What is 'Global Health Diplomacy'? A Conceptual Review

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While global health diplomacy (GHD) has attracted growing attention, accompanied by hopes of its potential to progress global health and/or foreign policy goals, the concept remains imprecise. This paper finds the term has largely been used normatively to describe its expected purpose rather than distinct features. This paper distinguishes between traditional and "new diplomacy", with the latter defined by its global context, diverse actors and innovative processes. A more concise definition of GHG supports the development of a research agenda for strengthening the evidence base in this rapidly evolving area.

INTRODUCTION

Global health diplomacy (GHD) has attracted substantial attention, spurred by hopes of its potential to progress the goals of public health and/or foreign policy. WHO Director-General Margaret Chan declared GHD as heralding a "new era",[1] while Alcazar writes of a "Copernican shift" or "radical mind shift" in how we think about health.[2] Others have defined GHD as a "new educational field".[3] Amid this enthusiasm, use of the term has been characterised by considerable diversity (see Box 1). This has made its precise meaning, and claims about its contribution to public health theory and practice, difficult to assess.

Box 1: Definitions of global health diplomacy

"a political change activity that meets the dual goals of improving global health while maintaining and strengthening international relations abroad, particularly in conflict areas and resource-poor environments"

Novotny and Adams (2007)

"multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health"

Kickbusch et al. (2007)[49]

"winning hearts and minds of people in poor countries by exporting medical care, expertise and personnel to help those who need it most"

Fauci (2007)

"the cultivation of trust and negotiation of mutual benefit in the context of global health goals"

Bond (2008)[50]

"Health Diplomacy is the chosen method of interaction between stakeholders engaged in public health and politics for the purpose of representation, cooperation, resolving disputes, improving health systems, and securing the right to health for vulnerable populations."

Health Diplomats (2009)[4]

"Health Diplomacy occupies the interface between international health assistance and international political relations. It may be defined as a political change agent that meets the dual goals of improving global health while helping repair failures in diplomacy, particularly in conflict areas and resource-poor countries. The CDC has cited health diplomacy as a way of improving trust and providing resources for health protection and promotion around the globe. Although there are historical precedents for health diplomacy, the imperatives of emerging diseases, globalized medicine and science, persistent international conflicts, and new threats to human security call for defining Global Health Diplomacy as an academic discipline for our times.

GHS Initiative in Health Diplomacy, UCSF (2008)[5]

"Health diplomacy is a means of self-preservation in an increasingly interconnected global community…The tools of health diplomacy also can increase the so-called 'smart power' of the United States abroad…Health diplomacy also offers a much needed opportunity for building bridges between the governments of the world and the private sector, synergizing efforts of nongovernmental organizations (NGOs) and allowing them to work together to improve public health."

Blumenthal and Schlissel[6]

In seeking greater clarity, this paper contrasts traditional diplomacy with what is known as "new diplomacy". The latter is distinguished by its global context, diverse actors and innovative processes. These features are then applied to GHD to generate a proposed research agenda and fuller definition of GHD for strengthening the evidence base in this rapidly evolving area.

TRADITIONAL VERSUS "NEW" DIPLOMACY

International Relations (IR) scholars distinguish between foreign policy and diplomacy. *Diplomacy* is the art or practice of conducting international relations through negotiating alliances, treaties and other agreements. It is concerned with dialogue "designed to identify common interests and areas of conflict between the parties."[7] This conduct, in turn, is guided by a country's *foreign policy*, the activity whereby state actors act, react and interact at the boundary between the internal (domestic) and external (foreign) environment.[8] Thus, while foreign policy is "the substance, aims and attitudes of a state's relations with others," diplomacy is "one of the instruments employed to put these into effect."[7]

The term "new diplomacy" describes shifts in foreign policy that challenge how diplomatic practice is carried out. For example, the shift in the balance of power from the late nineteenth century, from *Pax Britannica* to *Pax Americana*, led to a reassessment of British diplomacy.[9] The wartime importance of Asian geopolitics during the 1940s prompted analysis of the need to retrain western diplomats.[10] The creation of the United Nations (UN) and onset of the Cold War similarly challenged diplomats to take account of a new world order. More recently, new diplomacy has

been used to describe the global context, diverse actors and innovative processes shaping contemporary international relations.

New Diplomacy and Globalization

New diplomacy has been used to refer to the post-Cold War need to adapt to two key shifts. First, the end of superpower rivalry has led to a geopolitical reconfiguration of the international states system. The rise of Brazil, Russia, India and China, in particular, has been the subject of much attention. How should leading powers adjust, and how might emerging powers engage in foreign policy.[11,12]

A second shift has been globalisation defined as processes intensifying human interactions across spatial, temporal and cognitive boundaries leading to greater interconnectedness.[13] Global change, in turn, is creating new collective action problems (e.g. climate change, population migration, economic instability, disease pandemics), for foreign policy and, consequently, diplomats. The new diplomacy agenda thus includes a broader range of issue-areas deemed relevant to foreign policy.[14] This has given rise to new specialty areas of diplomacy such as *resource diplomacy* (the cultivation of relations with resource-rich countries), *internet diplomacy* (negotiation of rules governing the internet) and *disaster diplomacy* (understanding and addressing risks in a complex global system).[15]

Diverse Actors Contributing to New Diplomacy

Another key feature of new diplomacy has been the shift, from highly trained officials within foreign affairs ministries, to a broader range of political actors.[16] New diplomacy engages other parts and levels of government such as *regional diplomacy*.[17,18] New groupings of states across geographical regions, focused around specific issues, have formed. For example, trade negotiations have been influenced by the Cairns Group (agricultural producers), RAMs (Recently Acceded Members), Cotton-4 (cotton-producing sub-Saharan African countries of Benin, Burkina Faso, Chad and Mali); and NAMA-11 (Argentina, Brazil, Egypt, India, Indonesia, Namibia, Philippines, South Africa, Tunisia, and Venezuela) which is opposed to reciprocal tariff reductions.

Importantly, new diplomacy has been shaped by non-state actors. While diplomats formally interact with their counterparts, their constituencies are increasingly broad-based. Bayne and Woolcock argue that globalization, and the growing influence of non-state actors, is transforming foreign policy in the 21st century.[19] As Davenport writes, "thousands of nongovernmental organizations have come on stage in recent years, driving their own issues to the top of the diplomatic agenda."[20] Solanas argues, therefore, that "diplomacy is about more than mobilizing states. We need to find ways to harness the expertise and resources of non-governmental organizations and companies and energize individuals towards shared goals."[21] This diversification of a diplomat's constituencies is illustrated by the "explosion of multilateral negotiations aimed at addressing the new global environmental issues".[22] The 1992 UN Conference on Environment and Development (UNCED) marked the largest gathering of heads of state in history (180), and sparked political action far beyond the echelons of governments. The conference marked a transformation of environmental politics, from a minority to a core concern in foreign policy.[23]

Engagement with diverse actors coincides with the elevation of "soft power" in foreign policy. Nye defines political power as the ability to alter the behaviour of

others to get what you want. Historically, coercion and payment (hard power) have been effective political strategies, but the importance of "attraction" (soft power) has grown. While the "primary currencies" of hard power are military and economic resources, soft power is wielded through values, culture, policies, and institutions.[24] This trend is evident in US government efforts to win over the "hearts and minds" of constituencies abroad through "smart power" (combining hard and soft power).[25] Similarly, in his inaugural speech as UK foreign minister, David Milliban stated,

> *If we are to continue to be a force for good….we need to be smart about how and when we combine the soft power of ideas and influence and the hard power of economic and military incentives and interventions…. foreign policy is about values and interests together*.[26]

All the World's a Stage: New Processes for Diplomacy

While the diplomat's formal role is to serve as an official representative of a state, new diplomacy requires engagement with wider constituencies. This requires what Riordan calls a "radical restructuring of diplomatic services, replacing hierarchical with networked structures, and the creation of new forms of interaction."[27] New diplomacy, for example, seeks to harness new technologies, altering negotiations through enhanced consultation, coordination, information gathering and analysing capabilities. In complex trade negotiations, for example, the panoply of pre and post negotiation meetings, open and closed sessions, working groups, and informal groupings pose substantial logistical challenges for delegations. New technologies offer potential means for coping with information and procedural overload.

More broadly, social/cultural activities are seen by public diplomacy advocates as important means of promoting understanding and influence. Governments are not alone in the use of such technologies. Non-state actors see new technologies, including social networking, as means for exerting soft power especially when they lack military and economic resources. Consequently, there has been growing recognition of the importance of *netpolitik* and *mediapolitik* (in contrast to *realpolitik*), a "new style of diplomacy that seeks to exploit the powerful capabilities of the Internet to shape politics, culture, values, and personal identity."[28]

THE RISE OF GLOBAL HEALTH DIPLOMACY

Using Global Health to Pursue Foreign Policy Goals

Within the context of new diplomacy, growing attention has been paid to global health diplomacy. Much of the GHD literature is overtly normative in advocating the use of global health as a means of furthering foreign policy. The UK Government's Health is Global Strategy seeks to "use health as an agent for good in foreign policy, recognising that improving the health of the world's population can make a strong contribution towards promoting a low-carbon, high-growth global economy."[29] Similarly, amid a declining belief in the effectiveness of hard power, there are questions concerning "what other tools are available to advance U.S. interests in the world?"[30] Then US Secretary of State for Health Tommy Thompson stated:

> *What better way to knock down the hatred, the barriers of ethnic and religious groups that are afraid of America, and hate America, than to offer good medical policy and good health to these countries?…medical*

> *diplomacy…[is] a way to further America's causes around the world. Instead of worrying about any types of wars, if we could somehow substitute the integration of health policy with our state policy, I think we could accomplish a lot more.*[31]

Thus, the Bush Administration's "Initiative for Health Diplomacy in the Americas" (2001-2007) spent nearly US$1 billion on health programmes in Central America.[32] Less overtly utilitarian, but with a similar nod to foreign policy, Harold Varmus of the President's Council of Advisers on Science and Technology called on the Obama Administration to use science for US re-engagement with multilateralism, arguing that "investment in global health is in the national interest".[33] Hotez goes further in arguing that GHD can promote peace and security, claiming a "striking" correlation between childhood mortality under the age of five (predominantly from infectious diseases) and engagement in war.[34] While conflict situations are likely to contribute to higher rates of childhood mortality, he argues that tackling childhood mortality through vaccination programmes could reduce the likelihood of conflict. The first-ever Quadrennial Diplomacy and Development Review (QDDR), undertaken by the US Department of State and the US Agency for International Development (USAID) in 2010, appears to have taken heed of this advice, identifying global health as "one of six development areas where the U.S. government is best placed to deliver meaningful results and advance America's core interests." The resultant Global Health Initiative, is part of the Obama Administration's embrace of "global health as a core feature of its national security, diplomacy, and development work around the world."[35] Outside of the US, health and foreign policy enjoy a centuries old history focused on infectious disease control.[36,37] More recently, Cuba and China have sent medical personnel to the developing world and assisted in medical education for many decades.[38,39]

Overall, this perspective has been the driving force behind recent interest in GHD. To a large extent, this reflects the dominant influence of the foreign policy agenda, with global health as another means to achieve non-health objectives. How the public health community effectively engages with foreign policy makers, in this context, requires careful consideration.[40]

Advocating for Global Health Goals in Non-Health Settings

A second perspective in the existing GHD literature is advocating health goals through foreign policy. This has been part of a broader push for more "joined up", and thus more effective, public policy as sectors and issue-areas become more interconnected. Switzerland's "health foreign policy", for example, has been initiated for this reason:

> *Until now, we have tended to address health issues in our foreign policy in an indirect manner, and to consider them primarily as part of health and development policies. However, greater global interdependence calls for a more comprehensive and more coherent approach, as well as for solutions that are coordinated at both the national and international levels.*[41]

Others argue for health goals per se to be furthered through foreign policy such as the 2007 Oslo Ministerial Declaration:

> *We believe that health as a foreign policy issue needs a stronger strategic focus on the international agenda. We have therefore agreed to make impact on health a point of departure and a defining lens that each of our countries*

> *will use to examine key elements of foreign policy and development strategies, and to engage in a dialogue on how to deal with policy options from this perspective.*[42]

Similarly, the US CDC's GHD initiative is defined by public health goals:

- Support achievement of international and national goals for the acceleration of control, and the eradication and elimination of diseases.
- Develop sustainable public health capacity among partner organizations and governments globally.
- Prevent maternal morbidity and mortality globally.
- Improve response to natural and manmade disasters, including complex humanitarian emergencies globally.[43]

To date, GHD has had limited success in advocating for health goals within non-health settings. Fuller understanding of the reasons for this, and the scope for furthering this perspective, remains needed.

The Use of Diplomatic Channels and Tools for Negotiating Health-Related Agreements

A third perspective in the GHD literature is how negotiation of health-related agreements can benefit from the skills and experience of diplomats. In the past, the "toolbox" of the health policy maker has not included expertise in international negotiation. International health agreements, such as the Framework Convention on Tobacco Control (FCTC) and Revised International Health Regulations (IHR), and representation of health issues within non-health agreements (e.g. Agreement on Trade-Related Aspects of Intellectual Property Rights) have become increasingly important. As described by Gostin:

> *The world faces enormous problems with public health, especially in the developing world, and the majority of legal systems simply do not protect and promote health adequately. Many governments have not addressed the issues surrounding air and water pollution, sanitation, sewage, child and maternal health, obesity and outbreaks of infectious diseases, and we must give them both the powers and duty to do so if we expect them to ensure the well-being of society.*[44]

The public health community is seen as unprepared to effectively engage with non-health sectors:

> *Global health diplomacy brings together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manage the global policy environment for health. The relationship between health, foreign policy and trade is at the cutting edge of global health diplomacy. Issues of international trade impinge on health, often in significant ways. This is an especially challenging area for foreign diplomacy.*[45]

The need for health negotiators to assert themselves effectively within highly contested policy arenas is acknowledged:

> *[D]ue to the impact of globalization on public health, a new type of diplomacy is necessary to navigate the changing landscape of international affairs and politics. The emergence of cross-border disease, bio-terrorism,*

> *shifting geo-political environments, and the linkages between health, trade, intellectual property, and human rights, present stakeholders with a complex matrix of technical and relational challenges.*[46]

TOWARDS A CLEARER DEFINITION OF GLOBAL HEALTH DIPLOMACY

While much of the GHD literature has focused on advocating either foreign policy or health goals, there has been limited attention to what actually defines GHD. Returning to the distinction between traditional and new diplomacy, a research agenda on GHD can be developed to inform this emerging area.

Health Diplomacy in an Era of Globalisation

Health is widely recognised by foreign policy makers as one of the key transborder issue-areas requiring more effective collective action. At the same time, while the social determinants of health have long been recognised, the challenge of addressing them amid globalisation is reflected in the rapid growth of interest in *global health*.[47] The unprecedented attention to global health of recent years is not, however, invulnerable to changes in the political wind. According to Fidler, the crises of climate change, energy security, food production and the financial system "represent serious potential threats to global health's place in international politics, the prospects for global health diplomacy, and the effectiveness of global health governance mechanisms."[48]

The following research questions might be pursued to better understand the role of GHD amid globalisation:

- *What role does GHD play in addressing the particular challenges that globalisation poses to global health and the broader global community as a whole?*
- *How does the shifting balance of power in world politics affect GHD?*
- *How can GHD play a role in maintaining global health as a high policy priority among world leaders in coming decades?*
- *What can GHD teach us about the challenges of strengthening collective action in an increasingly global world?*

Diverse Actors and Global Health Diplomacy

Kickbusch et al. write that GHD aims to capture "multi-level and multi-actor negotiation processes."[49] Within the public health community, this need to engage with diverse actors is well-recognised.[50] Analyses of GHD to date suggest that some negotiation, such as the FCTC, have involved diverse actors interacting across the public and private sectors, and different sectors. The foreign policy community, however, has yet to reach such an epiphany in relation to global health, but there are encouraging signs. The Group of Eight (G8) countries have addressed health issues to an unprecedented degree over the past decade, and issue specific meetings, such as the International AIDS Conference and the International Workshop on Influenza Pandemic Preparedness and Control held in Beijing, have seen the participation of heads of state. Most notably, the Oslo Declaration is significant as a statement by seven foreign ministers of the need for closer links between global health and foreign policy.[51] In general, there is acceptance that closer interaction between the health and foreign policy communities is desirable and mutually beneficial. Harris cautions

the public health community in its efforts to harness the foreign policy agenda for health purposes, concluding that "[i]n many ways, foreign policy and health are already married. Nevertheless, it is more a marriage of convenience than of substance, with limited intramarital conversation."[52]

Beyond state actors, the plethora of non-state actors in global health is widely acknowledged. What is less clear is how this diversity of actors contributes to more or less effective global health governance. As Davenport warns, "NGOs passionately believe they should be running whatever process is related to the issue around which they are formed. This makes them better advocates than leaders of a complex legal negotiation, with its give and take and need for consensus."[53] How non-state actors contribute to GHD is even less well understood.

The following research questions might be pursued in understanding the nature and role of diverse actors in GHD:

- *Who is responsible for undertaking or engaging in GHD*
- *How do specific actors (and types of actors) participate in GHD? How do they influence GHD individually and collectively?*
- *What are the relative roles of state and non-state actors in GHD?*
- *What are the relative roles of health and non-health actors in GHD?*
- *Why do certain actors participate in GHD? What are their interests and what goals/interests do they seek to pursue?*
- *What determines the power and influence of specific actors in GHD?*
- *Who holds authority in GHD and from where does this authority derive? How does this change by issue area and over time?*
- *Does authority/legitimacy in GHD coincide with responsibility?*
- *Which actors are underrepresented in GHD and why? What can be done to improve the representativeness of GHD?*
- *How can we assess the quality of GHD in terms of accountability, transparency, representativeness and effectiveness?*

New Processes for Global Health Diplomacy

Traditional state-to-state negotiations represent only a part of new diplomacy. Alongside the proliferation of actors in global health have been the worldwide social networks that enable them to connect together and exert policy influence. Formally, as the UN specialised agency for health, the World Health Organization is the official venue for international negotiations on health agreements. In practice, the diplomatic milieu is far richer and far reaching and there remains much concern about the "architectural indigestion" characterising the "new world of global health."[54] Fuller understanding of how GHD is conducted, including the role of new technologies, alternative venues and informal processes, is needed.

The following research questions might be pursued in understanding the venues and forms of GHD:

- *How much GHD takes place? How would it be measured?*
- *How does GHD actually work or doesn't work? How would this be assessed?*
- *Which institutions formally conduct GHD and how effectively do they function?*
- *Are certain venues more effective at conducting GHD than others?*
- *At what different institutional levels does GHD take place? How do they function together?*

- *Can we distinguish between formal and informal GHD?*
- *What are the principles of decision making in GHD?*
- *What channels and processes of "new diplomacy" could be used for GHD?*
- *To what extent is GHD facilitated or hindered by netpolitik? How might this be changing the nature of GHD?*
- *What institutional mechanisms are needed to support GHD?*
- *Is there such a thing as new public diplomacy in global health? What is the relationship between new public diplomacy and global health?*

CONCLUSION: REFINING THE CONCEPT OF GLOBAL HEALTH DIPLOMACY

GHD has eluded definitional precision. While there is broad consensus that negotiation is at its heart, normatively-driven views about whether GHD is intended to serve foreign policy or health goals adds to this analytical challenge. Understanding GHD in terms of "new diplomacy" offers a way forward.

First, GHD's subject matter focuses on population health within a global context. The term *global health* suffers from comparable imprecision, with definitions spanning the narrow (i.e. health issues in poor countries) 3 and the broad (i.e. any health issue occurring in than one country/region). Returning to the strict use of the term, as relating to, or involving the entire earth, global health concerns health determinants or outcomes that circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address alone through domestic institutions.[55] Agreements such as the FCTC, the IHR and ongoing negotiations on virus sharing and climate change all concern population health issues that cannot be limited to a particular geographical location. Thus, GHD can be defined as *negotiations on population health issues that require collective action worldwide to address effectively*.

Second, GHD is characterised by diverse actors spanning the state and non-state, public and private, health and non-health sectors, and local to global levels of governance. While GHD concerns traditional state-to-state negotiations, such as the FCTC and trade agreements, it also involves what Kickbusch et al. describe as "multi-level, multi-actor" negotiations.[49] It is thus helpful to distinguish between the official or formal processes of diplomacy, and broader, often informal, processes which can influence the outcome of GHD negotiations. The latter concerns an array of actors (and new groupings of actors) who, given the increased importance of soft power, have become important players in global health. Thus, GHD can be defined as *negotiations involving diverse actors at many levels of governance seeking to reach agreement on collective action on a global health issue*.

Third, GHD is shaped by different processes of interaction. While the WHO and other intergovernmental institutions continue to offer important venues for intergovernmental negotiations, these processes are being increasingly influenced by new technologies, by non-health settings such as the WTO, and thus new *modus operandi*. For example, the role of the internet, in helping organise tobacco control advocates and facilitate their informal participation in the FCTC, is well-documented.[56,57] The role of NGOs on the access to medicines issue has fortified the state positions of India, Brazil, South Africa and Thailand in recent years. At the same time, GHD incorporates public diplomacy activities intended to build trust and understanding within other political constituencies.[5] Thus, GHD can be defined as *negotiations involving traditional and new diplomatic processes aimed at reaching formal and informal consensus on global health concerns*.

Together, these elements form a more concise definition of GHD as "*policy-shaping processes through which state, non-state and other institutional actors negotiate responses to health challenges, or utilise health concepts or mechanisms in policy-shaping and negotiation strategies, to achieve other political, economic or social objectives.*"[58] This definition recognises the duality of the relationship between health and foreign policy, and the centrality of negotiation in achieving goals within each policy sphere.[59] From this starting point, a focused research agenda emerges, not only to strengthen understanding of health negotiations within a global context, the role of diverse actors, and the new processes by which such actors interact, but how GHD might contribute practically to achieving more effective collective action.

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