



GLOBAL HEALTH DIPLOMACY AS A SOFT POWER AND COUNTRY EXAMPLES

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Review Article

ABSTRACT

This study explores the characteristics and manifestations of global health diplomacy, providing various examples that demonstrate its different applications. In this context, case studies are drawn from the USA, Switzerland, Brazil, and Turkey. While numerous scholars argue that health represents a technical area where state interests converge, this research challenges that notion; states exhibit diverse interests in their health policies, leading to a dual-mode of health diplomacy—sometimes collaborative, yet at other times adversarial—at both national and international levels, depending on the circumstances. It highlights that the tendency to utilize health as an instrument of foreign policy to protect national security interests intensifies when countries unite to tackle and combat global health challenges. The research is structured into three sections: the first part serves as an introduction, discussing public diplomacy, power and soft power, and introducing health diplomacy with relevant examples. The second section examines health diplomacy through the lens of existing literature, while the final section presents the conclusion. The study is expected to contribute to the literature in the field of global health diplomacy and soft power.

Keywords: Global Health Diplomacy, USA, Sweden, Brazil, Turkey

Legal Permissions: The study is among the studies that do not require ethical committee approval, since it only uses publicly available information, and no data is collected from humans.

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YUMUŞAK GÜÇ OLARAK KÜRESEL SAĞLIK DİPLOMASİSİ VE ÜLKE ÖRNEKLERİ

Derleme Makalesi

ÖZ

Bu çalışma, küresel sağlık diplomasisinin özelliklerini ve tezahürlerini inceleyerek, farklı uygulamalarını gösteren çeşitli örnekler sunmaktadır. Bu bağlamda, vaka çalışmaları ABD, İsveç, Brezilya ve Türkiye'den alınmıştır. Çok sayıda akademisyen, sağlığın devlet çıkarlarının birleştiği teknik bir alan olduğunu savunurken, bu araştırma bu düşünceye meydan okumaktadır; devletler sağlık politikalarında çeşitli çıkarlar sergilemektedir ve bu da koşullara bağlı olarak hem ulusal hem de uluslararası düzeyde bazen işbirlikçi, bazen de düşmanca olan ikili bir sağlık diplomasisi moduna yol açmaktadır. Ülkeler küresel sağlık zorluklarıyla mücadele etmek ve onlarla mücadele etmek için bir araya geldiklerinde, ulusal güvenlik çıkarlarını korumak için sağlığı bir dış politika aracı olarak kullanma eğiliminin yoğunlaştığını vurgulamaktadır. Araştırma üç bölüme ayrılmıştır: İlk bölüm, kamu diplomasisi, güç ve yumuşak güç hakkında tartışan ve sağlık diplomasisini ilgili örneklerle tanıtan bir giriş niteliğindedir. İkinci bölüm, sağlık diplomasisini mevcut literatür merceğinden incelerken, son bölüm sonucu sunmaktadır. Çalışmanın literatüre küresel sağlık diplomasisi ve yumuşak güç alanında katkı sağlaması beklenmektedir.

Anahtar Kelimeler: Küresel Sağlık Diplomasisi, ABD, İsveç, Brezilya, Türkiye

Yasal İzinler: Çalışmada yalnızca kamuya açık bilgiler kullanılması ve insandan veri toplanılmaması sebebiyle, etik kurul izni gerektirmeyen çalışmalar arasında yer almaktadır.

1. INTRODUCTION

Public diplomacy serves as a distinct branch of traditional diplomacy, finding specific utility in various sectors to address the interests of nations, regardless of their size. While scholars and theorists offer differing definitions and identify various actors involved, there is a consensus on the fundamental components of public diplomacy: acknowledging foreign policy, culture, and national values, among others. Numerous definitions exist with diverse approaches; however, at its core, public diplomacy involves communication between one actor and the citizens of other nations. This actor may be a representative from civil society, an NGO, a multinational organization, or even a journalist/media entity or political expert, and it could also include a member of the general public (Pamment, 2013).

According to the Vienna Convention on Diplomatic Relations (1961), diplomacy encompasses various tasks, including representation, defense, negotiation, information dissemination, and deepening relations. These tasks serve the interests and objectives of states. In the past, diplomacy was seen as a secretive endeavor, as citizens had limited access and knowledge of interstate relations. However, President Thomas Woodrow Wilson brought about a revolution at the end of World War I by advocating for open and public diplomacy, dismantling the practice of secret diplomacy. Over time, public diplomacy has evolved alongside other forms of diplomacy. Currently, public diplomacy refers to the public's attitude towards foreign policy, and there has been a growing interest among the public in matters of foreign policy.

There was a time in the past when the word propaganda was used instead of public diplomacy. Public diplomacy is considered as a polite way for nations to do propaganda. Diplomacy is assumed to be gentle and kind, while propaganda sounds harsh and threatening. Many scholars and practitioners often mistake public diplomacy for propaganda or public relations... (Gilboa, 2008). Despite their seeming similarities these two concepts are not equivalent. While public diplomacy seeks to engage in dialogue with others to persuade them of one's views, propaganda tries to provide all possible information even if it means distorting the truth (Melissen, 2005). Ellul defines propaganda more broadly and says that it is based on scientific analysis of psychology and sociology (Ellul, 1973).

Many different theorists and scholars attribute various forms and approaches to public propaganda and diplomacy. The distinction between propaganda and public diplomacy, as a special form of diplomacy, is that propaganda is carried out by state organs while public diplomacy involves civil society, political parties, media, etc. This was highlighted in (Petric, 2012). Today, the term public diplomacy refers to the tool used by states and their associations, along with some sub-state and non-state actors. It involves understanding culture and attitudes; building relationships; shaping opinions; and mobilizing actions for promoting interests and values (Gregory, 2011). Public diplomacy encompasses not just interactions with foreign governments but private meetings as well— often unofficial dialogues between individuals representing government or NGOs (Nye, 2004). The realm of public diplomacy involves relations among state and non-state actors. In the contemporary world, public diplomacy is valued more than propaganda as it recognizes the significance of interaction. Public diplomacy has become more effective and beneficial than propaganda due to the growing reach of globalization that fosters interconnections among societies through mass communications which are beyond the control of states— thereby leveling the playing field for all actors involved. The easy accessibility of advanced technologies to common people has also made public diplomacy more profitable.

In the view of Grunig, "Modern governments and other international organizations are actually implementing public relations strategies when they practice what political scientists call public

diplomacy." Pratkanis also mentioned that "Public diplomacy can learn more from advertising and public relations methods." He further added that "Public diplomacy is not just a source of soft power. The state also uses public relations and communication resources and tools in addition to public diplomacy and soft power."

Nye likens power to weather, stating that it is a concept that all people have faith in and discuss, yet few comprehend. In his view, while villagers and meteorologists attempt to forecast the weather, political leaders and analysts endeavor to delineate as well as predict alterations in power relations. Nye's rough definition of power is about the capability to affect others so as to achieve results desired by influencing them. This influence is based on creating pressure and threats— or giving incentives and material support— or designing an appealing field.

Joseph Nye bifurcates the notion of power into two: soft power and hard power. "Hard power can be based on incentives or threats." "Hard power strategies focus on military intervention, coercive diplomacy, and economic sanctions to protect national interests." "Forcing other state changes is a method of using direct orders. This type of hard power is based on incentives or threats." Soft power, however, derives from the ability to shape others' preferences— just as it does in personal relations — where seduction and attraction can play a significant role. In this heterogeneous world, though varying in degree among different relationships— military, economic, and soft power are three core sources of influence that continue to retain their importance as sources of power.

Soft power is the persuasive ability to attract others with shared values, culture and legitimacy— as distinguished from threats or material necessity (Nye, 2011). Soft power can sometimes replace low-level politics or soft diplomacy. Health is an important issue that enables international cooperation to gain a better reputation— especially as a tool of soft diplomacy from one country to another (Fidler, 2005). The traditional way of conceptualizing and organizing medical tools to improve health has been changed by globalization: we all know now how important it is for economic, political and technological tools to also improve health.

For 160 years, health diplomacy has positioned the right to health as a core component of foreign policy in the realm of international relations. In its historical context, it was primarily linked with international conferences on health where issues related to spread and prevention of certain diseases were discussed so as not to hamper economy and trade. Today, the scope of health diplomacy has broadened significantly as it intertwines with global health governance and practices in the field of health and development which are all viewed as overlapping components since health is a problem that goes beyond national borders. This is why the implementation of health diplomacy takes a global form involving not just nation states but also international organizations like World Health Organization, UNICEF, World Bank and multilateral agencies including NGOs; hence decisions regarding implementation could be arrived at through bilateral or multilateral agreements.

The field is often known as global health diplomacy, sometimes just health diplomacy in the literature. There is no distinction between the two terms since health is a global issue regardless of whether it is addressed through multilateral or bilateral means. Thus, health diplomacy and global health diplomacy essentially denote the same practice and principles; therefore, altering the number of parties involved would not change how the concept is perceived.

Global health diplomacy has some outstanding features. These;

Nature of the problem: health is a cross-border issue for all countries and requires joint action.

Science and the role of scientists: The response to disease transmission depends largely on understanding the cause, and productive interaction between diplomats and health professionals is essential for successful health negotiations.

Complexity of negotiation: The interface between diplomacy and science involves multi-level, multi-factor and multi-participant negotiation. The impact of trade, power relations and values on these negotiations is quite complex.

Unique equity issues: Equity has been a driving factor in the global health agenda from the beginning and has only been strengthened with the adoption of the Millennium Development Goal. Many global health strategies concern equity issues, such as differential pricing of vaccines and other essential medicines.

Innovative features and methods: In all institutional phases of its history, health diplomacy has been highly innovative in the development of methods, tools and forms of organization.

Global health diplomacy is an evolving field that intersects foreign relations with efforts to foster global health, typically in low-resource settings or areas riddled with conflicts. In most cases 'global health diplomacy' can be broadly defined as the multilateral negotiation of and policy-making on global health issues with the major interest groups in public health and foreign affairs.

Let's look into some examples of health diplomacy. Our country saw the establishment of Constantinople Supreme Health Council by the Ottoman Empire in 1839 to check the sanitary regulation of foreign ships in Ottoman ports— an initiative that started in Asia Minor and continued well into the 21st century, playing a major role in global health issues either directly or indirectly. Today, Turkey's efforts towards health on a regional and international scale take different dimensions for scientists. With no institutionalized strategy nor policy on foreign health policy, Turkey executes its foreign health undertakings under humanitarian aid as per its foreign policy root; however, using health as a soft power source has been observed from some scientist views especially towards developing nations.

In 2003, due to its global health initiative, Brazil was the first country to win the Bill and Melinda Gates Foundation award for best response to AIDS. Through its national commitments on control of tobacco effects and other diseases, Brazil has had a very remarkable impact at the international level — not only contributing toward successful negotiations leading to finding common solutions for health problems, which allowed them serve their foreign policy interests. In 2003 Brazil received the prestigious Bill and Melinda Gates Foundation award for best performance in AIDS control— making Brazil the first country to ever win this international health accolade. The foundation recognized Brazil's efforts in controlling the effects of tobacco and other diseases as well through domestic commitments, which have had a significant impact globally. This has helped in addressing major common health problems that affect many people around the world.

Switzerland is another example; and Swiss Foreign Policy has five primary goals: to maintain and promote peace and security; to advance human rights, democracy and the rule of law, and to advance prosperity; reducing social inequalities and protecting the natural environment. It is recognized that health is a human right for everyone. As such, international efforts should be focused on reducing health problems because they directly deplete a country's socio-economic standing. The Swiss Health Foreign Policy on Health took effect in 2012 with an introduction of political coherence in health interventions among government agencies where common objectives were defined as well as roles of government actors. The success indicators would

invite Swiss citizens to think at national level on global health issues — working with coordination from various arms of government alongside NGOs towards implementation thus significantly forming part of what makes it important in steering the policy through paths leading also to successes.

The main mission of the U.S. Department of Health and Human Services is to promote the health of the U.S. population and improve it, as well as to protect national health security. The global strategy was launched in 2012 with recognition that health security studies should not be limited by borders but considered worldwide which led to the development of 2015-2019 Global Strategy comprising three main goals and ten targets for them. The Department of Health and Human Services collaborates closely with all other U.S. government agencies; all its subcomponents have an objective related to foreign health. The Office of Global Affairs has a task to designate health diplomats around countries: health attachés play a role as major contact points in their respective assigned countries on issues concerning global health and health diplomacy. Their function as a mediator between the United States and host countries is to share US foreign health policy and seek contribution for the health problems of their represented country. They take part in organizations and meetings at national, regional, and international levels not only to follow the current situation in world health, but also to share with US global health strategy the experiences gained from these organizations.

2. LITERATURE REVIEW

2.1. Studies on the Definition of Global Health Diplomacy

GHD is acknowledged as an emerging area of research that lacks a definitive description (Westrum, 2011), yet it is consistently defined and applied in the literature. Although GHD is the most frequently utilized term, the review also uncovered other terms such as medical diplomacy (Aggarwal and Kohrt, 2013; Feinsilver, 2010; Katz et al., 2011; Lee and Gomez, 2011) and health diplomacy (McLaughlin et al., 2014). While these terms are often used synonymously, they exhibit subtle distinctions in their scope. Diplomacy, which embodies both art and practice, is typically described as the endeavor for international harmony (Deatsch-Kratochvil et al., 2013; Feldbaum et al., 2010; Novotny and Kickbusch, 2008). It is also perceived as a means for states to carry out their foreign policies and protect their national interests (Feldbaum et al., 2010). Consequently, diplomacy can be interpreted as a method for managing the relations between a state and other pertinent entity (Ratzan, 2013). Various scholars (Deatsch-Kratochvil et al., 2013; Feldbaum et al., 2010; Novotny and Kickbusch, 2008) commonly define diplomacy as both the science and art of international relations, serving as a tool for nations to implement their foreign policies, articulate their national concerns, and safeguard their interests. Various authors (Feldbaum et al., 2010) can be credited with these differing definitions. As a result, diplomacy may be interpreted as the proficient handling of a state's connections with pertinent entities (Ratzan, 2013).

2.2. Studies on the Driving Forces Behind Global Health Diplomacy

Public health scholars have generally interpreted GHD results without integrating International Relations (IR) theory or associated theoretical frameworks (Blouin et al., 2012). By combining these two fields of study, we utilize the levels of analysis concept found in International Relations (Walt, 1998). When explaining state behavior within the international system, foreign policy analysts typically identify three distinct levels of analysis. The global level examines worldwide forces that act as constraints on state behavior, focusing on the distribution of power, prevailing norms, and the influence of global actors, including other states. Additionally, international non-governmental organizations (INGOs), multinational corporations (MNCs),

international organizations (IOs), and transnational policy advocacy networks play significant roles in shaping foreign policy priorities. The domestic or state level of analysis takes into account how variations in a nation-state's political culture and structure, along with various domestic political entities such as NGOs and interest groups, affect the formulation of foreign policy. Lastly, the individual level of analysis highlights the impact of individuals, particularly influential politicians and public figures, and their perceptions and roles in the decision-making process regarding foreign policy (Rourke, 2007).

2.3. National/Domestic Level of Analysis: Studies on Domestic Interest Groups and Foreign Policy Preferences

The analysis of the subnational level is the most frequently utilized approach, with a particular emphasis on institutions that encompass a diverse range of actors from civil society. These actors include interest groups, professional associations primarily from the business sector, non-governmental organizations, think tanks, and research institutions. Traditionally, interest groups have been perceived as having less impact and involvement in foreign policy matters compared to domestic policy issues. Nevertheless, this viewpoint is currently undergoing revision, as interest groups are increasingly recognized as significant contributors to the foreign policy process (MacCormick 2012).

The emphasis placed on nonprofit organizations and think tanks in shaping health-related foreign policy initiatives was a recurring theme in the reviewed papers. Non-governmental organizations have the ability to influence decision-makers in foreign policy through regular consultation and persuasive advocacy, which has become a common practice within government agencies (Rourke, 2007). For instance, the Nuffield Trust played a pivotal role in bringing the issue of globalization to the forefront of UK policy makers, resulting in the development of the health is Global strategy in 2008 (Gagnon and Labonte, 2013). Additionally, various organizations played a crucial part in garnering strong governmental support during the negotiations for the Framework Convention on Tobacco Control, thereby establishing a global knowledge community dedicated to assisting member states in their efforts to regulate tobacco products (Lencucha et al., 2011; Mamudu and Glantz, 2009). It is worth noting that civil society members have also effectively acknowledged the government's recognition of the importance of prioritizing global health in the UK. The impact of effective NGO campaigns, such as Make Poverty History, cannot be underestimated. Brazil serves as another prime example of the invaluable role played by non-governmental organizations in the realm of global health. In this particular case, nonprofit organizations have taken the lead in global endeavors to ensure access to AIDS medications. Brazil's involvement in the GHD processes, addressing the scarcity of anti-HIV drugs, showcases how social health movements can effectively exert pressure on governments to engage in international agreements with pharmaceutical companies, thereby enhancing the availability of these crucial medications. As Gomez (2012) points out, Brazil's pharmaceutical diplomacy can be traced back to historical notions of social health, which advocate for the provision of free, universal healthcare as a fundamental human right. Consequently, the government is compelled to procure and distribute pharmaceuticals for various diseases, including HIV.

The GHD agenda encompasses a surprising element: the influence of corporate interests, a fact that has been extensively documented in various articles. A notable example of this phenomenon is observed when multinational corporations actively support governments in negotiations pertaining to intellectual property rights. Their primary goal is to restrict the widespread availability of anti-retroviral drugs (ARVs) by advocating for robust intellectual property protection. Ventura's report (2013) provides a clear illustration of this objective.

Additionally, Fidler (2013) sheds light on the covert nature of corporate interests in health diplomacy, which often takes place behind closed doors. Through lobbying efforts conducted by pharmaceutical, tobacco, airline, shipping, as well as food and healthcare companies, both at national and international levels, these partnerships indirectly shape public health policies. Recent studies have established a strong correlation between GHI initiatives and the involvement of influential multinational corporations, which exert a significant impact on global health. The sheer magnitude of these corporations grants them the power to shape the governance of global health. This influence can manifest through conditional donations to programs or through the ownership of shares that directly impact decision-making processes related to program implementation. A prime illustration of this dynamic is the Gates Foundation, which wields considerable control over the Coca-Cola Corporation due to its substantial investments in both food and pharmaceutical sectors. It is worth highlighting that the composition of corporate boards within the Global Health Initiative (GHI) often overlaps with that of other organizations (Stuckler et al., 2011).

The liberal, political-economic, and constructivist theories of international relations provide the most comprehensive understanding of the theoretical underpinnings of GHD at the local level. Many scholars in the field do not draw a clear distinction between advocacy efforts at the local and global/transnational levels. It is widely believed that knowledgeable experts and advocacy groups possess the ability to shape policies on both scales. The explanation for the influence of multinational corporations (MNCs) on the GHD process primarily stems from political economy theories, which emphasize the transformation of economic power into political influence through lobbying. Furthermore, these theories deconstruct the notion of national interest, revealing its private nature when it comes to corporations.

3. DISCUSSION AND RESULT

In the study conducted by Adams et al. (2008), the increasing participation of civil society organizations in international health programs in global health diplomacy and the use of biosecurity programs to reshape public health were examined as a critical discourse and intervention.

A review of the health-related arguments that inform global health diplomacy by Labonte and Gagnon (2010) examines the implications of security, development, global public goods, trade, human rights, and ethical/moral reasoning frameworks for how global health is conceptualized as a foreign policy issue. The study concludes that how global health will re-emerge from the current economic crisis of globalization, but how effectively it will do so, will be determined in part by the capacities and skills of health diplomats and the policy framing arguments they choose to critique.

In the study by Katz et al. (2011) defining health diplomacy, the context, practice and components of global health diplomacy are explained. The foundations of various approaches to global health diplomacy are examined along with their implications for policies that shape the international public health and foreign policy environments. The study concludes that the deepening ties between health and foreign policy require both the diplomatic and global health communities to reexamine the skills, understanding and resources needed to achieve their mutual goals.

Fidler (2013) has analyzed contemporary diplomatic activities related to health. The analysis reveals a field of diplomatic activity marked by health threats, a proliferation of actors, a complex and proliferating set of diplomatic processes, and debates about what shapes health

diplomacy. To capture the texture of contemporary health diplomacy, the study assesses how health threats, concepts, and mechanisms emerge in different diplomatic contexts.

The study conducted by Chattu et al. (2021) on disease control policies and the critical role of global health diplomacy in Africa aims to understand disease control policies and the critical role of global health diplomacy in Africa. It was concluded that the Sustainable Development Goals should use the practice and tools of global health diplomacy in an innovative manner to develop the necessary partnerships with relevant actors in the global health field to achieve health goals.

The revolution of the late 1900s and early 21st century due to technological advances that have completely changed international environment have made cooperation and negotiations necessary not only at the state level, but also on non-traditional issues such as war. With this transformation diplomacy has become more globalized and specialized since various factors such as climate change that introduces new disease zones affect government foreign policy directions. The effects of globalization in turn are a function of global social change, which is manifested in population dynamics like migration, movement of refugees and displaced people; all which have public health implications with vast dimensions that often become transboundary. Indeed, any outbreak of infectious disease poses an immediate threat to neighboring countries and far-off continents: through economic repercussions or loss of human capital (labor). Recognizing health as an intrinsic component determined by both domestic production capacities — related to social overhead capital — and international politics helps ensure universal benefits contributed by development assistance programs towards attainment levels in all sectors within nations while allowing for incentives at different national levels based upon disparities among them. The emergence of HIV/AIDS in Sub-Saharan African countries has far-reaching consequences. It not only impacts public health and quality of life, but also damages economies and relations at the international level. Such are stark examples that highlight the interconnected nature of global health issues with a plea for global partnership and synergy as no single country can effectively deal with both communicable and non-communicable diseases without support from others. The need for strong collaboration between state, non-state actors and multi-stakeholder negotiators is a prerequisite to enhancing the health of nations, particularly those struggling to address such wide array of challenges on their own.

Decision makers and political actors in international politics face a number of important challenges, among which health issues take a significant place. The analysis of the US case shows that these are related to national security and not only traditional issues like peace and war, but modern issues like health find their way into the foreign policy agendas of states. Another key concept that drives foreign policies is soft power which is defined as 'the ability of a country to persuade others to do what it wants without force or coercion.' Soft power, being part of public diplomacy, also comes into play in a state's health diplomacy. Today more and more states are integrating health into their foreign policy with a specific strategy— such as Brazil— but also implementing an externally-focused health policy developed through collaboration between Ministries of Health and Foreign Affairs, as seen in Switzerland.

Global health issues and identifying common solutions to shared problems demand coordination between international actors like states and non-governmental organizations, on top of cooperation. This makes global health diplomacy an issue of significant importance at the international level; it needs a detailed examination today so that the actions taken globally by state and non-state actors can be understood better within an institutional setup for future development.

In the light of this we can say that the emphasis placed by states on health within the realms of their foreign policies is determined by their national interests. However, let us emphasize that such research would require an integrated foreign health policy developed jointly by health and foreign affairs ministries. Nations having a well-organized foreign health policy can follow their own national interest while stating that they contribute to global health diplomacy but it becomes difficult to go ahead smoothly when there is no roadmap as a result of non-existence of policy in place. The contribution for those cases where the development and maintenance of global health initiatives have been analyzed from an approach viewpoint are those four significant states.

While some differences exist, the key finding regarding their perspectives on global health and foreign policy is a shared tendency to promote national interests rather than focusing on global health care. Additional investigation is necessary to uncover the true motivations behind the inclusion of health in foreign policies by states, as well as to understand the connection between health and foreign policy.

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