



## Türkiye's Health Diplomacy Activities: A Qualitative Research\*

### Türkiye'nin Sağlık Diplomasisi Faaliyetleri: Nitel Bir Araştırma

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#### Abstract

Health diplomacy facilitates the implementation and governance of global health policies. Assistance including the transfer of expertise, experience and human and medical equipment to different countries, is at the core of health diplomacy. The main objective of this study is to highlight Türkiye's efforts in providing official development assistance abroad, establishing and operating health enterprises, and providing medical rescue and emergency health services in disasters and emergencies. For this reason, the study seeks to reveal the perception of health diplomacy in Türkiye, how the health service process is carried out abroad, and the possible contribution of these services. To his end, a case study design was used to examine Türkiye's health diplomacy process. In this context, interviews were conducted with civil servants (n=1) and non-governmental organization personnel (n=8). The research findings were evaluated within the framework of four main themes: perception of health diplomacy, difficulties experienced in the health diplomacy process, solutions to the difficulties encountered in the health diplomacy process, and contributions of health diplomacy. The perception of health diplomacy includes subjects like fieldwork, experience transfer, support, joint action, foreign policy, soft power, and health priority. In the process of health service delivery, the study argues that there are difficulties in terms of medical equipment, service delivery, personnel and political problems, and these difficulties could only be solved through cooperation, and communication between various actors. The main conclusion is that health diplomacy contributes to the quality of health services in the recipient country and/or region and also supports employment opportunities in the recipient country and/or region with newly opened health institutions. In addition, the study argues that Turkish health personnel gain experience, while their activities cause sympathy for and alleviate the prejudices about Türkiye abroad.

**Keywords:** Health Diplomacy, Cross-Border Health Services, Health Management, Health Policy, Türkiye.

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**Öz**

Sağlık diplomasisi, küresel sağlık politikalarının yürütülmesini ve yönetişimini kolaylaştıran bir alandır. Farklı ülkelere uzmanlık, deneyim, insan ve tıbbi malzeme aktarımı gibi yardımların gerçekleştirilmesi sağlık diplomasisinin içeriğini oluşturmaktadır. Türkiye'nin yurt dışına resmi kalkınma yardımları yapması, sağlık işletmeleri kurma ve işletmesi ile afet ve acil durumlarda medikal kurtarma ve acil sağlık hizmetlerini sunması bu çalışmanın temel argümanını oluşturmaktadır. Bu sebeple, Türkiye'nin sağlık diplomasisi algısı ile sınır ötesinde yürütülen sağlık hizmeti sürecinin nasıl yürütüldüğü ve bu hizmetlerin olası katkılarının neler olduğu ortaya konulmaya çalışılmıştır. Türkiye'nin sağlık diplomasisi sürecini detaylı bir şekilde incelemek için durum çalışması deseni kullanılmıştır. Bu kapsamda kamu (n=1) ve sivil toplum kuruluşu personeli (n=8) ile görüşmeler gerçekleştirilmiştir. Araştırmanın bulguları sağlık diplomasisi algısı, sağlık diplomasisi sürecinde yaşanan zorluklar, sağlık diplomasisi sürecinde yaşanan zorlukların çözümü, sağlık diplomasisinin katkıları olmak üzere dört ana tema çerçevesinde değerlendirilmiştir. Sağlık diplomasisi algısı saha çalışması, deneyim aktarımı, destek olma, ortak hareket etme, dış politika, yumuşak güç ve sağlık önceliğidir. Sağlık hizmeti sunumu sürecinde ise tıbbi ekipman, hizmet sunumu, personel ve politik açıdan zorlukların yaşandığı ve bu zorlukların iş birliği, iletişim ve diğer yollarla çözülmeye çalışıldığı tespit edilmiştir. Sağlık diplomasisinin alıcı ülke ve/veya bölgenin sağlığına katkı sağladığı, yeni açılan sağlık kuruluşları ile istihdama destek olduğu sonucuna ulaşılmıştır. Ayrıca Türk sağlık personeline deneyim kazandırdığı, Türkiye'ye yönelik sempati geliştiği ve ön yargıların kırıldığı saptanmıştır.

**Anahtar Kelimeler:** Sağlık Diplomasisi, Sınır Ötesi Sağlık Hizmetleri, Sağlık Yönetimi, Sağlık Politikası, Türkiye.

**1. Introduction**

Health diplomacy (HD), which has a history of more than 160 years, was first defined as “*medical diplomacy*” by Peter Bourne, who was the health consultant of the 39th President of the United States of America (USA), Jimmy Carter as a response to global health crises (e.g. pandemics, antimicrobial resistance, non-communicable diseases). In this sense, HD refers to a multi-level and collective process consisting of many stakeholders (states, non-governmental organizations or NGOs, supranational and international organizations) (Kickbusch and Ivanova, 2013, p. 11; Erman, 2016, pp. 78-81; Bourne, 1978, p. 121; Kickbusch et al., 2007, p. 230). HD aims to make the world healthier and safer by collaborating in finding solutions to health issues like pandemics, chronic diseases, and addictions (e.g. alcohol and tobacco addiction) (AlKhalidi et al., 2021, p. 3). In addition, HD provides countries with the opportunity to win the minds and hearts of the local people through exporting experience, health personnel and materials to overcome the problems caused by the inadequacies of the health system in poor countries. It also contributes to the development of international relations as well as the health services in regions where resources are limited and the conflict environment is intense (Fauci, 2007, p. 1171; Adams et al., 2008, p. 316). In this respect, HD is closely related to the concept of soft power, which aims to create attraction through institutions, values, cultures, and policies (Nye, 2004, p. 8).

Aid under HD is provided in two ways: either directly from one country to another or through international organizations. However, countries generally prefer to provide help through bilateral relations in order to be more visible at the global level (Altılı, 2021, p. 38). Aid activities include

emergency/humanitarian aid, curative services, preventive health services, physical and human capacity building, health system transfer, access to clean water and food, psychosocial support, vaccination and medical supplies (Battır, 2019, pp. 158-160).

Türkiye started to attribute greater importance to public diplomacy in the 2000s. Türkiye's official development assistance has increased yearly, rising from 68.6 million dollars to 8,397 million dollars between 2005-2021. In addition to the public and private sector actors, NGOs have also played a role in official development assistance. In 2021, total aid from NGOs amounted to \$361 million. Multilateral aid amounted to \$83.16 million, while bilateral official development assistance totaled \$7,627 million. The top five countries benefiting from this aid are Syria, Somalia, Azerbaijan, Palestine and Iraq, which confront internal conflicts, political instability and economic difficulties (Turkish Cooperation and Coordination Agency, 2022, pp. 12-20).

Katz et al. (2011, pp. 505-506) categorized the actors of HD as (1) core diplomacy, (2) multi-stakeholder diplomacy, and (3) informal diplomacy. In informal diplomacy, HD activities are made available through the participation of the World Health Organization (WHO), various countries, NGOs, health workers, and medical and health education students. Türkiye's works also fall under informal diplomacy, as both the Ministry of Health and NGOs are actively engaged in cross-border health activities. The starting point of these activities is the Health Transformation Program.<sup>1</sup> Türkiye added the "cross-border health services" component to this program in 2007 and started to focus on HD studies (Tengilimoğlu et al., 2018, p. 145). The Ministry of Health undertakes the operation of health facilities abroad, especially in Syria, Sudan, Somalia, Niger and Bangladesh (Ministry of Health, 2022a). Many NGOs such as the Humanitarian Relief Foundation (IHH), International Water Well Aid Association (IWWAA), Turkish Red Crescent (TRC), Alliance of International Doctors (AID) and National Medical Rescue Team (NMRT) are important stakeholders. Table 1 provides information on the fields of activity and statistics of the organizations that agreed to participate in this study.

With the COVID-19 pandemic, HD activities have become more prominent, and many countries have found the opportunity to provide health assistance to other countries in need. HD usually involves health aid from developed countries to developing and least developed countries. However, developing and least developed countries can also send health aid to developed countries, albeit symbolically. Although Türkiye is a developing country, it has provided assistance in the form of grants, purchases, export permits and cash donations to 22 countries in America, 43 countries in Europe, 44 countries in Africa, 33 countries in Asia, and 15 countries in Oceania, which include even the developed countries, during the Covid-19 pandemic (Directorate of Communications, 2021).

UNDP's Global Goals for Sustainable Development, which are to be achieved by 2030, include various targets such as health and quality of life, clean water and sanitation, ending hunger,

<sup>1</sup> The Health Transformation Programme is a comprehensive health reform consisting of 8 components and 9 principles with the objectives of "organising, financing and delivering health services in an effective, efficient and equitable manner" (Ministry of Health, 2003, p. 24).

climate action and reducing inequalities (UNDP Türkiye, 2021). To achieve these goals, the joint efforts of the public and private sectors, supranational and international organizations and NGOs are needed, and at this point, HD becomes an important subject.

**Table 1.** *Fields of activity and projects of the organizations involved in the study*

Organization	Activity Areas	Project Contents
IHH	Hospital, clinic, health center construction, maintenance and repair, mobile clinic installation, blood center installation, rehabilitation center construction, medical equipment assistance, drug assistance, health screening where necessary, vaccination campaigns, examination, treatment, and surgeries.	29 countries 70 projects 524,627 beneficiaries 71,124,284 ₺ aid amount (2022)
IWWAA	Facilitating access to water, meeting the needs of usable and potable water, which is the most natural right of all living things, and better management of global underground resources.	4 countries 33 water solution projects (total)
TRC	Disaster management, blood services, international aid, social services, health services, first aid, volunteer management, migration and refugee services, mineral water enterprises, tents, and textiles.	14 countries 334,230 beneficiaries of health benefits (2022)
AID	Equipment and support projects, health education, maternal and infant health, cataract projects, and psychosocial support.	45+ projects 520,000 people reached (total)
NMRT	Medical rescue services and emergency health services in case of disasters and emergencies in the country or abroad.	37 abroad operations (total)

Source: (IHH, 2022, pp. 30-31; IWWAA, 2022; IWWAA, 2023; TRC, 2022a; TRC, 2022b, pp. 50-52; AID, 2023a; AID, 2023b; Ministry of Health, 2022b; Ministry of Health, 2023).

HD is gaining importance every year as “*a means to improve world health*”. In a bibliometric analysis covering the years 2000-2021 with the keywords “*global health diplomacy*” and “*global health governance*”, Singh and Ravi (2023) found out that the first study on this subject was published in 2000, and that interest in this issue increased after the outbreak of pandemics such as swine flu (2009) and Covid-19 (2019). They also found out that this issue is only taken seriously by developed countries, while developing countries are not involved. Therefore, this study aims to analyze Türkiye’s HD activities as a developing country and learn more about the views and opinions of the actors (especially NGO staff) who are involved in the HD process.

## 2. Methods

Today, the USA is the largest donor to the Global Alliance for Vaccines (GAVI) to fight AIDS, tuberculosis and malaria (Jones, 2010, p. 1), while Switzerland was the first country in the world to include health in its foreign policy objectives (Dussey-Cavassini, 2017, p. 1). Other countries that have put HD on their agenda are China, Russia, Brazil, Cuba, France, Japan and Norway (Bliss, 2011). Since there is a limited number of studies on Türkiye’s HD activities, Türkiye was selected as a case study in this research. Moreover, since NGOs as well as the states are involved in the HD process, the nested multiple single units of analysis type was adopted.

The reason for choosing the interview technique in the research is that it involves asking questions such as “how and why” by reaching out to individuals who are related to the situation with the goal of investigating in a close and in-depth manner and clarifying one or more cases (Yin, 2017, p. 4; Rowley, 2002, p. 17). Moreover, with this pattern, if little is known about a situation, the data is interpreted by selecting one or more case studies, and thus the situation becomes more familiar (Davey, 2009, p. 1). In the research, maximum diversity and snowball sampling methods were utilized to access more diverse views and opinions. Maximum diversity sampling reveals common patterns by feeding on diversity with quality and detailed explanation, while reaching other people who know the subject by consulting the participant during the interview process is called snowball sampling (Patton, 2002, p. 235).

Before starting the field application of the research, the necessary permissions (Süleyman Demirel University Social and Human Sciences Ethics Committee with the decision dated 02 December 2021 and numbered 114/4) and verbal consent of the participants were obtained.

One public organization and two NGOs were informed about the study, but they did not agree to participate. Therefore, a total of four NGOs and one public organization participated in the study. Interviews with IHH and NMRT staff were conducted face-to-face in Isparta and Istanbul. Interviews with TRC and AID staff were conducted online. During the online interviews, the participants were told that the interview would be recorded visually and audibly and that this recording would be kept confidential, while their consent was obtained. Finally, since the IWWAA staff member was constantly traveling abroad due to his duty, online interviews could not be conducted, and his views were received in written form. The interviews were conducted between January and March 2022 and the total duration was 245 minutes and 22 seconds. The data collection process was terminated after nine interviews, since Hennink and Kaiser (2022, p. 9) state that data saturation could be reached if 9-17 people are interviewed, and the data are repeated in the interviews. The data obtained were documented, and the identity of the participants was kept confidential by giving each one of them a pseudonym. Information on the scope of the research is as follows.

**Table 2.** *Scope of the research*

Purpose	Methods	Number of Participants and Their Organizations	Interview Questions
This study aims to analyze Türkiye's HD activities as a developing country and to learn the views and opinions of the actors (especially NGO staff) involved in the process.	- Qualitative research method - Case study design	NMRT (n=1) IHH (n=3) IWWAA (n=1) TRC (n=1) AID (n=3)	-What does HD mean to you? -What are the challenges you face in the health service delivery process? -How do you overcome these challenges? -What do you think the contributions of HD can be?

After the interviews were transcribed, a thematic analysis approach was used to analyze the data. Thematic analysis is carried out by reducing the data based on the transcript and this process continues from the phase of field research to the writing of the report (Miles & Huberman, 1994, p. 10). The stages of thematic analysis are “*the researcher’s familiarity with the data, the creation of the initial codes, the search for the themes, the review of the themes, the identification and naming of the themes, and the preparation of the report*” (Braun and Clarke, 2006, p. 87). After reviewing the data more than once, the researchers became familiar with the data and coded them twice. All codes and themes were discussed with a four-person committee consisting of two lecturers who are familiar with the qualitative research method and two other lecturers, and a consensus was reached. MAXQDA software was used to analyze the data.

### 3. Results

The issue of HD has been evaluated with regard to four main themes that include the difficulties and solutions experienced in the process of providing health services and the contributions of these services.

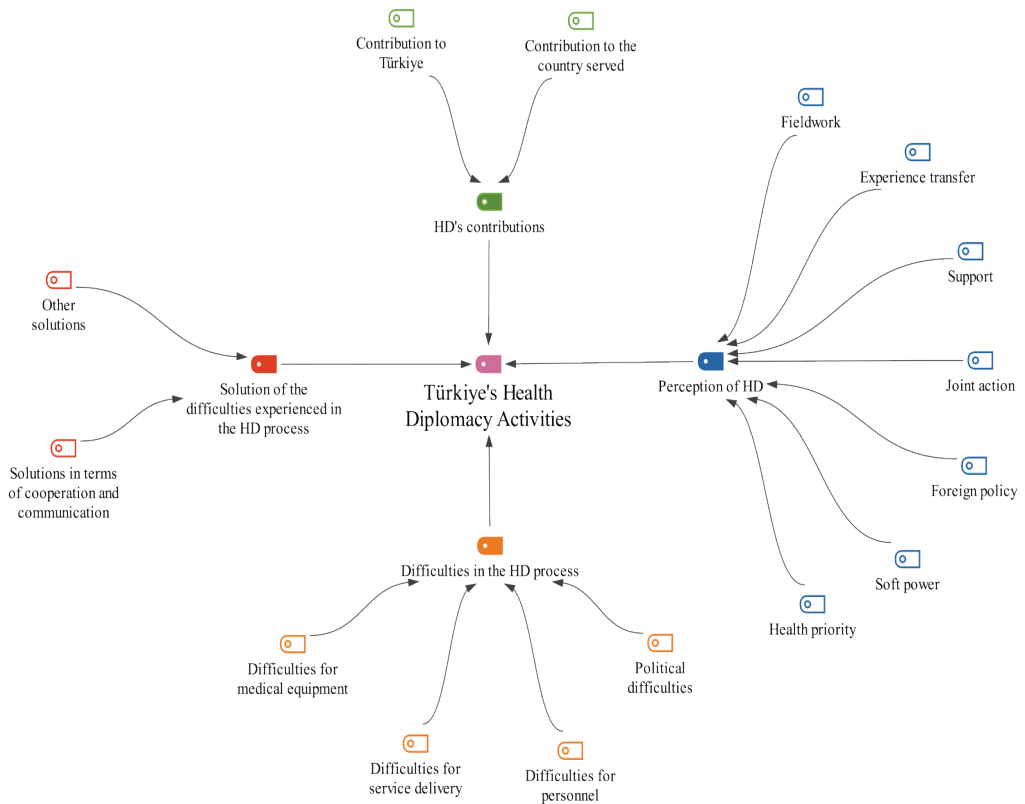


Figure 1. Main and Sub-Themes of Türkiye's HD Activities

### 3.1. Perceptions about HD

Participants were asked about their ideas as to what the HD issue meant. They stated that health is important, that local people in need should be supported, and that they (i.e. the participants) are in a mediating position between those who help and those who are helped.

Providing health services is a completely different thing compared to providing food or shelter because if there is a life problem or if there are no healthy living conditions, health problems are one of the leading problems. This service you provide means that a person can hold on to life again (Cenk, IHH).

Supporting and developing health institutions in countries in need (Sedat, TRC).

To mediate the needs of people in need and people who want to help (Hakan, IHH).

In addition, they emphasized that HD has gained importance especially during the Covid-19 pandemic and it was closely related with the creation of soft power through global interaction and cooperation.

Global interaction in the fields of health, foreign policy, trade and international law can be called health diplomacy (Yasin, IWWAA).

Health diplomacy is patient care, health education, transfer of experience, and cooperation with relevant organizations. You need to cooperate with international organizations, and this creates soft power. Health diplomacy is soft power, and it is very powerful and important to open a channel to communicate with people, especially after the pandemic (Ahmet, AID).

### 3.2. Difficulties in the HD Process

Participants were asked about the diplomatic difficulties they experienced during the health service delivery process. They stated that bureaucratic difficulties are experienced in the first stage of the HD process, which is the entry to the country in need.

The most important problem in the realization of our activities was the lack of permission to enter the regions due to the spread of Covid-19, which disrupted our work for a long time. In the water well works to be carried out in the villages, the permission obtained from the state authorities prolonged the processes and the opening of our projects was delayed (Yasin, IWWAA).

For example, you go to Palestine to help. You must pass through the Israeli side. I mean, sometimes the Israeli side does not say anything, but sometimes it can set strict rules. That is completely related to crossing (Sedat, TRC).

They stated that due to war, conflict and brain drain of health workers in poor countries, there seems to be a decrease in the number of employees remaining in the country and an increase in the difficulty of finding people with the required expertise. At the same time, the difficulties in employing staff by the organizations themselves were mentioned.

Brain drain takes place in regions where there are victims. If it is a war zone, there are many broken and dislocations, or specialists in this field are generally very few and rare. In the region in question, you can only employ those doctors there with serious costs. The presence of a doctor in the region is vital. You have medicine, serums, and medical equipment, but no doctors. For this reason, health diplomacy is very important. In a way, you find the materials you need, but when there is no doctors, your efforts are useless (Cenk, IHH).

We cannot take our doctors everywhere (Hakan, IHH).

Finally, the communication problem created by language differences during the service and the life-threatening danger to the workers due to the instability in the country or region in question was mentioned.

There are also some obstacles we face in the field. The most important of these is the language barrier. Jarablus is not very safe. Turkish Red Crescent had employees who died in the field (Cemile, AID).

In Africa, everything is so volatile. Borders of the countries are constantly changing. Borders are constantly changing due to internal conflicts and also due to conflicts between the militia and the state forces. There is a danger to life (Tuğra, IHH).

You are faced with very serious exorbitant prices regarding the supply of materials in the country. For example, you must buy a device that is worth 10.000 in Türkiye for a price that could be two or three times higher. Therefore, when there is no material or device, there is a black market (Cenk, IHH).

### **3.3. Solution of the Difficulties Experienced in the HD Process**

Participants were asked how they overcame the problems they experienced in the health service delivery process. In terms of cooperation and communication, they stated that the problems were solved by communicating with the local NGOs, public authorities, and international organizations.

We work with local NGOs to join our forces and pool our resources (Yasin, IWWAA).



We liaise with the authorities in Türkiye and ensure that they are informed. Since they are the main authorities in Türkiye, if health work is to be carried out, it proceeds through the Ministry of Health or embassies. We inform them and they forward it to the concerned authorities (Tuğra, IHH).

We have a consultant status with the United Nations. In general, the UN has regional offices of its sub-organisations in the regions. We have an office in that area in front of the OCHA (United Nations Office for the Coordination of Humanitarian Aid). The staff in our office is in very healthy and close communication with such institutions, especially with the bodies of the UN (Cenk, IHH).

Under the theme of other solutions, they stated that they tried to overcome bureaucratic difficulties with long-term planning, and they received warnings that made them more careful to avoid possible attacks in the field.

We make long-term planning for a program that will start two months or three months later. We try to overcome this by making our preparations and correspondence (Ahmet, AID).

We wear our volunteer vests. When I went in 2019, we were warned “do not take off your volunteer vests” (Cemile, AID).

### **3.4. HD's Contributions**

Participants were asked what the main contributions of HD included. They mentioned the increase in technical assistance and health education and cooperation, as well as the recognition of the country abroad and the positive feelings of the local population towards the service providers.

The areas of joint work and activities are expanding with the sharing of technical information and with the guest students who study in our country and return to their home countries. With the work of Turkish NGOs in the field of HD, the recognition of our country increases, and their good work is praised by the local people. (Yasin, IWWAA).

HD develops sympathy towards your country and alleviates prejudices (Ahmet, AID).

HD enables the Turkish healthcare workers to gain new experiences and helps them learn about various diseases that are not encountered in their own country as well as the treatment of these diseases.

Health workers traveling from Türkiye to Africa will gain more experience in this field. This is because there are many patients and various cases. These various cases cannot

be witnessed in Türkiye. They will gain knowledge and experience about patients and diseases. What they see there will make great contributions not only in terms of health services but also in humanitarian terms. The experience and emotions they gain there will improve them in many ways (Tuğra, IHH).

In addition, local people are employed in the health centers that are established to maintain health service activities.

We have an eye center and also prosthesis centers inside Syria. The technicians working here or the staff working in the eye center are Syrian. This way, we do not have to send a person from Türkiye all the time and we employ local people (Melisa, AID).

#### 4. Discussion

Participants stated that the provision of health services is more valuable compared to aid services such as food and shelter. They also added that it is necessary to cooperate with the country or region in question by supporting the health structure, acting as an intermediary, and transferring expertise, experience, and medical supplies.

Some difficulties were identified in the process of providing cross-border health services. These include the long visa processes and customs procedures upon entry to the country or region. This problem can be attributed to the closure of borders, cancelled flights and passports that require vaccination documents. Another challenge is the migration of health workers to other countries. The reasons for the migration of health workers may be related with economic and political issues or their desire to find a better working conditions (Yıldırım, 2009, p. 92). Other difficulties include having to deal with the black market due to the difficult and expensive supply of medical devices, costly employment of the health personnel, difficulty in communicating with the public due to language differences, and political instability threatening the safety of employees and volunteers. In her doctoral thesis, Ketenci (2021, p. 90) found out that security and transportation difficulties were experienced in the process of maintaining health activities in Sudan and Somalia. Collaboration, which is at the core of HD, has proven to be an effective attempt at resolving challenges. The parties of this cooperation are the UN and public authorities at the macro level and local NGOs at the micro level. In addition, the interviews with the participants revealed that a proactive approach was displayed in overcoming the problems and ensuring employee safety in the area.

One participant said that HD has become much more important after the Covid-19 pandemic. The pandemic deeply affected the global economy, and although many countries reduced their foreign aid, South Korea acted differently and continued its HD activities (Kim et al., 2023, p. 72). Countries such as South Korea, China and Japan also sent vaccines, masks, and hygiene materials to countries in need. Türkiye also sent aid to 131 countries, made vaccine grants to 11 countries

and provided both medical and in-kind aid to 14 international organizations (Anadolu Agency, 2022). On the other hand, the COVAX program has been established for global equitable access to Covid-19 vaccines and the aim was to deliver vaccines to countries in need from the pool that emerged with the donations of different countries (World Health Organization, 2023). The USA donated 276.1 million doses, while the EU donated 109 million doses to this program. In addition, Germany donated 33.4 million doses, and the United Kingdom donated 29.3 million doses (Our World in Data, 2022). HD is critical not only for infectious diseases, but also for non-communicable diseases. This is because today – at a time when chronic diseases become widespread – cooperation is needed for the prevention and control of non-communicable diseases (Afshari et al., 2020, p. 14). This can be interpreted as an important indicator that HD will gradually gain importance. At the same time, the concept of global responsibility emerges within the framework of HD. As Covid19 caused growth of interest in global responsibility (Kim and Kim, 2022, p. 932), HD can help everyone achieve equitable access to health.

An important conclusion of our research is that HD benefits the recipient country as well as the donor country (Collins et al., 2018, p. 433) and that the parties are in a win-win relationship. Health workers traveling to different regions within the scope of HD learn not only about diseases, but also about the treatment methods as well as the health service structures that are not witnessed in their own country. Then, health workers who return to their country can contribute to the development of the health system through these experiences.

Health activities are not only limited to the health system, but they can also positively affect the country's image at the global level and contribute to the expansion of its soft power. In our study, we found out that during the HD activities of Türkiye, the well-intentioned attitude and behavior of the health personnel greatly contributed to the country's image as the *"brother of the oppressed geographies"* and fostered the alleviation of the prejudices and contributed to the formation of sympathy about Türkiye in the local people. Therefore, such feelings can form a positive attitude towards the public administrators.

When other countries are studied, China has not considered the emergence of the Covid-19 pandemic as a disadvantage, since it has tried to strengthen its soft power and its image as a benevolent country as well as its geopolitical influence with the HD activities it has carried out around the world (Gauttam et al., 2020, p. 324). India, on the other hand, sought to present a "reliable" and "compassionate" image by trying to improve its soft power with the medical and humanitarian aid it has provided to African countries during the pandemic (Mol et al., 2022, p 1122).

An important point here is the countries' intentions behind the expansion of their soft power. Sometimes the intention might be good and humane, and sometimes it might be more self-interested or goal-directed. For example, *"it has been shown that Russia uses health diplomacy with geopolitical concerns, strengthening some relations and discrediting some countries and/or organizations"* (Giusti and Tafuro Ambrosetti, 2022, p. 10).

HD also contributes to the development of bilateral relations, global governance and international co-operation. At the same time, the compatibility of HD and foreign policy can improve the relations between the various stakeholders (Bond, 2008, p. 377; Michaud and Kates, 2013, p. 27). In addition, issues like obesity, global climate change, management of pandemics and chronic diseases and migration can only be resolved at the global level. For this reason, many studies argue that specialized health diplomats should be trained, since this would enable the HD to remain a priority issue for national governments (Hara and Ezoë, 2019, p. 33; Brown et al., 2018, p. 10; Chattu et al., 2021, p. 29).

## 5. Conclusion

HD is a topic that has attracted significant attention in the academic literature especially in recent years. It is a crucial factor in terms of making health policies and putting these policies into action. Therefore, stakeholders involved in the policymaking process need to prioritize this issue. Since HD is concerned with the future rather than the present, it plays an important role in the building of a healthier and more prosperous world.

This study has sought to elaborate on the issue with regard to Türkiye's cross-border health services in a holistic manner. The main conclusion is that HD is not only related to health issues, but also paves the way for new communication channels with different countries. HD works can help in creating a positive image for a country in the global arena. In addition, HD contributes to the health services of the recipient country or region, supports employment opportunities with newly opened health institutions in the recipient country or region and creates a positive perception about the country that provides HD services in the local population.

It should also be mentioned that two major earthquakes occurred in Türkiye on February 6, 2023 which once again revealed the vitality of the qualified search-and-rescue teams and health workers as well as the significance of process management. In order to develop HD activities at the global scale, an international digital platform about HD can be established to collect information about the health system of various countries along with other information including the number of their qualified workers, the experiences they have gained, the content of the training they receive and the activities they perform in the field. In addition, data about the health diplomats, aid and donations could also be collected in this platform. This information can later be used for comparing the activities of national governments in the HD sphere and understanding how good governance practices can be implemented. Therefore, countries need to take active responsibility both in the practical field and in the digital world.

It should be noted that although HD has a long history, it has only recently been studied in the Turkish and English literature, which was a major limitation when we conducted this study. Another problem is the low generalizability due to the nature of qualitative research. The HD issue can be addressed predominantly from a public sector perspective for future research. In addition,

a scale that can measure the perceptions about HD by all parties (i.e. state, NGO, society) can be developed by making use of the emerging literature on this topic as well as the expert opinions.

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