

PANDEMIC EXPERIENCES AND THE POSSIBILITY OF GLOBAL HEALTH DIPLOMACY

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Abstract. Diplomacy is one of the most prominent parts of statecraft. This research paper illustrates how the COVID-19 situation expands the importance of the incorporation of health issues into diplomatic channels. It also analyzes how the simultaneous interaction of state and non-state actors in global health issues can reduce the danger of pandemic implications rather than a nationalistic approach. Moreover, this analysis underpins how the countries of today's world are more interdependent than ever in terms of politics and economics dealing with trade and business, people's movement, information technology, climate change etc. Though there are theoretical and ideological disagreements in the course of diplomacy and statecraft, modern diplomacy does not avoid health issues as an element of its table of contents. It is relevant to mention that the COVID-19 pandemic spreads to all regions of the world and it is no longer an issue of a particular country. Pandemic is not new in the world, but this case is overwhelming, most rapid and unprecedented. And today's world is more complex than ever. This situation is intertwined with several issues of politics, economics, security etc. Following the qualitative approach based on secondary sources, analyzing the recent and previous cases, examining the dual factors of national and international perspectives, the study finds that the Global Health Diplomacy characterized by cooperation, dialogue, information sharing, capacity building is needed in the battle with a pandemic like COVID-19. It also suggests transparency, accountability and integrity to achieve this goal.

Keywords: global health diplomacy, COVID-19, health crisis

GLOBAL HEALTH DIPLOMACY: AN IMPORTANT WING OF MODERN DIPLOMACY

Diplomacy is a long-time practice since human civilization (Nicolson 1988). Though this term refers to several meanings, its

common understanding implies negotiation, communication, dialogue, mediation and interaction (Constantinou 2016). The modern concept of diplomacy incepted after the Enlightenment period denotes the formal practice of state representatives. It was frequently referred to as the conduct of the officers of the Ministry of Foreign Affairs until the 20th century. However, the practice has been updated in the course of increasing interdependencies among states and the role of non-state actors has emerged. Diverse issues have also been included in the list of diplomacy. Trade, security, health, environment, migration, etc. have been added to the discussion. The evolution of diplomatic practice has changed over the years and, in modern-day diplomacy, the health issue is considered as one of the most crucial parts of conducting foreign policy goal (Kickbusch 2007). Gradually, the notion of Global Health Diplomacy has become a relevant phenomenon. Global Health Diplomacy refers to multi-level, multi-sectoral, multi-disciplinary cooperation and coordination among state and non-state actors to acquire health security and safety. Kickbusch (2007) illustrated Global Health Diplomacy as “multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health”. He also added that “global health diplomacy is a multilateral approach of incorporating health as an integral part and an instrument of foreign policy, to ensure health security across the globe by implementing different policies or actions/agreements negotiated by nation-states” (Kickbusch 2007, 2).

In a functional definition, we can say that:

Global Health Diplomacy is an emerging field that connects public health with international affairs, management, law, economics and a focus of the negotiation. The concept has currently entered the mainstream diplomacy to an extent, it still falls under three categories: (1) formal negotiations between states; (2) negotiations between states and with non-state actors that might not lead to binding agreements, and; (3) the interactions that take place between public health stakeholders and their counterparts. The formal negotiation, otherwise known as ‘core Global Health Diplomacy’, accredits

Health Attaches and other diplomats to link one state's public health institution to another. The negotiation between states and non-state actors, otherwise known as 'multi-stakeholder Global Health Diplomacy', include varied levels of credentials into the discussion to apply the efforts on various levels. The last one is known as 'informal Global Health Diplomacy' which combines the discussion of non-state actors and actors of various institutions to represent and create a set of tools for public health. (Matthew 2014)

The motivation of Global Health Diplomacy comes from the collective concern of broader international society. It does not merely bind the formal interaction among orthodox diplomats; rather it engages multiple stakeholders like scientists, social activists, journalists, researchers, non-government organizations etc. Thus, the importance of Global Health Diplomacy is gaining more and more relevance. Some countries also employed formal health *attaché* in the diplomatic channels, whilst others are also participating via another means of health practitioner, public health specialist etc. The example of Brazil and Switzerland can be prominent in this case. Both emphasized the health issue as the topmost priority in their diplomatic practice. They initiated and coordinated health diplomacy practice with their foreign and health ministry. In 2006, Switzerland commenced a coherent health policy goal enacting "Agreement on Foreign Health Policy Objectives". This initiative underscored a significant change in the traditional diplomatic practice of the Swiss Foreign Policy Department. On the other hand, Brazil's move to consolidate health issues in global policy strategy at the 2001 World Trade Organization conference in Doha, Qatar is notable. This policy mobilized the vision of global health collaboration and strengthened the bond between health and diplomacy to continue its mission on tobacco control (Matthew 2014).

The role of non-state actors is also recognized in many cases. Especially the role of the World Health Organization is notable. WHO helps states create consciousness, provides consultation support and research, disseminates knowledge and information, coordinates policy formation etc. The WHO's contribution to

eradicate smallpox since the 1980 World Health Assembly is one of the prominent success stories of Global Health Diplomacy. WHO also works as a hub of negotiation in health-related policy perspectives (“WHO’s Role During”, n.d.). Other UN institutions also contribute to Global Health Diplomacy, for example, the International Labour Organization advocates occupational health safety and security. ILO worked together with WHO in the African region to improve occupational health conditions. The experience of their project demonstrates that joint effort and collaborative strategy delegate more outcome than a fragmented approach (“WHO-ILO Joint”, n.d.). Besides, the social and humanitarian health education dissemination is also acknowledged by researchers. One of the most renowned health-related philanthropic organizations is Doctors Without Borders. This organization works on research, medication, community engagement etc. Their response to the Ebola crisis was useful to recover the situation. This case also emphasized collaborative research on health emergency (“Ebola: Embed research”, 2005).

Though the embodiments of health issues in diplomatic practice get importance, several complexities and challenges are also over there. There are debates on how state and non-state actors will collaborate in this segment, how to maintain transparency and accountability and how to consolidate the public policy goal of different regimes. The question of economic gain from health-related innovation is a big factor. The debate over intellectual property rights, the privacy of information etc. are also emerging factors. Politically, the health discourse is not immune from the nationalistic buzzword (“Why vaccine”, 2020). The priority question on health collaboration revolves around it. This is another part of diplomacy indeed. We will explore these aspects in the following section of our study.

THE NATIONAL AND INTERNATIONAL DYNAMICS OF GLOBAL HEALTH DIPLOMACY: AN EVER-LASTING DEBATE

Foreign policy is the extension of domestic policy

Henry Kissinger

International relations underscore various relations of several actors. These relations are explained by several schools of thoughts like classical realism, neo-realism, structural realism, neoclassical realism, liberalism, neo-liberalism, Marxism, neo-Marxism etc (Burchill *et. al.* 2013) As diplomacy is the part and parcel of international relations, such practice is also reflected over there. The prominent quote mentioned above by former US diplomat Henry Kissinger illustrates how national and international dynamics interplay with each other in the arena of international relations.

To understand the dynamics between national and international perspectives of Global Health Diplomacy, we can look forward to observing theoretical explanations. Classical realism advocated by Thomas Hobbes constitutes the international system as anarchy; where states are the primary actor in the system and national interest is the prime goal of a statesman (Burchill *et. al.* 2013). Thus, foreign policy is designated as the extension of domestic policy; as we know Henry Kissinger is one of the most forefront advocates of realism.

The horrifying experience of two World Wars implicated the emergence of the United Nations system, a brainchild of Woodrow Wilson. It realized that realism is not the end of the nation state's purpose. Over time, liberal institutionalism has spread more than ever. Numerous institutions have germinated under the umbrella of the UN system. As the UN charter mandated "promote social progress and better standards of life", these institutions and agencies are motivated to achieve the goals diligently. The World Health Organization, the most prominent institution in global health issue, promised to "act as the directing and coordinating authority on international health work". The policy and practice of these institutions are underpinned by liberal institutionalism. This

analytical view advocates that institutions can significantly widen the scope of cooperation and reduce uncertainty. It can be the venue of discussion, collaboration, negotiation, and trust-building (Burchill 2013).

But two factors generated obstacles in achieving global health collaboration: the newly born countries burdened with several problems and the quick escalation of bi-polar rivalry (International Collaboration For, 2016). The war-torn and newly independent countries were in a lower situation on the political system, economic sufficiency and social stability. It was difficult to gain health as a priority issue at this time. On the other hand, the bipolar rivalry between the superpower US and USSR was even inflicted on the health sectors. They vertically emphasized two particular diseases that impeded global health collaboration. While the US emphasized eradicating Malaria, USSR targeted Smallpox. Implications of The Cold War on the health sector uncovered the implicit politics over soft issues. Such kind of politics is visible in the COVID-19 case also. The US-China politics and trade war hinders global public health cooperation. The Trump administration's declaration to withdraw from WHO, the allegation of China's secrecy of information flowing to secure an authoritative regime indicates that the tension between national and international dynamics is still alive.

However, the fall of the Berlin Wall and the end of the Cold War led the world to the US-led liberal system. The ideas of openness, liberal economy, democracy were delegated throughout the world. Trade and business spawned, the information and technology sector got rapid growth, people to people connectivity increased. Along with the liberal advocacy of human rights, the safety and security of health are considered an inherent right of the human being (Tobin 2012). Consequently, United Nations initiated the Millennium Development Goal, half of which pertains to health. It also delegates the Sustainable Development Goal, which targets 2030 to achieve its goals. The idea of sustainable development originated from Agenda-21 considers health as broader wellbeing of physical and mental condition. It also propagates societal wellness to achieve

SDG. The SDG goals have been officially adopted by 193 countries (Sustainable Development Goals 2015).

On the other hand, there is another facet of the global North-South debate (Barrett 2016). The debate over responsibility, political fragility, compliance of ethics and the privatization of the medical industry are some of the potential questions that can set back global collaboration on health. The neo-Marxist claim over health inequality was also discussed (McCartney *et. al.* 2019). McCartney and others explained the inclined discrimination in the sociological process. This study re-examined the Marxist conflict of overproduction and neo-Marxist debate over distribution. Additionally, the criticism of the global distribution of health facilities claims that the health service is actually distributed to the privileged class of society. Moreover, the underdevelopment and poverty in the global south are the results of exploitation by the core, according to Immanuel Wallenstein's *World System Theory*. They also claim that the internationalization of health diplomacy is another tool of the bourgeoisie to capture the means of production.

There is a reflection of these debates in the COVID-19 situation, which has evolved previously in world politics. In today's international system, there are different regimes such as democratic, semi-democratic, authoritarian, semi-authoritarian, hybrid etc. International, regional and global politics are over there. These different regimes have different domestic public policy perception. Among them, some are highly restrictive to information sharing (e.g. China, North Korea). The claim of information secrecy of Chinese authority at the very beginning of the COVID-19 pandemic is discussed (Liu *et. al.*, 2020). The study of Liu Y and Saltman revealed the Chinese authority's public policy priority over economic stability rather than health issue was the first factor that delayed responsive measures earlier. It also demonstrates the technical weakness and the silence of doctors at the initial level because of the government coercive attitude. Lessons from political response to the COVID-19 situation depict the calculation of domestic and international politics. In some countries, there is no domestic mechanism to

regulate ethical issues (Barrett *et. al.* 2016). The bioethics of health practitioners is important. For example, the clinical trial on AIDS in African countries mounted several debates over bioethics. The consent of the population and maintaining the privacy of data were vulnerable in some cases (Barrett *et. al.* 2016).

Moreover, the securitization policy is mostly militaristic in several countries rather than a broader focus on human security (Mustajib 2020). After 9/11, the tectonic event, countries have significantly increased their military expenditures. This study demonstrates that some regions are more pragmatic than others in the development of military expenditures. By contrast, it lowers the government's expenditure on health, education etc. This trend of militaristic securitization underlines the policy priority of statesmen over the last decades. As a result, the argument arises as to how to assemble these national and international policy choices, how to reconstruct these ideological differences. The answer is not straight forward but the process should be normative regarding Global Health Diplomacy considering the lens of liberal institutionalism.

Researchers suggest that though there is a different political interest in health-related services, this policy should be strategized considering collective concerns and contextualizing practice at a macro-level (Signal 1998). Most research findings depict that state-centred policy will not solve the crisis (Bollyky 2020). It will imperil the situation and trigger the spread of the virus more vividly. As today's world is more interdependent than ever, the need for broader collaboration is increased (Mukhisa 2020). COVID-19 no longer remains a country-specific problem; rather it became a "tragedy of commons" (Marco 2020). Yet, without having collaborative research and shared information, the invention of the vaccine and the clinical trial will not be achieved (Mukhisa 2020). Moreover, the COVID-19 lesson reveals the weakness of the nation-state in managing health problems (Ruiu 2020). Thus, the claim of the globalist solution in health, climate etc. is getting more vigilance (Colombe 2020).

THE NEW FACET OF GLOBAL HEALTH DIPLOMACY: LESSONS AND WAY FORWARD

Global collaboration on health dates back to 1859 when states gathered in International Sanitary Conference to fight common health issues like Yellow Fever, Plague, Smallpox, Diarrhea etc. from a coordinated multilateral platform (Domenico 2020). The theme of this conference was to consolidate the dual goal of diplomacy and health security. Consequently, multilateral forums like the World Health Organization, Pan American Health Organization, World Health Assembly emerged. Meanwhile, Global Health Diplomacy passed several global health emergencies such as Plague, Yellow Fever, AIDS, Ebola, SARS, and Anthrax etc. The experience of these cases revealed several lessons for us. The need for Global Health Diplomacy, characterized by cooperation, dialogue, information sharing, and capacity building with broader aspects, is the overall recommendation laid out by the researchers. Cooperation among stakeholders should be conducted through a value-based approach, the flow of information should be real-time and the capacity building of health sectors should be conducted focusing on community-level public policy.

Despite the heterogeneous political system, most countries of the world are members of the UN and signatories of the Universal Declaration of Human Rights (UDHR). They are, thus, considered to recognize the right to health security and safety for citizens, as well as for other communities like refugees and minorities. Not only the political discourses but also the scientific discussions admire that without having all communities in consideration of safeguarding global health, eradication of such kind of health emergency can't be achieved (Mukhisa 2020). This inclusion can be achieved through dialogue - a common practice in modern diplomacy. In today's world of advanced communication and technology, the means of dialogue are easier than ever. Real-time communication among stakeholders paves prosperity in dialogue. For instance, the

Framework Convention on Tobacco Control (FCTC), the first international health treaty negotiated under WHO, can be a prominent case of multilateral dialogue in global health collaboration. In this convention, tobacco companies tended to divide the North and South, but the dialogue between them facilitated by global civil society cherished the development of policy initiative for all nation-states (Mamudu 2009).

The importance of real-time information flow to initiate a sustainable response was experienced in the case of Ebola and AIDS (Raguin 2018). Real-time information contributes to an early and appropriate response that can reduce economic and public health casualties. In the Ebola crisis of 2014, it would have been difficult to restrict the spread of the virus in other regions if real-time data weren't collected through collaboration in global health research ("Sharing data can", n.d.). The model of European and Developing Countries Clinical Trials Partnership (EDCTP) to fight off global health plights such as AIDS/HIV, tuberculosis, malaria can be illustrated here. EDCTP was established as a public-private partnership between the governments of several European and sub-Saharan African countries. Around 28 countries are full partners of the platform. Among these, 14 are European and 14 are Sub-Saharan countries (Makanga 2017). This platform works to collaborate research and innovation with the support of the European Union. The model demonstrates that global North-South partnership on real-time information sharing in health collaboration is possible.

Global health collaboration should be equipped with accountability to gain sustainable progress. Accountability relates to several issues like setting the role and responsibility of stakeholders, ensuring the accuracy of data, transparency in financial management, equity in the service distribution, assuring compliance etc. Accountability in global health diplomacy involves multi-polar relationships amongst a large number of stakeholders with varying degrees of power and influence, where not all interests are understood in that relationship (Bruen 2014). From in Global

Health Diplomacy perspectives, the development of accountability depends on ensuring the accuracy of information, transparency of data and strengthening financial management.

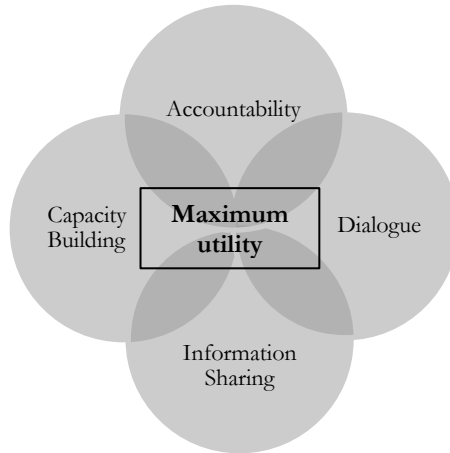


Figure 1. Convergence of four core elements results in maximum utility of GHD. Source: compiled by the authors

Both state and non-state actors are considered in this aspect. For example, the lack of individualized patient charts, poor medical records, inadequate documentation, and insufficient information flows were significant impediments to increasing clinical quality assurance and performance accountability in Albania (Derick 2003). Also, the financial management by non-state actors should be transparent; it can be facilitated by the UN system. On another note, the lack of effectiveness and exertion of Global Health Governance (GHG), a widely used term coined by Dodgson, is somehow notable for the lack of preparedness during hard times (Lee 2014).

Negotiation, information sharing and accountability will enhance capacity building. The idea of capacity building demonstrates the eligibility of community, public authority, national and international institutions to respond to health emergencies effectively and timely. The experiences of global health emergency cases illustrate that

capacity building at the community level which, facilitated by global health collaboration improves the health policy implementation to eradicate health crises. For example, World Health Organization launched the Global Pandemic Influenza Action Plan (GAP), which focuses on the production of vaccines among developing countries and has given a grant to many institutions or companies e.g. Serum Institute of India Limited (SIIIL) (Jadhav 2010). Also, to fight off Ebola, Infection prevention and control (IPC) measures were taken to strengthen the capacity of healthcare workers to contain the epidemic and deliver quality services (Oji *et. al.* 2018). This capacity-building activity goes not only in a crisis moment but also continues during normal times to fight off any disease outbreak.

THE COVID-19 SITUATION: POSSIBILITIES OF GLOBAL HEALTH DIPLOMACY

The COVID-19 pandemic uncovered the weakness of traditional diplomatic practices in solving global health emergencies. During this pandemic, the role of health collaboration in diplomatic practices can prove to be extremely vital. Due to the ever-changing elements of diseases, states cannot resolve these through technical means only; it requires political and economic assistance, negotiation, and solutions. States can thrive better in crippling situations of the healthcare system by addressing the issue, improving health collaboration by means of research, knowledge sharing, information sharing and humanitarian assistance. Moreover, the medical endpoint of a pandemic is not the termination of casualties; the social implications last for a long time (Gina 2020). Therefore, there has been an increase in the priority of Global Health Diplomacy for a couple of reasons.

Firstly, there are varieties of state and non-state actors that are actively involved in shaping global policy for health determination. To coordinate these actors with related aspects like health and business, health and environment, health and security; this domain needs normative recognition. For example, responses from

nongovernmental organizations like The Bill & Melinda Gates Foundation, Jack Ma Foundation in pharmacological substances, kit development, and vaccine generation are crucial (Vervoort 2020). These organizations announced a large financial amount in vaccine invention and did philanthropic activities in Belgium, the USA and some other countries. On the other hand, state actors have also acted in a positive manner towards health collaboration. For example, Swiss hospitals have taken French COVID-19 patients (“Swiss hospitals to”, 2020). Also, both Russia and Cuba have supported the Italian healthcare system by sending relief packages. The last has sent 52 doctors and nurses amidst the COVID-19 crisis (Domenico 2020). Solidarity brought hope for states around the globe to restart their relationships under the much-promoted agenda of Global Health Diplomacy to fight off the pandemic. But the questions over state security, the debate over intellectual property, the motivation of business remain over there as we have discussed. A normative Global Health Diplomatic framework can help to quench these questions.

Secondly, this virus has spread rapidly, and it proves that it is in no way limited to a state boundary but affected all nations across the globe. Previous cases of Ebola and SARS were not as overwhelming. The case of COVID-19 is different in terms of transmissibility, clinical severity, infection period and the extent of community spread (Wilder 2020). Thus, it demonstrates the cosmopolitan character of the health threat. For example, while the SARS outbreak in 2003 confirmed about 8000 affected cases and 800 deaths, the COVID-19, within a matter of 2 months since the beginning of the outbreak, had more than 82 000 confirmed cases and more than 2800 deaths. From developed to developing or less developed countries, it spread such rigorously that states become infirm. When some countries initiated collaborative responses, it has become easier to handle the situation. For example, at the very beginning of the COVID-19 situation in Wuhan, Taiwan sent a fact-finding team to China and collected as much information as possible. Soon, they took preventive steps and became successful to

resist severe destruction (Hsieh 2020). The strategy of Taiwan is also a prominent case of responding to the COVID-19 crisis. Their collaborative coordinated policy and quick response are the core lesson of Global Health Diplomacy perspectives. Fortunately, South Korea and Germany followed the strategy of Taiwan and Iceland. Soon, they were able to prevent more casualties. Thus, realizing these examples despite several complexities, the possibility and need of Global Health Diplomacy becomes more relevant than ever (Vervoort 2020).

CONCLUSION

A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty
Winston Churchill

COVID-19 is a big challenge for human beings. It disrupts every single sector of modern human life. This pandemic not only impacts health aspects but also engulfs other economic, social and political ones. Historically, the world faced several health crises, but COVID-19 is rigorously gigantic than others. All crises left numerous lessons for us. As a result, the notion of Global Health Diplomacy developed. But the COVID-19 illustrates that Global Health Diplomacy should be addressed more effectively. The effectiveness of Global Health Diplomacy relies on numerous determinants. This study could not discuss all these but identified some of the important portions. These portions were attributed to analyzing the previous health cases and COVID-19 itself. Though the previous crisis like SARS incepted the need for global health collaboration, the additional lessons of the COVID-19 crisis depict that the world is still inadequately prepared to battle havoc of a tiny virus because of the lack of an appropriate and coordinated framework of Global Health Diplomacy. This framework can be

incorporated by analyzing previous and present cases. All of them demonstrate that dialogue, the flow of information, exchange of knowledge, accountability and capacity building are a must to achieve this goal. Thus, it can be said that the COVID-19 situation reopens an opportunity to realize the need for a more inclusive and integrated Global Health Diplomacy.

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