. The health attaché’s professional philosophy will speak a language of social progress where health is portrayed as a means of investment as opposed to expenditure, where human life is valuable beyond dry statistical means, and where sensible engagement serves to inform classic diplomacy that puts people ahead of political goals.

The office of a health attaché must have dual goals: to strengthen bilateral relations among and within countries; and to improve public health systems with health intelligence inputs that have the potential to influence outcomes, while also providing local assistance to country nationals who may need help.

Today’s health attaché must be a person with sound knowledge of understanding diseases and global health outcomes as well as have keen interest in the processes of understanding national priorities with sound solutions for policies that have impact at scale.

**Why a health attaché?**

Given today’s globalized world—where living in a foreign country has become more prevalent and frequent travel stems from business, educational, and/or development interests—standardizing a healthcare liaison from one’s home government to the local government would be a crucial step in internationalizing public health diplomacy. This, in conjunction with the correlation between investments in health outcomes, stability, prosperity, and security, emphasizes the need for a health attaché alongside honorary consuls. This is for four main reasons:

1. Identifying local talent eases the demands on honorary consuls, works out at zero cost to the government, and removes jurisdictional barriers.

2. The health attaché—though representing the embassy—can operate from any area of the country, as a local resident, but must be granted diplomatic privileges.

3. The attaché can serve as a stronger strategic link for the mission on issues pertaining to global health and sustainable development than the honorary consul due to sectoral expertise on these issues. Additionally, from time to time the health attaché also can support the embassy in interpreting new policies brought about by the host country. A well-networked attaché will be a gold mine of knowledge for the foreign government in a variety of areas.

4. Health attachés need not go through formal diplomatic training, lightening the load on the foreign service of the mission’s home country, and can be supported through short-course training to understand large-scale diplomatic connotations and nuances, in addition to initial briefings by the embassy.
Hence, appointing health attachés will open the floodgates for diplomatic programs of bilateral interest; facilitate greater knowledge transfer between academicians and medical professionals and among humanitarian organizations, pharmaceutical companies, and nongovernment entities; foster medical tourism and, with it, regional cooperation; and much more beyond the traditional confines of diplomacy.

Being a health diplomat in established environments is easier, but shaping a health attaché position from scratch (for a sending government) and building the mandate calls for brilliant public relations skills and sustained goodwill.

Moreover, the issue of global health equity has come to the fore amid COVID-19, particularly in terms of access to drugs, vaccinations, and cross-border resources. Appointing a health attaché would serve to address historical gaps in health inequities by building a more inclusive world, where health takes center stage in diplomatic conversations through action, rather than optics. There also is a growing concern around the world regarding how international global health events get paralyzed when representatives from low- and middle-income countries are denied visas and don’t get timely support. The good offices of the health attaché would enable intervention in favor of global health.

Present times serve to suggest that the problems faced by nations are built on cascading risks, and strengthening desired goals will mean pursuing the goals of freedom by factoring in resilience at all levels in rapidly changing geopolitics. Embassies, of course, do not run separate health policy, separate diplomatic policy, or separate bilateral exchange policy: these are all woven deeply and uniformly into national government policy, which presents an opportunity to scale through regional cooperation for both the sending government and the receiving government.

The proposed portfolio of a health attaché includes building relationships in a global setting and also advocating for policy matters in favor of the sending government. It could also include facilitating public health assistance, interfacing humanitarian assistance, knowledge sourcing, supporting research cooperation, linking professional networks, negotiating multilateral agreements, motivating import and export in terms of trade, and fostering scholarly exchanges. If the embassy and the officials can work very efficiently in other foreign policy matters or leverage goodwill generated by the health attaché, they may be involved in consistent foreign policy advocacy through a soft power approach that supports security and safety in global governance.

Operationalizing the health attaché

Only the embassy of the foreign state concerned is entitled to present a candidate for the office of health attaché, according to the procedures set out in the Vienna Convention of Diplomatic Relations, and diplomatic privileges must be granted. Diplomatic negotiations for a health attaché may encompass cross-sectoral thematic areas of human health, trade, security, human rights, gender, migration, rehabilitation, and medical tourism; thus, a health attaché must have in-depth technical knowledge along with general country relations and very skilled diplomatic craft in terms of the balanced art of negotiating developmental priorities. A health attaché must be able to independently navigate a delicate path comprising an amalgam of foreign policy goals and global health goals.

Foreign missions wishing to appoint a health attaché must attach the profile of the person they wish to appoint and send a written note to the receiving government to grant legal recognition of the rank equivalent with honorary consul, with a diplomatic passport and permission to fly the country flag at the given local address. The health attaché may provide limited consular support to nationals of the foreign government, as needed.

Definition: “Health attaché” refers to the locally engaged representative of the foreign government who has been appointed to support the foreign government in matters pertaining to global health, development, shared scientific arenas, and any other such development cooperation of interest to the foreign government.

Tenure: The appointment should be made for five years. The same may be amended or renewed after evaluating outcomes.

Scope: The person nominated as health attaché must have a background in medicine, preferably with expertise in global health, and must be a local citizen of the receiving country. The health attaché can be based anywhere, report to the sending country’s ambassador, and have timely contact with secretaries in the embassy. The address for correspondence can be the local address of the health attaché, who has diplomatic privilege to host the sending country’s flag at the local address. As such, the health attaché will have no jurisdiction charge, but must always be willing to extend any kind of consular support as necessary or other diplomatic facilitation requested from the sending country. The nature of support extended to the foreign government will be of honorary nature, without cost to or
allowance from the foreign government. A health attaché will not be a career officer of the foreign government, but will be granted diplomatic privileges as a reciprocal gesture of goodwill toward matters pertaining to health and human development. This is essential for motivation, sustainability, recognition, respect, and to ensure quality work beyond optics.

Guidelines: The approval by the local government must be completed within four to six weeks of completion of a background check. The preference of the foreign government to appoint a local person of its choosing must be respected, and the local government must not influence or interfere with candidate selection. However, the foreign government must ensure that a person appointed to such a position is a respected and law-abiding member of the community and, to a reasonable extent, intellectually sound. The local government must provide for flexibility in a digital age and not require that a health attaché live in any major or capital city, but instead any city with access to an international airport.

Conclusion

Healthcare remains the cornerstone of human survival and progress, exemplified by the 2007 Oslo Declaration that identified global health as a “pressing foreign policy issue of our time.” And so, as the modern human race comes closer than ever before to optimism and innovation within global health, the need for a health attaché to capitalize on existing momentum remains critical. This means creating part of the larger narrative that interfaces humanitarian needs, national policies, societal preferences, and science.

Appointing a health attaché is a golden opportunity for progressive nations to be smart, faithful, and to advance the future of global health. It also is a critical opportunity for leaders and diplomats to join visionaries working for a better and more ideal world by providing an opportunity to shape cooperation more meaningfully. The appointment of health attachés—part of a broader shift in global health security as a priority for the international community—will allow governments and foreign missions to focus on the protection and progress of global health, supporting populations across the board in a more coordinated and intersectional way.

The twenty-first century and a post COVID-19 world has cemented the emphasis for a coordinated and strategic action where global health in all policies must mark the epicenter of diplomatic futures. In detailed strokes, I have presented how embassies and foreign governments must latch onto this idea and to assist further, I have elaborated on how the goals may be achieved, although customization remains necessary from nation to nation.

If sincerely implemented, coming generations will be secure, will have some organized process to build on, and will be grateful because we took the time to care and had the vision to put health at the heart of human sustainability, in which foreign policy provided grandfatherly wisdom with tact.

Dr. Edmond Fernandes is a physician, a nonresident senior fellow at the Atlantic Council South Asia Center, founder of the CHD Group, and director of the Edward & Cynthia Institute of Public Health in Mangalore, India. He can be reached at office@edmond.in.

The author expresses his gratitude to Prof. Irfan Nooruddin, Harris Samad, Misha Iqbal and the communications team of Atlantic Council for the support in full measure.
### Atlantic Council Board of Directors

**CHAIRMAN**  
*John F.W. Rogers  
**EXECUTIVE CHAIRMAN EMERITUS**  
*James L. Jones  
**PRESIDENT AND CEO**  
*Frederick Kempe  
**EXECUTIVE VICE CHAIRS**  
*Adrienne Arsht  
*Stephen J. Hadley  
**VICE CHAIRS**  
*Robert J. Abernethy  
*C. Boyden Gray  
*A卧loris V. Mirtchev  
**TREASURER**  
*George Lund  
**DIRECTORS**  
Stéphane Abrial  
Todd Achilles  
Timothy D. Adams  
*Michael Andersson  
David D. Aufhauser  
Barbara Barrett  
Colleen Bell  
Stephen Biegun  
Linden P. Blue  
Adam Boehler  
John Bonsell  
Philip M. Breedlove  
Myron Brilliant  
*Esther Brimmer  
Richard R. Burt  
*Teresa Carlson  
*James E. Cartwright  
John E. Chapoton  
Ahmed Charai  
Melanie Chen  
Michael Chertoff  
*George Chopivsky  
Wesley K. Clark  
*Helima Croft  
*Ankit N. Desai  
Dario Deste  
*Paula J. Dobriansky  
Joseph F. Dunford, Jr.  
Richard Edelman  
Thomas J. Egan, Jr.  
Stuart E. Eizenstat  
Mark T. Esper  
*Michael Fisch  
*Алан H. Fleischmann  
Jendayi E. Frazer  
Meg Gentle  
Thomas H. Glocer  
John B. Goodman  
*Sherri W. Goodman  
Murathan Gűnal  
Frank Haun  
Michael V. Hayden  
Tim Holt  
*Karl V. Hopkins  
Ian Ihnatowycz  
Mark Isakowitz  
Wolfgang F. Ischinger  
Deborah Lee James  
*Joia M. Johnson  
*Maria Pica Karp  
Andre Kelleners  
Brian L. Kelly  
Henry A. Kissinger  
John E. Klein  
*C. Jeffrey Knittel  
Franklin D. Kramer  
Laura Lane  
Yann Le Pallec  
Jan M. Lodal  
Douglas Lute  
Jane Holl Lute  
William J. Lynn  
Mark Machin  
Mian M. Mansha  
Marco Margheri  
Michael Margolis  
Chris Marlin  
William Marron  
Christian Marrone  
Gerardo Mato  
Timothy McBride  
Erin McGrain  
John M. McHugh  
Eric D.K. Melby  
*Judith A. Miller  
Dariusz Mioduski  
Michael J. Morell  
*Richard Morningstar  
Georgette Mosbacher  
Dambisa F. Moyo  
Virginia A. Mulberger  
Mary Claire Murphy  
Edward J. Newberry  
Franco Nuschese  
Joseph S. Nye  
Ahmet M. Оren  
Sally A. Painter  
Ana I. Palacio  
*Kostas Pantazopoulos  
Alan Pellegrini  
David H. Petraeus  
*Lisa Pollina  
Daniel B. Poneman  
*Dina H. Powell McCormick  
Michael Punke  
Ashraf Qazi  
Thomas J. Ridge  
Gary Rieschel  
Lawrence Di Rita  
Michael J. Rogers  
Charles O. Rossotti  
Harry Sachinis  
C. Michael Scaparrotti  
Ivan A. Schlager  
Rajiv Shah  
Gregg Sherrill  
Ali Jehangir Siddiqui  
Kris Singh  
Walter Slocombe  
Christopher Smith  
Clifford M. Sobel  
James G. Stavridis  
Michael S. Steele  
Richard J.A. Steele  
Mary Streett  
Gil Tenzer  
*Frances M. Townsend  
Clyde C. Tuggle  
Melanne Verveer  
Charles F. Wald  
Michael F. Walsh  
Ronald Weiser  
Maciej Witucki  
Neal S. Wolin  
*Jenny Wood  
Guang Yang  
Mary C. Yates  
Dov S. Zakheim  

**HONORARY DIRECTORS**  
James A. Baker, Ill  
Ashton B. Carter  
Robert M. Gates  
James N. Mattis  
Michael G. Mullen  
Leon E. Panetta  
William J. Perry  
Condoleezza Rice  
Horst Teltschik  
William H. Webster  

*Executive Committee  
Members  
List as of July 2022*