

The EL-CSID project is coordinated by the Institute for European Studies (IES)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 693799.

Health diplomacy of the European Union and its member states in Central Asia

Neil Collins, Kristina Bekenova and Ainur Kagarmanova
Nazarbayev University

Issue 2018/5 • April 2018

This EL-CSID Policy Brief is based on the research article "Negotiated Health Diplomacy: A Case Study of the EU and Central Asia", forthcoming in *The Hague Journal of Diplomacy*.

Introduction

In the soft power context, health is increasingly seen as an area that generates particular diplomatic benefits because it is ostensibly non-political and can bring both immediate and long-term advantages equally to the donor and the recipient country. Since the European Union's role in the international affairs is increasing, the EU is expected to play a central role in global health guided by the principles of solidarity, i.e. to provide an equitable and universal access to quality health services.

Some commentators point to a lack of coherence and coordination between EU health and other policies¹. Also, ambiguities do exist about the scope of national and European competencies in the area of health policy². The role of the smaller member states may be unusually significant as they "use the health arena to demonstrate their commitment to the multilateral systems that provide them with a voice and allow them a leading role on the global stage"³. Thus, health diplomacy offers an intriguing insight into the dynamics in the EU's approaches to Central Asia, the region that is incrementally becoming of interest to Europe.

¹ Rollet, V. & Chang, P. (2013). "Is the European Union a global health actor? An analysis of its capacities, involvement and challenges", *European Foreign Affairs Review*, vol. 18, no. 3: pp. 309-328.

² Guy, M. & Sauter, W. (2016). *The history and scope of EU health law and policy* (Working Paper no. 16-2). University of East Anglia: Centre for Competition Policy.

³ Kickbusch, I. (2013). "21st century health diplomacy: A new relationship between foreign policy and health". In T. E. Novotny, I. Kickbusch & M. Told (eds.), *21st century global health diplomacy* (Singapore: World Scientific): p. 14.

Research Parameters

Health diplomacy is assumed to be:

- separate from disaster relief and short-term humanitarian aid;
- based on long-term objectives that advance the foreign policy goals of the donor country; and
- responsive to the expressed need of the recipient state.

This paper analyses its use by the EU and its member states in five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

To find out how health diplomacy is conducted by the EU and individual European states in Central Asia, the health-related projects collected from 1999 to 2016 were analysed and classified into the following categories (offered by Bourne 1978)⁴:

1. medical and health-related research, conferences;
2. workshops, seminars, conferences promoting cooperation;
3. manpower training and education;
4. environmental health, food and research;
5. construction of health facilities; and,
6. delivery of health services.

Also, the distinction is made between some that are characterised by joint action or 'partnership' and others that are primarily aid or 'provision'. Partnership actions seek to harness the synergy of collaboration while provision actions address needs primarily identified by the donor.

The data underlying this analysis relies primarily on academic, EU and governmental documentation, semi-structured interviews with key informants in Brussels and Astana, as well as direct enquiries to relevant ministries and embassies of the member states.

Evidence and Analysis

- Health cooperation between the EU and Central Asian countries can be traced to 1992 as humanitarian aid, but since 2007 it has gained new traction with the publication of the EU Regional and Country Strategy Papers, where **health was addressed officially for the first time**. Currently, the extent of EU involvement in regional health activities comprises various instruments, thematic programmes and joint collaboration with international organisations (see Table 1).
- For 2007-2013, the EU Regional Strategy for Assistance to Central Asia allocated an overall budget of €673.8 million for bilateral and regional cooperation. Of this, **€139.5 million was explicitly earmarked for health and social protection** with the aim to "bring the legislation and practice of the partner countries closer to those of the most important EU policies and standards"⁵. **In Kazakhstan**, the funding was allocated to support the capacity building initiatives of the Ministry of Health to implement the state programme on healthcare reform and development; **in Uzbekistan**, to improve maternal and child health systems; and, **in Tajikistan**, to develop the health management information system.

⁴ Bourne, P. G. (1978). 'A partnership for international health care', *Public Health Report*, vol. 93, no. 2: pp. 114-123

⁵ European Commission (2011). "European Union – Central Asia Development Cooperation". Retrieved from https://ec.europa.eu/europeaid/sites/devco/files/publication-european-union-central-asia-development-cooperation-2011_en.pdf

- According to the analysis of the research projects under FP, Horizon 2020 and ISTC (sponsored by the EU), **Kazakhstan, Kyrgyzstan and Tajikistan are the main scientific partners** involved in 127, 58 and 23 research projects respectively in areas of health (biosafety, life sciences) and environment. In research terms, Central Asian scientists are becoming increasingly significant participants at the organising by various EU universities and institutions conferences, thus widening the geographic scale of scientific networking and engagement.

Table 1: EU instruments of cooperation with Central Asia

Name of the instrument	Focus
The Development Cooperation Instrument (replaced Technical Assistance to the Commonwealth of Independent States (TACIS) in 2007)	supports the health sector through capacity-building programmes, technical assistance for health reforms, maternal and child services, prevention of diseases, etc.
The Instrument for Stability	addresses global security and development challenges and provides biosafety and biosecurity cooperation with the region, including research cooperation via the International Science and Technology Centre (ISTC);
The Investment Facility for Central Asia	allocates EU development grants to implement infrastructure projects in the region that have significant positive impact on health
The Non-State Actors and Local Authorities in Development	aims to support local participation in development, improve governance, and facilitate the access to health services
The Avian and Human Influenza Facility (with small EU funding)	aims to combat the threat of avian and human influenza in Central Asia.

- **In respect of provision**, the EU's principal funding is for humanitarian actions in response to natural disasters. Between 1994 and 2015, this amounted to over €222 million. Health diplomacy is expressed in such categories as conducting training, construction of health facilities, supporting healthcare reforms and delivery of health services (see Table 2).
- Regarding member states' actions, some, such as **Sweden, Estonia, Belgium and the Netherlands**, afford the region little or no priority in terms of targeted assistance.
- **The UK** has been engaging with health issues in all the Central Asian states via the Department for International Development (DFID) since 1997. It is working on different levels: ministerial – by supporting the reforms of the national health strategies; communal – on HIV/AIDS and tuberculosis and by strengthening the delivery of medical emergency help; and, university – analytical work on health.
- **Germany** – according to the strategy of *Regional Health Sector Strategy for Central Asia* (2010), where health was stated as the priority area of cooperation with Kyrgyzstan, Tajikistan and Uzbekistan – is interested to promote sexual and reproductive health and rights, to prevent HIV and tuberculosis and to improve the efficiency and quality of the health systems.
- Although **France** does not perceive Central Asia as a high priority⁶, the French Agency of Development started its work in Central Asia in January 2017 in Uzbekistan. Its primary concern is climate change and waste management⁷.

⁶ Peyrouse, S. (2012). "France and Central Asia", *EUCAM National Policy Series*, vol. 9, retrieved from http://fride.org/download/PB9_FR.pdf

⁷ AFD (2017). "First financing in Uzbekistan to upgrade waste management in the city of Samarkand", retrieved from <http://www.afd.fr/lang/en/home/pays/asia/geo-asia/afd-ouzbekistan>

- **Finland**, in its health cooperation with Central Asia, is focused on the gender equity element, i.e. on improving women's access to healthcare.
- **Lithuania, Czech Republic, Germany and Slovakia** offer academic and practical training programmes for medical institutions on various medical issues: obstetrics, gynaecology, foetal cardiotocography, eye surgery, diagnosis of cancer, etc.

Table 2: Indicative table on EU assistance to Central Asia*.

Training	Construction of health facilities	Delivery of health services	Education/Health reforms
Biological and Ecological Safety (CIS**, 2000)	Creation of Regional Biosafety Training Centre in Dushanbe for Capacity Building for Tajikistan and Afghanistan Professionals (2013)	Treatment of patients with severe burns, Kyrgyzstan (2016)	Medical Physics: New ICT-based curricula (5 Universities in Uzbekistan, 2015-2018)
Increasing Threat of Infectious Diseases (CIS, 2001)	Restoration of 7 blood-transfusion stations, purchase of medical equipment, mobile blood donation stations (Kyrgyzstan, 2016)		Modernising health education in university (3 Universities in Kazakhstan, and 9 Universities in Uzbekistan, 2015-2018)
Interaction of CIS participants in the area of Sanitary Monitoring (2001)	Equipment for early laboratory diagnosis of echinococcosis/ alveococcosis in National Surgical Centers in Osh and Naryn (Kyrgyzstan, 2016-2018)		Advancing university education in biomedical engineering and health management (7 Universities in Kyrgyzstan, 2015-2018)
Biosafety and Biosecurity Workshop for Central Asia and Caucasus region (2004)	Construction of the National perinatal centre in Bishkek (Kyrgyzstan, 2016)		Development of the first national standards for the protection of motherhood (Kazakhstan, Tajikistan, Turkmenistan, 2012-2015)
Transportation of Infectious Substances, Animal Biosafety and Facilities, Serological Methods of Investigation (2009-2010, Kazakhstan)	Construction of feldscher points in Kyrgyzstan (2014)		Development of the first accreditation standards for the protection of motherhood (Kazakhstan, Tajikistan, Turkmenistan, 2012-2015)
International Workshop on Probiotics & Health (2010, CIS)	Construction of the central district hospital in Yavan (Tajikistan, 2014)		Equity in health care financing and delivery (Kyrgyzstan, 2001-2005)

* Source: Ministries of Health, ISTC reports

** CIS – The Commonwealth of Independent States

- **Ireland** provides indirect funding through its contributions to international agencies and deals with Central Asia in the context of EU policy. Similarly, Austrian interest in Central Asia, especially in the context of health diplomacy, is slight.
- In addition, individual **European universities have strategic partnerships in Central Asia**, such as those between medical schools in Lund (Sweden) and Karaganda (Kazakhstan)⁸, and similar arrangements between Italian and Kazakh universities.

⁸ Karaganda State Medical University (2016). "The first experience in strategic partnership" (23 August), retrieved from <http://www.kgmu.kz/en/news/view/1740>

Policy Implications and Recommendations

If, at the beginning of the EU's engagement with Central Asia, the focus of cooperation was primarily on promoting democracy, rule of law and human rights, from 2007 it became clear that the EU broadened the list of 'soft issues', now including health. So far, the EU has not become a well-established health actor in Central Asia. Nevertheless, intensified health engagement is 'better received' and 'more visible' than projects on democratisation that are seen 'as long-term and often ineffective'⁹. Thus, health initiatives allow the EU to gain more influence in the region and enhance its positive image. Both the EU and those member states with an active interest have moved beyond short-term humanitarian aid and adopted long-term objectives in line with their expressed foreign policy goals. The most effective are those that are seen to respond to the needs of the Central Asian states without overtly challenging the established order. Similarly, European health diplomacy needs to be politically accountable and purposeful rather than subsumed in a "global health" philanthropic narrative.

Recommendations: Improving the Use of Health Diplomacy in Central Asia

While recognising current asymmetries in capacity, the central recommendation is to position health professionals in other countries as partners not merely recipients of aid. More specifically, this brief advises:

- **Hone initiatives:** identifiable "branded" local projects bring greater returns
- **Educational provision:** *in situ* training and accreditation reap substantial dividends
- **Align funding with global initiatives:** especially in the case of smaller member states
- **Leverage relationships:** alumni; research partners; and, EU health NGO personnel
- **Tailor to local values:** being attuned to local political and religious norms adds value
- **Health diplomacy specialist:** increase training for diplomatic staff in health

⁹ Peyrouse, S. (2014). "How does Central Asia view the EU?" (Working Paper, no. 18). Groningen: Stichting Centre for European Security Studies.

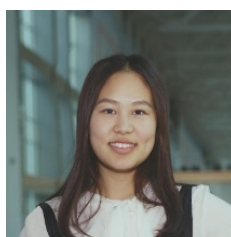
About the authors



Dr. Neil Collins is currently a Professor of political science at Nazarbayev University (NU), Kazakhstan. He is the founding Dean of the NU Graduate School of Public Policy (GSPP). Dr. Collins has held academic posts at the Universities of Liverpool, Birmingham and Ulster. Before moving to Kazakhstan, he was Professor and Head of the Department of Government at the University College Cork (UCC) in Ireland. Neil Collins has a PhD in political sciences from the Trinity College Dublin. His research interests include political marketing, regulation and governance, corruption, politics of China and the EU (neil.collins@nu.edu.kz).



Kristina Bekenova has been working as a Research Assistant on the EL-CSID project at Nazarbayev University (NU), Kazakhstan, since April 2016. Before joining the project, she was a Teaching Assistant in Graduate School of Public Policy, NU. She holds a Master Degree in International Relations from Zhejiang University, Hangzhou, China (kristina.bekenova@gmail.com).



Ainur Kagarmanova is graduating with BSc in Biology with a minor in Political Science from NU. Her interest in social development and multicultural cooperation has resulted in participation in a number of international events such as 'Better Understanding for a Better World' (Baltimore, USA) and 'Youth in Dialogue' (Kerkrade, the Netherlands). In 2015, Ainur was appointed as a Central Asian Youth Representative for World Humanitarian Summit Regional Consultation in South and Central Asia; and a Kazakhstani youth representative for World Youth Summit for Peace 2016 (ainur.kagarmanova@nu.edu.kz).

The EL-CSID project
is coordinated
by the
Institute for European Studies (IES)
www.el-csid.eu

Institute for European Studies
Pleinlaan 5
B-1050 Brussel
T: +32 2 614 80 01
E: info@ies.be
www.ies.be



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 693799.