

Recent contributions to research on health and foreign policy

A report of the International research initiative 'Foreign Policy as Part of Global Health Challenges'

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1. The research field

Health considerations have for many years formed part of how states relate to and cooperate with each other. As early as 1851 European powers established common standards in ports to stop the spread of the plague, and in 1907, a permanent international organization, *Office International D'Hygiene Publique*, was established. These developments took place in a period where there was very little international cooperation in other areas. Against this backdrop, it is not surprising that our times – of globalization – are characterized by a great deal of inter-national and trans-national cooperation in the field of health. What is remarkable is that we have until recently known scarcely little about how health considerations are acted upon relative to other concerns in states' foreign policy and in global governance more generally. Even though health has been integrated in foreign policy and diplomacy for a long time, as a specific field of research this is relatively new, though rapidly expanding.

Indeed, much work has been done on international components of health, often within public health and biomedical studies. Health issues have also often been studied as part of studies of international relations, including development aid. What is relatively new is a more focused interest in studying the *nexus* health and foreign policy/global governance, where researchers are interested both in how health dynamics shape foreign policy and global governance, and how foreign policy and global governance shape health dynamics. That nexus is seen to involve specific dynamics and challenges that deserve empirical investigation and theory development. The literature builds on insights from public health and biomedical studies, development studies, international law, and political science, but increasingly it can be seen as a specific, cross-disciplinary research field. This research interest departs from the observation that the international and global dimensions of states' efforts to improve health and prevent diseases have increased significantly during the last two decades; and that foreign policy in other sectors also have implications for health. Against this background the literature asks whether, how, why, and with what effects health is or should be integrated in foreign policy/global governance.

This drive to identify and draw out lessons for how to make global health investments more robust and effective also clearly responds to and follows from changes in international politics. Outbreaks of infectious diseases are seen as potential threats not only at the national level but also globally. HIV/AIDS is a particular case with a range of implications well beyond what is traditionally seen as the health sector, with its long-term impact on developing countries development prospects and social fabric and with obvious implications for internation-

al cooperation. Health has become more politicized and linked to “hard” economic interests, as in the case of the TRIPS agreement. Finally, health has been given a much higher priority on the development agenda through the Millennium Development Goals (MDGs). Less visible yet very much consequential is the evolving debates about the global institutional set-up for health governance: What was a relatively simple institutional structure with one dominant international organization (the WHO) and often bilateral arrangements is now a sector dramatically more complex dynamics on the global scene, with many new global actors – a change sometimes framed as a change from International Health Governance to Global Health Governance (GHG)¹. These parallel and partly interrelated developments have arguably made health more integrated with other foreign policy interests, and subject to more complex dynamics.

It is beyond the scope of this review to engage in a discussion of the essential markers of foreign policy, but it should be noted that one other reason why so much ink is currently being used – both among practitioners and researchers – in an effort to elevate health as a foreign policy concern may be that it is implied in the concept of “foreign policy” that it is more important than other policy areas. In short, it is seen to pay off to get an issue included in the portfolio of regular or standard foreign policy issues. This is because foreign policy has historically been accorded a special status by virtue of having to do with overarching “national interests”, be that security, economic interests, or other. Indeed, as Halvard Leira has demonstrated in the case of Norway, the term “foreign policy” (*utenrigspolitik*) was historically used strategically by elite actors in an effort to exclude parliament and broader social forces to partake in its formulation.² While the making of foreign policy today is generally much more open to public scrutiny and democratic debate, the idea that foreign policy is a policy realm that is more important than others is still significant in how it structures both academic research and political advocacy, as we demonstrate below. The idea is that the efforts to improve health in other countries and globally will be more effective if health is “lifted” to the foreign policy agenda – even though international health has been integral in health sectors and among health professionals for decades, for instance through engagement in WHO or through aid, without being seen as a key foreign policy issue.

¹ Nora Y. Ng and Jennifer Prah Ruger, “Global Health Governance at a Crossroads,” *Global Health Governance* 3, no. 2 (2011).

² Halvard Leira, “The Emergence of Foreign Policy: Knowledge, Discourse, History” (PhD thesis, University of Oslo, 2011).

2. Scope of the review

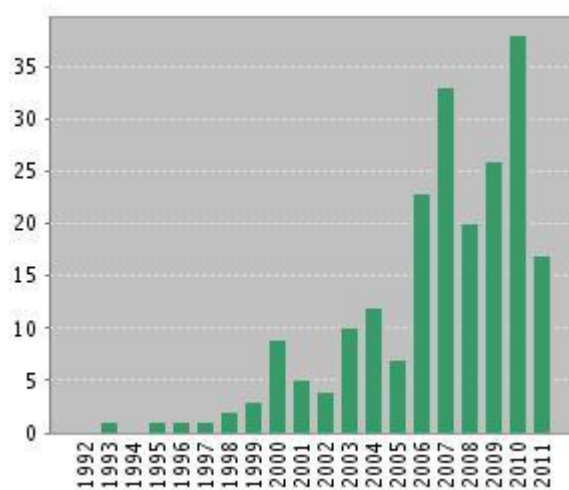
This review is part of the international research initiative 'Foreign Policy as Part of Global Health Challenges'³, supported by Norwegian Ministry of Foreign Affairs and aiming to explore and seek ways to establish evidence of how foreign policy realms impact on the capacity of states to protect and promote life and health of their citizens; and how high level commitments to health on the global level impacts on foreign policy. This is the first in a series of four reports.

This review represents an attempt to survey the literature on the interrelations between health, on the one hand, and foreign policy/diplomacy and global governance, on the other. "Foreign policy" is here understood in relatively wide terms, covering what states deem to be about their relations with outside actors, and it includes "global governance", seen to reflect more recent developments both in terms of shifting rationality and interests among many actors, and actual dynamics and institutional set-ups on the international scene. The review is limited to the literature that explicitly addresses how these two fields relate to each other. This means that it does not cover literature that is primarily concerned about (international) health even when discussing issues that have obvious international components of relevance to foreign policy, or the study of international relations even if it includes the negotiations or the cooperation on health issues, if not addressing that nexus specifically.

As noted above, there is a huge amount of literature that are of relevance to the study of health and foreign policy. It includes studies relating to health challenges that in many ways necessitate some discussion of foreign policy— something that indeed can be said about most health issues, but seeing health as the primary concern and the dependent variable. Similarly, much literature found in the discipline of International Relations (IR) and elsewhere looks at the cooperation in the field of health. Health is often as a case to say something more general about the character of international negotiations, the power of non-state actors, or the functioning of international organizations in general, or health is linked with specific issue-areas or policy objectives, such as trade and development aid: here, foreign policy or specific foreign policy objectives is the dependent variable. This review, however, is limited to the literature that treats health and foreign policy as both a dependent and an independent variable, reflecting an interest in both fields and addressing how these two relate to each other.

³ The initiative is a collaboration between the following institutions: Center for Global Health, Fiocruz, Brazil; Norwegian Institute of International Affairs (NUPI); Fridtjof Nansen Institute, University of Oslo, Norway, South African Institute of International Affairs; Universitas Gadjah Mada, Indonesia and Harvar University, USA.

Establishing parameters for this review was difficult. For instance, there is large body of research on the inter-linkages between health and other foreign policy objectives such as trade, or studies of the WHO, or the study of pandemics. Also, there is a large literature on “global health”, but much of it focuses mainly on health and sees foreign policy and global governance primarily as context or background. In this review, only those that we have found to reflect an explicit interest in the nexus between health and foreign policy have been included. Our database searches provide an indication of the rapidly growing field: for most of our keywords the search returned few or no hits no hits prior to 2000, some few articles annually until 2005 and a dramatic increase in 2006 and onwards. See, for instance, the results returned from a search on the databases provided by Thomson Reuters’ Web of Science⁴ for keywords “health” and one of the three terms “global governance”, “diplomacy” or “foreign policy” (number of publications each year)⁵. Comparable trends (although with a much larger number of publications) were seen with other search terms.



The review aims to offer an overview of the most relevant literature with emphasis on more recent contributions, rather than an in-depth analysis and assessment of the field. It should be seen as an inventory or a “road map” and we hope it can be useful for readers who are not familiar with the field. This means that we have put more emphasis on categorization than on in-depth and exhaustive analysis. It should be noted that it departs from an interest in the health and foreign policy nexus by two researchers, who do not have a background in health,

⁴ Search was conducted 29 August 2011. The Web of Science is a multidisciplinary database covering articles from more than 10,000 scientific journals (but currently no books). We have used Thomson Reuters’ Web of Knowledge as the search platform. For more information, see http://wokinfo.com/products_tools/multidisciplinary/webofscience/.

⁵ The graph is shown for illustration purposes only. It should be noted that there is a general trend towards more publications in almost all academic fields – still, the increase in this field is remarkable.

but in international relations/global governance and development studies, respectively.

2.1. Selection criteria

The literature reviewed is based on the following selection criteria. First, we consulted the references in a selection of more recent studies, as well as the reading lists/curriculums for academic courses in “global health” or similar topics, and literature referred to in relevant forums and newsletters, such as the *Health and Foreign Policy Bulletin*. We also consulted recent books on relevant themes. In addition, we made systematic searches at ISI Web of Science as follows: We searched for all journal articles with “health” and either “foreign policy”, “diplomacy”, “global governance” or “global health governance” as search terms either in the title, abstract or keywords (assigned by the author and/or the publisher) of the articles⁶. For each of the search combinations, we consulted the ten most cited articles since 2000 in an attempt to develop an understanding of the field by focusing on the literature that is most frequently quoted by others. We then selected the 50 most cited journal articles published in 2006 or later for any of the above search combination⁷. This is because the field is so new that we thought that particular attention to the more recent contributions would be most useful, and we assume that the most cited publications are the most influential. There was much overlap between all the above selections – a good indication that we have been able to cover the most significant literature, as measured by quotations.

3. General observations

As indicated, health and foreign policy is a new area of research, with a small, but rapidly increasing number of publications. The number of scholars involved has been quite limited, with a few names dominating, but there is a trend towards an expansion of the group of scholars publishing on this issue. Much of the early literature (around the year 2000) of relevance was typically about health in specific foreign policy areas such as development assistance or international health, or trade policies (in particular, intellectual property rights) or specific issues like tobacco⁸. There are also quite a few publications on globalization and its implications for health (or “glocal public health” as

⁶ The combined number of items for these searches was around 270, most of it of little or no relevance for the purpose of this review. In all the searches we omitted articles that were obviously not relevant to the field, but may have been included only because of matching keywords.

⁷ In a search for literature that could be regarded as influential it seemed sufficient to include this number of articles in each category as it included all articles with more than approx. three quotations in each category.

⁸ D. Yach and D. Bettcher, “Globalisation of Tobacco Industry Influence and New Global Responses,” *Tobacco Control* 9, no. 2 (June 2000): 206-216.

framed by Kickbusch in 1999⁹), see, for instance Lee, Buse and Fustukian (2002¹⁰) or Lee (2003¹¹). Much of the literature at that time saw globalization as something potentially negative to health, health systems and the possibility of national (sovereign) health governance (Kickbusch 2000¹², Cornia 2001¹³, Lee and Dodgson 2000¹⁴, Huynen 2005¹⁵). This literature is, and often quite explicitly so, about making the case for health to be considered as more important.¹⁶ After 2000, we see a gradual change towards increasing interest in the integration of health with foreign policy in general, including a focus on the challenges for traditional diplomacy. Even more recently, the dominant interest has been on global governance or global health governance (GHG). The latter has been a key focus of much of the most recent literature. As compared to the “health and globalization” literature seen a decade ago, there is an interesting contrast: the pessimistic concern over reduced scope for national autonomy – a key issue in the globalization literature – is replaced by a more optimistic approach to the possibilities for establishing a more ambitious and effective system for global (health) governance.

In addition, there are a number of studies that explore health in relation to other foreign policy interests, such as migration (both in the context of health systems and health personnel, in terms of infectious diseases and other issues), medical tourism, health in post-conflict and humanitarian situations, and so on. Moreover, the health and security complex has been approached in several dimensions recently, both theoretically and empirically. These studies suggest that health is increasingly discussed as part of and foreign policy and that there is a concomitant expansion of research on this relationship. Some research initiatives seem particularly important. A case in point is one of the issues of the *Bulletin of the World Health Organisation* (vol 85, no 3) in 2007 on health and foreign policy, which introduced a number of issues pertaining to the health-foreign policy nexus. This was one of the most important single publications, spawning research and debate.¹⁷ Indeed, many of the articles in this special issue have had a

⁹ I. Kickbusch, “Global+ Local= Global Public Health.,” *Journal of Epidemiology and Community Health* 53, no. 8 (1999): 451.

¹⁰ K. Lee and K. Buse, *Health Policy in a Globalising World* (Cambridge Univ Pr, 2002).

¹¹ Kelley Lee, *Health Impacts of Globalization: Towards Global Governance* (Palgrave Macmillan, 2003).

¹² I. Kickbusch, “The Development of International Health Policies - Accountability Intact?,” *Social Science & Medicine* 51, no. 6 (September 2000): 979-989.

¹³ Giovanni Andrea Cornia, “Globalization and Health: Results and Options,” *Bulletin of the World Health Organization* 79, no. 9 (2001): 834-841.

¹⁴ Kelley Lee and Richard Dodgson, “Globalization and Cholera: Implications for Global Governance,” *Global Governance* 6, no. 2 (June 2000): 213-236.

¹⁵ Maud Huynen, Pim Martens, and Henk B.M. Hilderink, “The Health Impacts of Globalisation: a Conceptual Framework,” *Globalization and Health* 1, no. 1 (2005): 14.

¹⁶ J. Frenk and O. Gomez-Dantes, “Globalization and the Challenges to Health Systems,” *Health Affairs* 21, no. 3 (June 2002): 160-165.

¹⁷ One earlier event that seems influential is a collaboration between the WHO and the London School of Hygiene and Tropical Medicine. See, for instance, R. Dodgson, K. Lee, and N. Drager, “Global Health Governance,” *A Conceptual Review, London/Geneva* (2002).

large impact (measured by citations). The same year, *The Lancet* (volume 369) published a number of articles, mostly policy oriented, on similar issues. Interestingly, *Lancet* has served as a hub also for policy statements, thus using its scientific status in the field of health to push for more focus on health in foreign policy. More recently, *PLoS Medicine* has invited submissions for a separate series of articles on global health institutions and on global health diplomacy.

Some observations on this literature: First, the literature is characterized first and foremost by a normative commitment to health, and in that sense most articles reviewed have an implicit or explicit call for a stronger focus on health issues in foreign policy and global governance. Although the research tracks actual changes in international politics, it also reflects a distinct agenda of pushing health issues higher up on the international political agenda. Second, there is very little disagreement and scholarly focused debate, and it is hard to identify scholars engaging each other's substantive arguments with critical analytical tools. Third, a relatively small share of the literature is based on empirical research beyond the relatively easily available data for instance on policy level and macro level of institutions. More in-depth empirical research, for instance by case studies, interviews or in-depth investigation of the institutions involved, make up small part of the overall literature.

3.1. The bias towards normative and policy oriented literature

As noted, one of the more striking features of the publications reviewed is its strong normative and policy orientation. Many of the texts aim to convince readers about the importance of the health in foreign policy rather than trying to offer explanations backed by empirical data. The primary purpose of most of this research is to use it as a tool to convince readers that health should be made either integral to or more prominent in foreign policy decisions. There is not necessarily a conflict between understanding the issue and seeking to advance it politically – empirical data is often marshaled in defense of particular policy positions, and such data is often critically important for enlightened policy debates. But it risks undermining a critical approach that would necessarily also discuss the limitations in integrating health in foreign policy. Much of the literature is still interesting as it provides empirical data or other forms of insight, while quite a large number of articles even in scholarly publications are of less relevance to research as they are mainly policy statements that do not provide new empirical evidence or analytical tools.

There is also a less normative but still policy oriented literature that focus on how policies can be implemented as effectively as possible. Thus, a high number of publications are framed around questions of

“how to...”, trying to point out pathways to more successful integration of health in foreign policy. Since the focus is on to implement policies more effectively they have less empirical data from which to make their claims. Even in the literature that is not as explicitly normative, there is an implicit normative position, which seems to reflect an assumed consensus among all readers about the importance of the issue under discussion. It is also noteworthy that a large number of the most cited references within the field are policy documents. For instance, even though it is a recent text (April 2007) the Oslo Ministerial Declaration¹⁸ is among the top three most cited references of all articles categorized under “health” and “foreign policy” by ISI Web of Science since the year 2000¹⁹. Of course, there are good reasons to cite that text, and if it is referred to as an (empirical) example of a policy document, not only as a policy statement to which scholars adhere.

4. Literature attempting to define the field

A substantial share of the literature seeks to clarify, understand and define this emerging field of research. Some focus on the analytical tools, for instance in seeking to define key concepts, others seek to understand the empiric phenomena under investigation. This illustrates and underlines the fact that the field of research is relatively new and that little consensus has been reached on the basic theoretical and methodological parameters. Many of the contributions fall into one of two categories. One consist of attempts to relate health to other foreign policy interests, whether as empirical investigation of actual interrelatedness between policies and implementation of policies, or as more normative, policy oriented works calling for better integration between policy interests or arguments that health will also support other foreign policy objectives. The other, more dominant in recent few years, is the discussion on Global Health and Global Health Governance (GHG).

4.1 Definition of key concepts

The definition of key concepts seems a puzzle to many of the scholars involved. The discussion ranges from mainly semantic to attempts to understanding the empiric phenomena involved. Much of the recent discussion is around the concept “global health” and “global health governance”. Different versions of the question “what is global health” are being approached by a large number of articles. A general

¹⁸ Celso Amorim et al., “Oslo Ministerial Declaration - Global Health: a Pressing Foreign Policy Issue of Our Time,” *The Lancet* 369, no. 9570 (April 21, 2007): 1373-1378.

¹⁹ The other two are Yach and Bettcher, “Globalisation of Tobacco Industry Influence and New Global Responses.” and Kickbusch, “The Development of International Health Policies - Accountability Intact?”. The frequency of those two references is easier to understand as they are among the early contributions to the field, while the Oslo Ministerial Declaration is relatively recent.

definition is discussed by Koplan et al (2009)²⁰, Kickbusch and Lister (2006)²¹ and Beaglehole and Bonita (2010)²², but is indirectly discussed in many other contributions. Faid (2011)²³ provides a good overview and critical discussion of different attempts to define. “Global health governance” is also discussed by many, some of the early contributions coming out of a WHO research programme on Globalisation and Health (Dodgson, Lee and Drager 2002²⁴). The edited volume of Buse et al (2009)²⁵, albeit not primarily engaged in a discussion of definitions, contributes to the understanding of the concept by its discussion of both GHG and several related concepts.

In parallel with “global health governance”, “global governance for health” has been developed as a concept referring to a related, but different political project (as discussed in chapter 0). Among those authors that have worked to define global governance for health, are Lee and Dodgson (2000).²⁶ Bozorgmehr (2010)²⁷, contributes to a fruitful approach to global health in emphasizing what the “global” means in “global” health: while some scholars seem to assume that “global” means mainly “worldwide”, his definition of global as “supraterritorial” has important implications for research and practice as it highlights that the cross-border and inter-state aspects is a qualitatively new dimension to “global health” as opposed to “health” or “public health”. Ruger (e.g. 2011)²⁸, frames global health governance in the terms “Shared Health Governance”, emphasizing the moral obligations and justice aspects.

Lakoff (2010)²⁹ responds to the attempts by many previous scholars to understand the balance between “humanitarian” and the “interest based” motivations as driving forces behind health in foreign policy, in distinguishing between two regimes of global health: “global health security” is about infectious diseases that have not yet occurred and focuses on their threat to wealth countries; while “humanitarian biomedicine” focuses on diseases that already exist and mainly in poorer countries. “Health security” is another concept subject to investiga-

²⁰ Jeffrey P Koplan et al., “Towards a Common Definition of Global Health,” *The Lancet* 373, no. 9679 (June 2009): 1993-1995.

²¹ I. Kickbusch and G. Lister, “European Perspective on Global Health: a Policy Glossary,” *Brussels: European Foundation Centre* (2006).

²² R. Beaglehole and R. Bonita, “What Is Global Health?,” *Global Health Action* 3 (2010).

²³ Miriam Faid, “The Quest of Finding a Proper Global Health Definition,” Working Paper (Geneva).

²⁴ Dodgson, Lee, and Drager, “Global Health Governance.”

²⁵ Kent Buse, Wolfgang Hein, and Nick Drager, *Making Sense of Global Health Governance: A Policy Perspective* (Basingstoke: Palgrave Macmillan, 2009).

²⁶ Lee and Dodgson, “Globalization and Cholera: Implications for Global Governance.”

²⁷ Kayvan Bozorgmehr, “Rethinking the ‘Global’ in Global Health: a Dialectic Approach,” *Globalization and Health* 6 (2010): 19.

²⁸ Jennifer Prah Ruger, “Shared Health Governance,” *American Journal of Bioethics* 11, no. 7 (2011): 32-45.

²⁹ A. Lakoff, “Two Regimes of Global Health,” *Humanity: An International Journal of Human Rights, Humanitarianism, and Development* 1, no. 1 (2010): 59-79.

tion. Aldis (2008)³⁰ has investigated, empirically, what “health security” means in different policy documents. He concludes that there is no consensus among different players on what “health security” means. In a related and also empirically focused investigation, Elbe (2008)³¹ looks into the “securitization” of health, using HIV/AIDS as a case. “Health diplomacy” is a concept that has different meanings, see section 0 below.

4.2. Contextualizing health in foreign policy

Some contributions do not primarily aim at defining the concepts, but seek to contextualize it as part of foreign policy, often to explain how it has emerged as a key foreign policy objective. These range from the historical background, the comparison of health with other foreign policy interests, and technological changes necessitating health as a foreign policy concern, such as increased mobility and also microbial changes. Two very brief, but still rich discussions on the historical background of health and foreign policy are found in Fidler (2001; 2007): The historical background of more than a century of health diplomacy is given in his 2001³² article, and in “reflections on the revolution in health and foreign policy” (2007)³³ he makes some, albeit very brief, interesting reflections of health in foreign policy, also introducing the term “tragedy of the global health commons”.

A number of studies tries to explain why health has emerged as a foreign policy issue, whether in each country, such as Sandberg’s (2010)³⁴ study of Norway’s MFA, or more generally. Many scholars see health and foreign policy in its institutional context (see section 0 below) and ongoing changes in international politics (Kickbusch 2000³⁵, Cornia 2001³⁶, Lee and Dodgson 2000³⁷, Huynen 2005³⁸). A critical approach is found in Turner (2001)³⁹, where health is discussed in light of Ulrich Beck’s concept of risk society. Turner criticizes the view that globalization is to be equated with a risk society, arguing instead that globalization is more closely associated with hazard which, he argues, opens for a more nuanced view of technological

³⁰ William Aldis, “Health Security as a Public Health Concept: a Critical Analysis,” *Health Policy and Planning* 23, no. 6 (November 2008): 369-375.

³¹ S. Elbe, “Risking Lives: AIDS, Security and Three Concepts of Risk,” *Security Dialogue* 39, no. 2-3 (2008): 177.

³² D. P. Fidler, “The Globalization of Public Health: The First 100 Years of International Health Diplomacy,” *Bulletin of the World Health Organization* 79, no. 9 (2001): 842-849.

³³ David P Fidler, “Reflections on the Revolution in Health and Foreign Policy,” *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 243-244.

³⁴ K.I. Sandberg and S. Andresen, “From Development Aid to Foreign Policy: Global Immunization Efforts as a Turning Point for Norwegian Engagement in Global Health,” in *Forum for Development Studies*, vol. 37, 2010, 301-325.

³⁵ Kickbusch, “The Development of International Health Policies - Accountability Intact?”.

³⁶ Cornia, “Globalization and Health: Results and Options.”

³⁷ Lee and Dodgson, “Globalization and Cholera: Implications for Global Governance.”

³⁸ Huynen, Martens, and Hilderink, “The Health Impacts of Globalisation.”

³⁹ B. S. Turner, “Risks, Rights and Regulation: An Overview,” *Health Risk & Society* 3, no. 1 (March 2001): 9-18.

developments and the associated political debates about the protection of rights. Other works that see health in relation to risk include that of Stefan Elbe (2008)⁴⁰, who offers interesting perspectives on health by showing that there are at least three different conceptions of risk underpinning different types of health work globally. Discussing the case of HIV/AIDS, Elbe argued that these different conceptions of risk generate different policy responses.

Cooper (2006)⁴¹ emphasizes the role of science and technology as important factors behind the emergence of health aspects of the war on terror, but her perspectives are relevant to other aspects of health in foreign policy. She discusses the “biological turn in the war on terror” claiming that the last years have seen a quite dramatic shift in the whole logic of international relations. We have seen a redefinition of security and a new strategic agenda which is not only aiming at defending the state or even human life, but it is a war of apocalyptic and biospheric dimensions – “in the name of [...] all forms of life, from the microbe upwards”, she claims. Her arguments build on a wide range of references from history, political philosophy, and draws together recent innovations in biological science, trends in the world economy and Western economic policies, and post 9/11 US foreign policy with emphasis on bioterror. She builds on observations that have been made, but with less philosophically sophisticated reflections, by several others: that the emergence of health in foreign policy can not only be explained by policy and institutional aspects, but also technological change, both in terms of the enormous increase in rapid (air) person transport and biomedical innovations, as well as economic changes involving the commercialization (and thereby globalization) in the delivery of key health care goods and services⁴². A quite different and noteworthy initiative to contextualize health in foreign policy is the *Global Health Watch: An Alternative World Health Report* by *Peoples Health Movement*.⁴³ Developed for political as well as academic purposes, it is richer in relevant empirical data and literature references than most of the research literature in the field and certainly serve as a reminder of the wider societal and political context of “global health”. This is also where we find much of the more critical approaches to mainstream thinking about global health.

⁴⁰ Elbe, “Risking Lives.”

⁴¹ Melinda Cooper, “Pre-empting Emergence - The Biological Turn in the War on Terror,” *Theory Culture & Society* 23, no. 4 (July 2006): 113+.

⁴² Frenk and Gomez-Dantes, “Globalization and the Challenges to Health Systems.”

⁴³ “Global Health Watch ...: An Alternative World Health Report” (2005); People’s Health Movement, *Global Health Watch 2: An Alternative World Health Report* (London: Zed Books, 2008).

4.3. Analytical models

Some work has been done on specific analytical approaches to foreign policy or to global health governance, as distinct from approaches to other foreign policy or global governance issues. Bartsch et al 2007⁴⁴, borrowing from Normann Long's approach to aid⁴⁵, uses *interface* as the entry point. Hein et al (2009)⁴⁶ discusses that approach and compares with Burris et al's (2005)⁴⁷ "nodal governance" approach (not specifically designed for, but with obvious reference to global health). David Fidler (2007)⁴⁸ discusses the idea of a global "architecture" and argues that architecture is not the most appropriate metaphor for global health governance. Rather, he uses metaphors from computer software technology and says that what we see is an "open-source anarchy", but that a "normative source code" is emerging. Davies (2010)⁴⁹ gives an example of how International Relations scholars can help elucidate global health dynamics (i.e. a "statist" vs "globalist" distinction). Hill (2010)⁵⁰ proposes using complexity theory as an approach, seeing global health governance as a complex adaptive system, which has some resemblance with Fidler's use of the metaphor of "open-source anarchy with a normative source code"⁵¹. In terms of models to analyze impacts (on health) from foreign policy, no general approaches have been proposed. Huynen 2005⁵² presents a conceptual framework for assessing health impacts of globalization; a similar/adapted model might be applicable to global health governance. Lee (2007)⁵³ and Scott-Samuel (2007)⁵⁴ discuss issues of impact assessments of health in related contexts.

⁴⁴ S. Bartsch, W. Hein, and L. Kohlmorgen, "Interfaces: a Concept for the Analysis of Global Health Governance," in *Global Health Governance and the Fight Against HIV/AIDS*, ed. Wolfgang Hein, Sonja Bartsch, and Lars Kohlmorgen (Houndmills: Palgrave Macmillan, 2007), 18–37.

⁴⁵ Norman Long, *Development Sociology: Actor Perspectives* (London: Routledge, 2001).

⁴⁶ Wolfgang Hein, Scott Burris, and Clifford Shearing, "Conceptual Models for Global Health Governance," in *Making Sense of Global Health Governance: A Policy Perspective*, ed. Kent Buse, Wolfgang Hein, and Nick Drager (Basingstoke: Palgrave Macmillan, 2009); also available as W. Hein, S. Burris, and C. Shearing, "Conceptual Models for Global Health Governance," *Temple University Legal Studies Research Paper No. 2010-20* (2009).

⁴⁷ S. Burris, P. Drahos, and C. Shearing, "Nodal Governance," *Austl. J. Leg. Phil.* 30 (2005): 30.

⁴⁸ D. Fidler, "Architecture Amidst Anarchy: Global Health's Quest for Governance," *Global Health Governance* 1, no. 1 (2007): 1–17.

⁴⁹ Sara E Davies, "What Contribution Can International Relations Make to the Evolving Global Health Agenda?," *International Affairs* 86, no. 5 (September 1, 2010): 1167–1190.

⁵⁰ P. S Hill, "Understanding Global Health Governance as a Complex Adaptive System," *Global Public Health* (2010): 1.

⁵¹ Fidler, "Architecture Amidst Anarchy."

⁵² Huynen, Martens, and Hilderink, "The Health Impacts of Globalisation."

⁵³ Kelley Lee et al., "Bridging Health and Foreign Policy: The Role of Health Impact Assessments," *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 207–211.

⁵⁴ Alex Scott-Samuel and Eileen O'Keefe, "Health Impact Assessment, Human Rights and Global Public Policy: a Critical Appraisal," *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 212–217.

5. Health and global governance

Increasingly, the discussions on health in foreign policy have become termed an issue of Global Health Governance (GHG), with a relatively large number of texts within very short time. The literature demonstrates that little consensus have been reached about what GHG is or what it should involve. Consequently, the concept covers a relatively wide range of ambitions and efforts to improve health through initiatives and interventions on the global scene. Some authors emphasize a distinction between *global health governance* and *global governance for health*. The first refers primarily to governance challenges in the global health sector, while the latter refers to a broader approach that primarily seeks to influence non-health sectors to give more priority and better respond to health challenges – by working on the global scene but aiming at change in non-health sectors both nationally and globally. The WHO processes on global health promotion, on *health in all policies* and on *social determinants for health* can be seen as part of these ambitions, and it is explicit in the preparation for the Lancet—University of Oslo Commission on Global Governance for Health⁵⁵. While the distinction is obviously useful, it seems explicit primarily in the literature discussing *Global Governance for Health*, which is still marginal (in terms of quantity⁵⁶). Many authors discussing *global health governance* seem less conscious about such distinction and may cover both approaches in their discussion of GHG.

Examples of literature that tries to understand Global Health Governance in general include the edited volume “Making sense of Global Health Governance – a policy perspective” edited by Buse et al (2009)⁵⁷. It seeks to illuminate global health governance from many different perspectives including history, the institutional set-up, conceptual models, norms, and a number of sectoral and thematic issues. This is a very useful introduction to the field. Other useful books are Hein et al: *Global Health Governance and the Fight Against HIV/AIDS* (2007)⁵⁸, providing some methodological and theoretical points and interesting case studies, and Cooper et al: “Governing Global Health: Challenge, Response, Innovation” (2007)⁵⁹ focuses primarily on the multilateral system, including several chapters on the G8.

⁵⁵ Ole Petter Ottersen, Julio Frenk, and Richard Horton, “The Lancet—University of Oslo Commission on Global Governance for Health, in Collaboration with the Harvard Global Health Institute,” *The Lancet* 378, no. 9803 (November 2011): 1612-1613.

⁵⁶ As an indication, a search on Google Scholar in December 2011 returned 91 hits on “Global Governance for Health” against 1790 on “Global Health Governance”.

⁵⁷ Buse, Hein, and Drager, *Making Sense of Global Health Governance*.

⁵⁸ Wolfgang Hein, Sonja Bartsch, and Lars Kohlmorgen, *Global Health Governance and the Fight Against HIV/AIDS*, 1st ed. (Palgrave Macmillan, 2007).

⁵⁹ Andrew Fenton Cooper, John J. Kirton, and Ted Schrecker, *Governing Global Health: Challenge, Response, Innovation* (Aldershot: Ashgate, 2007).

One of the better overviews of the literature is found in Ng and Ruger (2011).⁶⁰ It takes stock of the global health governance (GHG) literature and discusses the framing of health as security, human rights, and a global public good, respectively. It also discusses a range of related issues that typically pop up in this literature, such as health inequalities, global economic trends and their impact on health, international law, and the issue of whether global health interventions should be “horizontal” or “vertical” and the role of national ownership to global health efforts. The review concludes with a discussion of the promise of what the authors call a “shared health governance” approach. Sri-dhar (2010) offers a good outline for how to begin to assess the place of health in global governance. The author goes through key features of global health governance, such as the proliferation of initiatives, the lack of focus on pre-existing (national and international) health structures, the use of so-called “vertical” approaches, the difficulties of getting funding for the capacity building in national health institutions etc. Some ways forward are suggested, which parallels those that have been discussed, and also implemented (in part) in the field of development (the Paris Declaration). These include: new mechanisms to hold donors to account, prioritizing national plans and strengthening national leadership in health, and South-South collaboration. Frenk (2010)⁶¹ looks at the relation between national and global level health efforts, and argues that strengthening the former can and should be made a priority in advancing the latter. The discussions cover a wide range of topics and it is sometimes difficult to see how they are related. Those discussing GHG in general can anyway be categorized along two main focus areas: The institutional set-up, and the legal or normative framework of GHG.

5.1. Legal frameworks and norms

Several scholars explore the normative and legal framework for health governance. They tend to agree on the need for some form of reshaping of legal frameworks and constitutive principles, but do differ on how and on what grounds this should be done. Taylor (2002)⁶² argues that the proliferation and also fragmentation of soft law in the field of health calls for a strengthened role of the WHO. Hardiman (2003)⁶³ in a mainly descriptive piece of text, explore various aspects of the revised International Health Regulations, and Fidler (2003)⁶⁴ discusses trends

⁶⁰ Ng and Ruger, “Global Health Governance at a Crossroads.”

⁶¹ Julio Frenk, “The Global Health System: Strengthening National Health Systems as the Next Step for Global Progress,” *PLoS Med* 7, no. 1 (January 12, 2010): e1000089.

⁶² A. L. Taylor, “Global Governance, International Health Law and WHO: Looking Towards the Future,” *Bulletin of the World Health Organization* 80, no. 12 (2002): 975-980.

⁶³ M. Hardiman, “The Revised International Health Regulations: a Framework for Global Health Security,” *International Journal of Antimicrobial Agents* 21, no. 2 (February 2003): 207-211.

⁶⁴ D. P Fidler, “Emerging Trends in International Law Concerning Global Infectious Disease Control,” *Emerging Infectious Diseases* 9, no. 3 (2003): 285.

in international law concerning infectious diseases control. Indonesia's refusal to share its H5N1 virus samples with the World Health Organization has been used by Fidler (2008, 2010)⁶⁵ and Irwin⁶⁶ to explore and discuss legal aspects of global health governance and the need to establish a global regime in the prevention of pandemics – both of them also discussing ethical and political challenges involved. A commentary by Gostin and Fidler (2011)⁶⁷ builds on those experiences and discusses WHO's Pandemic Influenza Preparedness Framework as part of Global Governance for Health. Several scholars, including Lance Gable (2007)⁶⁸, Bustreo and Doebbler (2010)⁶⁹ and Meier and Fox (2010)⁷⁰ see Global Health Governance in relation to human rights. Ruger emphasizes the normative foundation of global health by her works on health justice and seeing global health as Shared Health Governance⁷¹. Lawrence Gostin in several texts⁷² calls for a global convention for health (see also Haffeld et al 2010)⁷³.

5.2. Institutions/architecture

Several of the contributions to Cooper et al (2007)⁷⁴ explore different aspects of the multilateral system. A series of articles on PLoS Medicine in 2010 looked into the institutional framework of global health from different dimensions⁷⁵. There is of course also a large number of

⁶⁵ David P Fidler, "Influenza Virus Samples, International Law, and Global Health Diplomacy," *Emerging Infectious Diseases* 14, no. 1 (January 2008): 88-94; David P Fidler, "Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1," *Plos Medicine* 7, no. 5 (May 2010).

⁶⁶ R. Irwin, "Indonesia, H5N1, and Global Health Diplomacy," *Global Health Governance* 3, no. 2 (Spr 2010).

⁶⁷ Lawrence O Gostin and David P Fidler, "The WHO Pandemic Influenza Preparedness Framework: A Milestone in Global Governance for Health," *Jama-Journal of the American Medical Association* 306, no. 2 (July 13, 2011): 200-201.

⁶⁸ Lance Gable, "The Proliferation of Human Rights in Global Health Governance," *Journal of Law Medicine & Ethics* 35, no. 4 (WIN 2007): 534-544.

⁶⁹ F. Bustreo and C. F.J Doebbler, "Making Health an Imperative of Foreign Policy: The Value of a Human Rights Approach," *Health and Human Rights* 12, no. 1 (2010).

⁷⁰ B. M Meier and A. M Fox, "International Obligations Through Collective Rights: Moving from Foreign Health Assistance to Global Health Governance," *Health and Human Rights: An International Journal* 12, no. 1: (2010).

⁷¹ J.P. Ruger, "Global Health Justice," *Public Health Ethics* 2, no. 3 (2009): 261; Jennifer Prah Ruger, *Health and Social Justice* (Oxford: Oxford University Press, 2010).

⁷² Lawrence O. Gostin et al., "The Joint Action and Learning Initiative: Towards a Global Agreement on National and Global Responsibilities for Health," *PLoS Med* 8, no. 5 (May 10, 2011): e1001031; L. O. Gostin, "Meeting the Survival Needs of the World's Least Healthy People: A Proposed Model for Global Health Governance," *JAMA: The Journal of the American Medical Association* 298, no. 2 (July 2007): 225-228; Lawrence O Gostin, "Meeting Basic Survival Needs of the World's Least Healthy People: Toward a Framework Convention on Global Health," *Georgetown Law Journal* 96, no. 2 (January 2008): 331-392; Lawrence O Gostin, "A Proposal for a Framework Convention on Global Health," *Journal of International Economic Law* 10, no. 4 (December 2007): 989-1008.

⁷³ Just Balstad Haffeld, Harald Siem, and John- Arne Røttingen, "Examining the Global Health Arena: Strengths and Weaknesses of a Convention Approach to Global Health Challenges," *The Journal of Law, Medicine & Ethics* 38, no. 3 (September 1, 2010): 614-628.

⁷⁴ Cooper, Kirton, and Schrecker, *Governing Global Health*.

⁷⁵ N. A Szlezák et al., "The Global Health System: Actors, Norms, and Expectations in Transition," *PLoS Medicine* 7, no. 1 (2010): e1000183; Frenk, "The Global Health System"; Gerald T. Keusch et al., "The Global Health System: Linking Knowledge with Action—Learning from Malaria," ed. Gill Walt, *PLoS Medicine* 7 (January 19, 2010):

studies (not consulted for this review) of each of the relevant institutions.

Lee et al (2009)⁷⁶ compare the WHO and WTO with emphasis on their history and how they relate to each other. Sandberg and Bjune (2007)⁷⁷ compare health with environmental issues. The power shifts towards a multi-polar world order or the stronger Asian presence in international relations have been a focus in some writing (Hein et al 2009⁷⁸, Fidler 2010⁷⁹). Cooper et al (2007)⁸⁰ also includes a section of five chapters dedicated to the role of G8 with regard to global health. Labonte and Schrecker (2007)⁸¹ also focuses on G8, applying a normative view on the need for G8 to engage more in population health. A particular focus in several studies is the introduction of private actors – whether commercial or philanthropic – in the institutional architecture. Buse and Harmer 2007⁸², building on different assessments, provide a good and critical discussion on public-private partnerships. Sandberg et al (2010)⁸³ give a good empirical account of the formation of GAVI focusing on similar dimensions. Stuckler et al (2011)⁸⁴ looks into the conflicts of interests when private, philanthropic actors dominate. McCoy et al (2009)⁸⁵ is a very useful, primarily empirically oriented (but with an interesting conceptual approach) study of funding for global health, and discuss the need for tracking of funds flows.

e1000179; S. Moon et al., “The Global Health System: Lessons for a Stronger Institutional Framework,” *PLoS Medicine* 7, no. 1 (2010): e1000193.

⁷⁶ Kelley Lee, Devi Sridhar, and Mayur Patel, “Trade and Health 2 Bridging the Divide: Global Governance of Trade and Health,” *Lancet* 373, no. 9661 (February 2009): 416–422.

⁷⁷ K.I. Sandberg and G. Bjune, “The Politics of Global Immunization Initiatives: Can We Learn from Research on Global Environmental Issues?,” *Health Policy* 84, no. 1 (2007): 89–100.

⁷⁸ Wolfgang Hein et al., “Global Health Governance and the Fight Against HIV/AIDS in a Post-Westphalian World,” in *Making Sense of Global Health Governance: A Policy Perspective*, ed. Kent Buse, Wolfgang Hein, and Nick Drager (Basingstoke: Palgrave Macmillan, 2009).

⁷⁹ D. P Fidler, “Introduction: Eastphalia Emerging?: Asia, International Law, and Global Governance,” *Indiana Journal of Global Legal Studies* 17, no. 1 (2010): 1–12.

⁸⁰ Cooper, Kirton, and Schrecker, *Governing Global Health*.

⁸¹ Ronald Labonte and Ted Schrecker, “Foreign Policy Matters: a Normative View of the G8 and Population Health,” *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 185–191.

⁸² Kent Buse and Andrew M. Harmer, “Seven Habits of Highly Effective Global Public-private Health Partnerships: Practice and Potential,” *Social Science & Medicine* 64, no. 2 (January 2007): 259–271.

⁸³ K.I. Sandberg, S. Andresen, and G. Bjune, “A New Approach to Global Health Institutions? A Case Study of New Vaccine Introduction and the Formation of the GAVI Alliance,” *Social Science & Medicine* 71, no. 7 (2010): 1349–1356.

⁸⁴ D. Stuckler, S. Basu, and M. McKee, “Global Health Philanthropy and Institutional Relationships: How Should Conflicts of Interest Be Addressed?,” *PLoS Medicine* 8, no. 4 (2011): e1001020.

⁸⁵ D. McCoy, S. Chand, and D. Sridhar, “Global Health Funding: How Much, Where It Comes from and Where It Goes,” *Health Policy and Planning* 24, no. 6 (July 2009): 407–417.

6. Health versus other foreign policy objectives

Some studies take a more detached and even critical stance towards health in foreign policy: If health is mainly justified by its contribution to other objectives, it will cease to be important when that synergy is not anymore relevant. Among the more policy oriented literature who argue for health as means to promote other foreign policy interest are Hotez and Thompson (2009)⁸⁶ with regard to peace, and Frist (2007)⁸⁷ – in an article that is also empirically well informed in detail on US health diplomacy – on how global health diplomacy can promote for both economic and security and peace interests, and Jones on the “security dividend” (2011)⁸⁸. Labonté and Gagnon (2010)⁸⁹ argues for the importance of health along six (other) foreign policy issues. Among those who explore the linkages more empirically are Feldbaum et al (2010)⁹⁰ who examines the linkages between health and four other foreign policy interests – development assistance, trade, diplomacy (including international agreement and treaty-making), and security. For each of these they discuss how the different policy interests relate to each other with focus on policy level, discussing how health is defined, used and prioritized relative to other policy interests. They point out that rather than health now becoming a central driver of foreign policy interests, health interventions are being used to justify and advance traditional foreign policy interests. Their conclusion is that it seems that more often the integration of health in foreign policy is motivated by interests other than health (see also Feldbaum and Michaud 2010)⁹¹. McInnes and Lee (2006)⁹² in a rich analysis analyze the relationship between health and security in foreign policy find, not surprisingly, that security interests seem more dominant than those pertaining to global health. MacPherson et al (2007)⁹³ sees the emergence of health and foreign policy also in the light of how it serves as a “bridge” into another pressing foreign policy issue like migration.

⁸⁶ Peter J. Hotez and Tommy G. Thompson, “Waging Peace Through Neglected Tropical Disease Control: A US Foreign Policy for the Bottom Billion,” *PLoS Neglected Tropical Diseases* 3, no. 1 (January 2009): e346.

⁸⁷ William H. Frist, “Medicine as a Currency for Peace Through Global Health Diplomacy,” *Yale Law & Policy Review* 26, no. 1 (2007): 209–229.

⁸⁸ Kermit Jones, “The Security Dividend: What the United States Can Obtain from Investing More in International Health Care Capacity,” *Global Health Governance* 4, no. 2 (2011).

⁸⁹ R. Labonté and M. L. Gagnon, “Framing health and foreign policy: lessons for global health diplomacy,” *Globalization and Health* 6, no. 1 (2010): 14.

⁹⁰ Harley Feldbaum, Kelley Lee, and Joshua Michaud, “Global Health and Foreign Policy,” *Epidemiologic Reviews* 32, no. 1 (April 2010): 82–92.

⁹¹ Harley Feldbaum and Joshua Michaud, “Health Diplomacy and the Enduring Relevance of Foreign Policy Interests,” *Plos Medicine* 7, no. 4 (April 2010).

⁹² C. McInnes and K. Lee, “Health, Security and Foreign Policy,” *Review of International Studies* 32, no. 1 (January 2006): 5–23.

⁹³ Douglas W. MacPherson, Brian D. Gushulak, and Liane Macdonald, “Health and Foreign Policy: Influences of Migration and Population Mobility,” *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 200–206.

Fidler in several articles claims that health seems primarily driven by other foreign policy interests, leading to his conclusions (2011)⁹⁴ that health is unlikely to form a central foreign policy priority over time. Thieren (2007)⁹⁵ takes on the uncritical discussion of health and global governance found in much of the literature, arguing that there are a host of side-effects of merging health with (traditional) foreign policy interests. Using the case of humanitarian relief as a case, Thieren argues that foreign policy interest may and often do conflict with “altruistic” ones in the field of humanitarian relief. By implication, this also holds for health as part of humanitarian relief but also as a distinct concern outside humanitarian relief. Vanderwagen (2006) sees health as a means to advance a strategy of “winning hearts and minds” in military intervention, thereby entering a normative-legal-political minefield, since health (and humanitarian relief) is supposed to be apolitical, and not be used as a means to advance military ends.

7. Health and diplomacy

In the literature under review here the term diplomacy and “health diplomacy” is used in at least two different meanings, which are worth noting because much of the literature seems concerned with both simultaneously without making the distinction explicit. One the one hand is the increasing integration of health issues in the practice normally called diplomacy, with diplomacy understood as the representation, communication, and negotiation between states (Sending, Pouliot and Neumann 2011).⁹⁶ Here, the actors involved – often professional diplomats, but also others – represent their state and works to promote health policies as only one of the policy interests. They have to balance between policy interest and a typical dilemma will be on conflicts or synergy between policies and issue-areas. Health can here be integrated with and be given higher consideration as an end in itself, or it can be subordinated to other interests, making it a means to advance other ends. The “winning hearts and minds” aspect of integrating health in security and even military operations is a good example of the latter.⁹⁷

On the other hand, “global health diplomacy” is used in another meaning, most explicitly promoted by Ilona Kickbusch⁹⁸. It sometimes re-

⁹⁴ D. P Fidler, “Rise and Fall of Global Health as a Foreign Policy Issue,” *Global Health Governance* 4, no. 2 (2011).

⁹⁵ Michel Thieren, “Health and Foreign Policy in Question: The Case of Humanitarian Action,” *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 218-224.

⁹⁶ Ole Jacob Sending, Vincent Pouliot, and Iver B. Neumann, “The Future of Diplomacy: Changing Practices, Evolving Relationships,” *International Journal* 66, no. 3 (2011): 527-542.

⁹⁷ William Vanderwagen, “Health Diplomacy: Winning Hearts and Minds Through the Use of Health Interventions,” *Military Medicine* 171, no. 10, 1 (2006): 3-4.

⁹⁸ Ilona Kickbusch, Gaudenz Silberschmidt, and Paulo Buss, “Global Health Diplomacy: The Need for New Perspectives, Strategic Approaches and Skills in Global Health,” *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 230-232.

fers to a specific activity or profession that seeks exclusively to promote health issues globally. This may include, but is not exclusive to, diplomats and diplomatic practice: rather, the practitioners involved may more naturally involve (public) health experts. This understanding of health diplomacy sets the health interests as the primary objective and not only as one of several foreign policy objectives. It can also easily be seen as an activity that goes on outside the traditional realm of diplomacy, for instance involving private actors. It involves a much broader set of actors than what is traditionally seen in diplomacy, but a more narrow set of policy intentions. When several institutions and scholars argue for the need for more attention and resources to global health diplomacy, they seem to include both of the above understandings. Global Health Diplomacy Network (www.ghd-net.org), for instance, covers both in defining global health diplomacy as “the policy-shaping processes through which States, intergovernmental organizations, and non-State actors negotiate responses to health challenges or utilize health concepts or mechanisms in policy-shaping and negotiation strategies to achieve other political, economic, or social objectives”. Still, it is probably useful to distinguish between the two meanings of health diplomacy as the social and institutional context and the political and other issues involved are quite different.

The literature that serves to illuminate health diplomacy includes Kickbusch, Novotny et al (2007)⁹⁹ and Kickbusch, Silberschmidt and Buss (2007)¹⁰⁰, which calls for the need for knowledge and training. Adams et al (2008)¹⁰¹ discuss the inclusion of other actors (non-governmental, commercial) in health diplomacy, and some implications of the “militarised” biosecurity language. As a term, for some reason *health diplomacy* seems more often integrated in research on security and military. It is referred to in a number of studies of health components of US security interests and military engagement, and of military engagement in humanitarian emergencies (Kumar et al 2009¹⁰², Vanderwagen 2006¹⁰³, Ritchie 2006¹⁰⁴, Mancuso et al

⁹⁹ Iona Kickbusch et al., “Global Health Diplomacy: Training Across Disciplines,” *Bulletin of the World Health Organization* 85, no. 12 (December 2007): 971-973.

¹⁰⁰ Kickbusch, Silberschmidt, and Buss, “Global Health Diplomacy: The Need for New Perspectives, Strategic Approaches and Skills in Global Health.”

¹⁰¹ Vincanne Adams, Thomas E Novotny, and Hannah Leslie, “Global Health Diplomacy,” *Medical Anthropology* 27, no. 4 (2008): 315-323.

¹⁰² Sameer Kumar, Erik J Honkanen, and Chad C Karl, “Developing a Global Health Diplomacy Supply Chain. A Viable Option for the United States to Curb Extremism,” *Journal of Health Communication* 14, no. 7 (2009): 674-689.

¹⁰³ Vanderwagen, “Health Diplomacy: Winning Hearts and Minds Through the Use of Health Interventions.”

¹⁰⁴ Elspeth Cameron Ritchie, “Humanitarian Assistance and Health Diplomacy - Military-civilian Partnership in the 2004 Tsunami Aftermath,” *Military Medicine* 171, no. 10, 1 (October 2006): 1-2.

2008¹⁰⁵). In this area of research there are also some good empirical studies on diplomatic challenges and actual practice, based on case studies like the response to the Polio Immunization Boycott in Northern Nigeria (Kaufmann and Feldbaum 2009)¹⁰⁶ or the case of Indonesia refusing to share virus samples (Fidler 2010¹⁰⁷, Kamradt-Scott and Lee 2011¹⁰⁸, Irwin 2010¹⁰⁹). Buss and Faid (2012)¹¹⁰ look into some challenges in South-South cooperation as one pathway in health diplomacy.

Individual countries and regions

Individual countries, groups of countries and regions integrate health their foreign policy engagement in very different ways. The scope and need for empirical investigation is obviously huge. So far, only some research has been done on this with explicit emphasis on illuminating health in foreign policy or global health governance. However, it is likely that a number of studies of different aspects of individual countries' foreign policy engagement may be of relevance, but not included in this review as it has not been recognized by scholars of health in foreign policy and may not be easy to identify on search terms – the two main sources for selection of literature for this review.

Not surprisingly Brazil has caught the interest from several scholars. Almeida et al (n.d.)¹¹¹ give an account of the history and ideas behind Brazil's South-South cooperation with an overview of some relevant cooperation arrangements. Two articles with Lee as the main author discuss Brazil's engagement in health diplomacy as a case of "soft power" engagement (Lee et al 2010¹¹², Lee and Gómez 2011¹¹³).

¹⁰⁵ James D Mancuso, E. Owen Price, and David F West, "The Emerging Role of Preventive Medicine in Health Diplomacy After the 2005 Earthquake in Pakistan," *Military Medicine* 173, no. 2 (February 2008): 113-118.

¹⁰⁶ Judith R Kaufmann and Harley Feldbaum, "Diplomacy And The Polio Immunization Boycott In Northern Nigeria," *Health Affairs* 28, no. 4 (August 2009): 1091-1101.

¹⁰⁷ Fidler, "Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1."

¹⁰⁸ A. Kamradt-Scott and K. Lee, "Challenging the Status Quo: Indonesia, the World Health Organization and Virus Sharing" (2011).

¹⁰⁹ Irwin, "Indonesia, H5N1, and Global Health Diplomacy."

¹¹⁰ Paulo Marchiori Buss and Miriam Faid, *Power Shifts in Global Health Diplomacy and New Models of Development: South-South Cooperation*, ed. Ilona Kickbusch and Nick Drager (New York: Springer, 2012).

¹¹¹ C Almeida et al., "Brazil's Conception of South-South 'structural Cooperation in Health'" (n.d.), http://kms1.isn.ethz.ch/serviceengine/Files/ISN/112339/ichaptersection_singledocument/a6a6d43d-ecb1-4b92-ae37-e1e8f76bdac2/en/chapter+18.pdf.

¹¹² Kelley Lee, Luiz Carlos Chagas, and Thomas E Novotny, "Brazil and the Framework Convention on Tobacco Control: Global Health Diplomacy as Soft Power," *PLOS Medicine* 7, no. 4 (April 2010).

¹¹³ Kelley Lee and Eduardo J Gómez, "Brazil's Ascendance: The Soft Power Role of Global Health Diplomacy," *European Business Review* (January 2011).

The case of Cuba is discussed by Robert Huish (2007)¹¹⁴, with a case study of the construction of the Latin American School of Medicine during the 1990s, and arguing that this fits in a long standing logic of Cuban medical internationalism. The case of Indonesia's refusal to share its H5N1 virus samples with the World Health Organisation is also an interesting case, which has provided what in this field of research is a rather seldom case of in-depth, empirical investigation of actual diplomatic practice in the area of health, illustrating key aspects like legal framework, sovereignty, North-South divide and other dimensions¹¹⁵.

Barracough and Phua (2007)¹¹⁶ surveys health in foreign policy in Malaysia, highlighting the threat of pandemics as one of the factors that had led to higher priority and formalization of Malaysia's health diplomacy. The role and interest of China in health and foreign policy has been explored in quite some detail by Huang 2010¹¹⁷, and Xu Jing et al (2011)¹¹⁸: the first focuses most on recent history with quite some detail, while the latter focus several historic shifts during the post-1949 period. Youde (2010)¹¹⁹ gives a general overview of China's Health Diplomacy in Africa. Vu (2011)¹²⁰ discusses case studies of response to epidemics from Malaysia, Thailand and Vietnam and propose an analytical framework to understand them. Fidler (2010)¹²¹ discusses Asian countries' engagement, both bilaterally and through regional organisations, in health diplomacy. He focuses on the "Asian principles" for international relations (including sovereignty and mutual benefit) and their impact on global health governance. African countries are seen as in the receiving end of global health and relatively little has been written on African countries and their international engagement in health. An article by Hwenda et al (2011)¹²² picks up

¹¹⁴ Robert Huish and John M Kirk, "Cuban Medical Internationalism and the Development of the Latin American School of Medicine," *Latin American Perspectives* 34, no. 6 (November 2007): 77-92.

¹¹⁵ Fidler, "Influenza Virus Samples, International Law, and Global Health Diplomacy"; Fidler, "Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1"; Irwin, "Indonesia, H5N1, and Global Health Diplomacy."

¹¹⁶ Simon Barracough and Kai-Lit Phua, "Health Imperatives in Foreign Policy: The Case of Malaysia," *Bulletin of the World Health Organization* 85, no. 3 (March 2007): 225-229.

¹¹⁷ Yanzhong Huang and Christopher J Smith, "China's Response to Pandemics: From Inaction to Overreaction," *Eurasian Geography and Economics* 51, no. 2 (April 2010): 162-183; Y. Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (2010): 105-146.

¹¹⁸ X. Jing, L. Peilong, and G. Yan, "Health Diplomacy in China," *Global Health Governance* 4, no. 2 (2011).

¹¹⁹ Jeremy Youde, "China's Health Diplomacy in Africa," *China-an International Journal* 8, no. 1, SI (March 2010): 151-163.

¹²⁰ T. Vu, "Epidemics as Politics with Case Studies from Malaysia, Thailand, and Vietnam," *Global Health Governance* 4, no. 2 (2011).

¹²¹ David P Fidler, "Asia's Participation in Global Health Diplomacy and Global Health Governance," *Asian Journal of Wto & International Health Law and Policy* 5, no. 2 (2010): 269-300.

¹²² L. Hwenda, P. Mahlathi, and T. Maphanga, "Why African Countries Need to Participate in Global Health Security Discourse," *Global Health Governance* 4, no. 2 (2011).

this point, arguing that African countries should be more actively engaged in global health security issues.

Conclusion

The research literature on the health-foreign policy nexus is rapidly expanding in volume and in scope. The dominant focus is on health in foreign policy, “global health” and “global health governance”. These are broad themes, and a case can be made that these are not very useful as analytical categories but rather as convenient headings for broader field of research. For instance, some of the literature on global health defines it in terms of the emergence of a qualitatively new domain with distinct characteristics while others apply the same concept to describe what was previously called “international health.” In the literature on global health governance, links between health and other foreign policy areas such as trade and security are covered, but there are few studies that do so with in-depth and theoretically informed analyses. There is also – surprisingly – relatively little work within this emerging field on the links between health and areas such as humanitarian emergencies, public goods, migration, development or human rights.

A large share of the literature aims to convince the readers of the importance of giving health priority. It is not an undue stretch that much of it serves the role of handmaiden to policy. It is often based on relatively superficial engagement with empirical data beyond the already well-known data on key actors and their policies. But there is also a significant number of publications based on in-depth empirical studies, but these have not yet been brought to bear on a critical stance on how health and foreign policy, respectively, may be affected by the former being integrated as part of the latter. By way of conclusion, we highlight four areas that should offer fruitful and important areas of research that is of relevance also to other, adjacent research.

First, there is a massive body of research in sociology, anthropology and political science on the interlinkages between global initiatives and their reception and interpretation at the national level. Insights from these studies can be brought to bear on the emerging field of global health. Do national governments conform to, mimic, adapt or contest plans, priorities and operations of international actors? Inasmuch as there is an emerging field of global health governance, the relative power of and interaction between global and national (and sub-national) actors is central for an understanding of how policies are negotiated, adapted, implemented and contested both globally and locally.

Second, who are the dominant actors in shaping global health governance? Many point to the increased role and power of public-private-partnerships such as GAVI, and the concomitant marginalization of organizations such as the WHO. What is it about GAVI that makes it more powerful than many other actors in the field of global health? How does WHO seek to remedy this situation, and with what effects? What about national governments relative to pharmaceutical companies? National governments are members of the WHO, donors, and recipients of health aid, but we know comparatively little about their power to shape policy debates and outcomes in this field relative to private actors, be it the Gates Foundation or large pharmaceutical companies. Insights from studies of each of these actors can be aggregated to offer a richer and more nuanced topology of global health governance, from which more specific research question and hypothesis can be generated.

Third, globalization entails that the category “foreign policy” is increasingly irrelevant as a description of a state’s interaction with and relations with actors outside its borders. Much of the interaction between national governments and actors on the outside now takes place directly in line ministries (health included), making it important to ask how health has been and is internationalized or globalized *without* it being controlled by the Ministry of Foreign Affairs. Recent research on the transnationalization of expert- and regulatory networks suggests that such networks are central in shaping global soft law and best practices, upending the gatekeeper role that foreign ministries traditionally have had. Against this backdrop, one may ask whether “health in foreign policy” matters, and whether other avenues are as important for making health integral to and mainstreamed in other activities. So-called “issue-linkage” across sectional issue-areas (trade and health, migration and health) may be as significant as the integration of health into foreign policy. Moreover, efforts to better understand how health is defined, acted upon and prioritized necessitate in-depth analyses of how different actors – politicians, diplomats, experts, bureaucrats, health professions etc – define and prioritize it relative to *other* issue-areas that are part of their portfolio.

Fourth, health bring up the issue of national sovereignty, especially as regards concepts of risk and security threats linked to pandemics but also to efforts aimed at reaching MDGs. We know from studies of development aid and post-conflict reconstruction that there is a tendency for international actors to ignore local context, to advance pre-defined templates for what is effective governance, and to have difficulties in engaging with and consulting local counterparts. The literature on this topic with cases from health is substantial and could be used to better understand what it means for national health governance that much of

the action in the field of health beyond the state is now taking place in public-private partnerships rather than through WHO, where recipient countries have a formal say on global health standards. Moreover, the High-Level Panel on Threats, Challenges and Change (UN 2004) argued that the potential for biological agents and infectious diseases to pose global threats makes it necessary for stronger, coordinated actions at the global level in the event that weak national governments are unable to act swiftly. How the emerging discourse on global health risks impact on conceptions of state control and sovereignty relative to international bodies seems to us to merit further analyses.

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