WHO Network on Global Health Diplomacy

Global Health Diplomacy Research

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TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>1</th>
<th>INTRODUCTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Overview of this paper</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>THE IMPORTANCE OF GLOBAL HEALTH DIPLOMACY</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Why is global health diplomacy becoming more important?</td>
<td>5</td>
</tr>
<tr>
<td>2.2</td>
<td>What is global health diplomacy defined as?</td>
<td>6</td>
</tr>
<tr>
<td>2.3</td>
<td>How is global health diplomacy research funded?</td>
<td>7</td>
</tr>
<tr>
<td>2.4</td>
<td>Who engages in global health diplomacy?</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>CRAFTING A RESEARCH AGENDA FOR ‘GHD.NET’</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Why should GHD.Net support a research agenda?</td>
<td>9</td>
</tr>
<tr>
<td>3.2.</td>
<td>What should the GHD.Net research agenda be?</td>
<td>10</td>
</tr>
<tr>
<td>3.2.1.</td>
<td>Research on the topics of global health diplomacy</td>
<td>11</td>
</tr>
<tr>
<td>3.2.2.</td>
<td>Research on actors in global health diplomacy</td>
<td>12</td>
</tr>
<tr>
<td>3.2.3.</td>
<td>Research on process of global health diplomacy</td>
<td>13</td>
</tr>
<tr>
<td>3.2.4.</td>
<td>Research on the outcome of global health diplomacy</td>
<td>13</td>
</tr>
<tr>
<td>3.2.5.</td>
<td>Summary research agenda</td>
<td>14</td>
</tr>
<tr>
<td>3.2.5.1.</td>
<td>Research activities for 2010 (assumed calendar year at present)</td>
<td>14</td>
</tr>
<tr>
<td>3.2.5.2.</td>
<td>Research activities for 2011-2013 (assumed calendar years for now)</td>
<td>15</td>
</tr>
<tr>
<td>3.3.</td>
<td>How should GHD.Net organize and support its research agenda?</td>
<td>15</td>
</tr>
<tr>
<td>3.4.</td>
<td>Who should be involved with, and lead, the GHD.Net research agenda?</td>
<td>16</td>
</tr>
</tbody>
</table>

| 4. | CONCLUSION: THE VALUE OF GHD.NET | 17 |
1. INTRODUCTION

Health has long been a foreign policy and diplomatic concern, as illustrated by the international sanitary conferences and conventions of the latter half of the nineteenth and first half of the twentieth century. The history of health’s place in foreign policy reveals, however, that health has generally been a marginal and neglected issue for foreign policy makers; mainly because health problems rarely intrude on the central concerns of those responsible for a State’s international relations, particularly the tasks of ensuring national security and a country’s economic power and well-being.

Nonetheless, the post-Cold War period has witnessed dramatic changes in foreign policy perceptions about health problems. The reasons for this transformation are complex, but they cluster around a growing realization that health issues increasingly affect, directly and indirectly, core functions of foreign policy. In short, formulation and implementation of a post-Cold War foreign policy could not avoid addressing health-related threats and dilemmas across the range of objectives countries sought to achieve through foreign policy action. Further, globalization shattered the traditional distinction between domestic health activities and international health efforts. Through this process, health policy makers realized the need for more collective action among States, and among non-State actors, across the wide range of public health concerns. For instance, the negotiation of international health agreements (e.g. Framework Convention on Tobacco Control, International Health Regulations, and agreement on sharing influenza virus to produce vaccines), and the representation of health issues within non-health agreements, has become increasingly important in recent decades as part of the transition from international to global health governance.

However, the collective action needed for many public health threats emerging as globalization accelerated around the world was not the same as the conventional collective action undertaken in international health since the establishment of WHO after World War II. Many rising global health challenges did not have scientific, medical, or technological answers but were, rather, deeply political in nature. With health emerging as a problem in many policy domains, action within the health sector alone was not sufficient. Health policy makers faced the challenge of breaking out of traditional patterns of behaviour and grappling with a broader, more diverse range of politics; and often politics the health community was not well prepared to navigate. The public health community remains particularly unprepared to effectively engage with non-health sectors, such as trade and investment, and security. Conversely, foreign policy officials need to be better informed of relevant public health issues.

Health challenges – direct and indirect – appear across a wide range of political, economic, and social phenomena, and, as a result, health problems often intersect with foreign policy and diplomatic activities. This broad scope means that global health diplomacy occurs on many types of problems, involves a diverse collection of actors, takes place in multiple venues, and produces different kinds of collective action outcomes. In addition, the complexity of the subject matter requires research from
different disciplines. Growing interest in the relationship between health and foreign policy and in the dynamics of global health diplomacy provide GHD.Net with an opportunity to develop a rigorous and cutting-edge research agenda.

1.1. Overview of this paper
As part of the preparatory meetings and developments for establishing GHD.net, a series of papers were commissioned by WHO, and others of relevance also utilised, to provide a foundation for discussion around a range of issues. Several of these concerned the scope of global health diplomacy, and therefore GHD.Net, and the associated research agenda that may be developed in this area. This paper brings together the core content of the most central of this diverse, and often lengthy and technical, range of papers, distilling the critical elements concerned with the scope of global health diplomacy and the development of a research agenda for GHD.Net based on:

- Smith RD (2009). Mapping of funding for research on health and international relations, focusing on Global Diplomacy.

This paper, drawing on the material of the above collection of papers, draws together key findings with respect to global health diplomacy and GHD.Net. The first section, on global health diplomacy, is relatively brief and distils the key elements of background related to this field. The second section, more specifically on GHD.Net, is more substantial as it advocates what GHD.Net could and should be involved in from a research perspective, and how this might be operationalized. The paper concludes by considering the value-added from GHD.Net, from a research perspective, for global health diplomacy. Further detail on aspects covered in this paper is, of course, available in the background papers referenced above. Where appropriate and possible, reference has been made to a specific background paper to aid this, but in many cases the discussion is a synthesis of discussion across two or more of the papers and such direct referencing is thus, unfortunately, not possible.
2. THE IMPORTANCE OF GLOBAL HEALTH DIPLOMACY

This section briefly reviews the development of interest in global health diplomacy, providing the background needed to understand the challenge of designing a research agenda for GHD.Net, as explored in detail in section 3.

2.1. Why is global health diplomacy becoming more important?
The growth of interest in global health issues over the past decade has produced a significant increase in the volume of research conducted on diverse topics such as HIV/AIDS, health worker migration and access to medicines. Many of these areas require collective action to effectively address them which, in turn, must be facilitated by diplomatic processes within and beyond the health sector. For example, sharing virus samples is a key element in the development of vaccines to tackle global infectious disease pandemics. Historically these have been provided free, but the price of vaccines has generated greater unwillingness to share samples. Resolution of this situation will involve diplomatic processes beyond technical or economic issues.

There are a range of areas outside the ‘health arena’ that may also warrant representation of public health interests in collective action negotiations, as summarised in Table 1 (with further detail in Smith, 2008).

Table 1: Summary of ‘non-health’ issues that will influence health

<table>
<thead>
<tr>
<th>Area of global change</th>
<th>Main issues that could affect population health</th>
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<tbody>
<tr>
<td>Agriculture</td>
<td>1. Food security</td>
</tr>
<tr>
<td></td>
<td>- food prices</td>
</tr>
<tr>
<td></td>
<td>- impact of trans-national companies</td>
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<td></td>
<td>2. Disease transmission</td>
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<td></td>
<td>- communicable disease</td>
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<tr>
<td></td>
<td>- non-communicable disease</td>
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<tr>
<td>Demography</td>
<td>1. Population growth</td>
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<td></td>
<td>2. Migration</td>
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<tr>
<td></td>
<td>- general</td>
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<tr>
<td></td>
<td>- healthcare workers</td>
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<tr>
<td>Economics</td>
<td>1. Development</td>
</tr>
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<td></td>
<td>2. Trade</td>
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<tr>
<td></td>
<td>- hazardous/harmful products</td>
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<td></td>
<td>- intellectual property</td>
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<td></td>
<td>3. Finance</td>
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<td></td>
<td>- economic insecurity</td>
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<td></td>
<td>- change in global structure</td>
</tr>
<tr>
<td></td>
<td>4. Change in power, regulation and governance</td>
</tr>
<tr>
<td>Environment</td>
<td>1. Climate change</td>
</tr>
<tr>
<td></td>
<td>- fatalities</td>
</tr>
<tr>
<td></td>
<td>- communicable diseases</td>
</tr>
<tr>
<td></td>
<td>2. Energy</td>
</tr>
<tr>
<td></td>
<td>3. Water/sanitation</td>
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</tbody>
</table>
1. **Weapons market**
2. **Groups undertaking violence**
3. **Increased scarcity of resources**
4. **Change in international power balance**

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<thead>
<tr>
<th>Technology</th>
<th>1. Information and communication technology</th>
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<tr>
<td></td>
<td>- satellite technology</td>
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<tr>
<td></td>
<td>- diagnostics</td>
</tr>
<tr>
<td></td>
<td>2. <strong>Biotechnology</strong></td>
</tr>
<tr>
<td></td>
<td>3. <strong>Nanotechnology</strong></td>
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In recent years there has also been interest in using health as an instrument for addressing non-health problems or advancing objectives that are not health specific. For example:

- Using health exchanges and interactions to create or strengthen broader diplomatic cooperation among countries or communities;
- Developing and/or delivering health services as part of counterinsurgency, stability, and nation-building operations to win “hearts and minds” of a foreign population;
- Using health workers to spread a country’s or a group’s ideology, influence, or power (e.g., development by Hezbollah and Hamas of health services);
- Trading health assistance for access to natural resources (e.g., Venezuela provides oil to Cuba in exchange for Cuban health care personnel to work in Venezuela); and
- Using “hospital ships” to bolster a nation’s image and influence by providing health services to populations in other countries (e.g., U.S. use of hospital ships to deliver medical aid in Central and South America).

The rapid increase in, and recognition of, areas where health is intrinsically linked, the range of venues and forums where policy concerning these are discussed, and the spectrum of interested and powerful parties affected and influencing these areas, has impacted upon the need for diplomacy at the global level to achieve collective action.

### 2.2. What is global health diplomacy defined as?

The manner with which the term “global health diplomacy” is used exhibits diversity (see background papers by Fidler (2008) and Lee (2009) for various definitions). This makes it hard to understand what the term means and whether people are applying it consistently; unhelpful from a research perspective. Further, while some definitions are descriptive, others are more prescriptive, with strong normative claims about the purpose and impact of global health diplomacy.

Historically research interest in diplomacy has been centred in the International Relations field. Here diplomacy is broadly defined as the art or practice of conducting international relations, such as (but not exclusively) in negotiating alliances, treaties, and other agreements. It is ostensibly concerned with dialogue and negotiation designed to identify common interests and areas of conflict between parties, guided by a state’s foreign policy and undertaken through professional diplomats from ministries of foreign (external) affairs. More recently the term “new diplomacy” has been applied to the increasingly globalized context, with its associated diverse array of actors, expanded agenda, importance of norms as policy goals, and the innovative forms and processes by which
diplomacy is conducted. In this respect, the focus of global health diplomacy research would be on the specific negotiations which underpin aspects related to health and foreign policy or global health governance, rather than on the broader political/policy making processes per se.

However, a review of the existing (and limited) GHD literature by Lee (2009) shows that International Relations scholars have been little involved in the development of the GHD research agenda. Rather, public health advocates have strongly defined the field, leading to the strong normative basis underpinning its use. GHD has been defined thus far by its expected purposes – namely to further foreign policy goals, advocate for global health goals in non-health settings, or to negotiate health-related agreements – rather than what actually characterises GHD. Nonetheless, there does appear to be agreement that the core feature of GHD is the process of interaction and negotiation that shape collective responses by state and non-state actors related to global health.

From previous Bellagio meetings, a definition of GHD was extensively discussed (see Fidler 2008, 2009). It was agreed by participants that GHD should concern:

- negotiations on health issues that require the collective efforts of more than one state;
- formal interaction of state representatives which is more broadly influenced by formal and informal interactions between state and non-state actors;
- venues where formal state negotiations take place, as well as where non-state actors can contribute, but should be distinguished from other foreign policy tools.

From these discussions, and for the purposes of developing and pursuing a research agenda, at its first meeting GHD.Net agreed to define global health diplomacy as:

“policy-shaping processes through which States, intergovernmental organizations, and non-State actors negotiate responses to health challenges or utilize health concepts or mechanisms in policy-shaping and negotiation strategies to achieve other political, economic, or social objectives”.

This definition reflects three important characteristics of GHD:
1. Global refers not only to geographical meaning, but the range of actors involved.
2. Health draws attention to problems that involve the protection or promotion of population health, arising either as: (i) a direct threat to human health; (ii) an indirect threat to health; or (iii) unrelated to health but stimulating a health-related response.
3. Diplomacy refers to processes in which all actors interact in articulating, advocating for, and defending their interests. Diplomacy is not an end; it is a means to an end.

2.3. How is global health diplomacy research funded?
Research requires funding. The background paper by Smith (2009) reviewed some of the major funding of aspects related to the GHD.Net research agenda, especially current funding for research on health and international relations. This exercise yielded some interesting results. In terms of funders, a number of foundations and research councils were found to award grants for research in global diplomacy, and in global health diplomacy more specifically:
Furthermore, national governments were also found to award grants for Global Diplomacy, chief amongst this were the Norwegian, German and American governments. Overall, health was not widely included in global diplomacy research funding. Funds that were awarded were also not all for research, with a number of awards also for high level meetings, workshops, and conferences, and to sponsor study programmes.

Geographically, work related to global diplomacy was mostly found to be by North American and European institutions, although the actual research undertaken by these institutions had wider regional relevance. Many of the projects and programmes reviewed concentrate on diplomacy in the Asian region, in the EU, Africa, or sometimes between two countries, chiefly between the United States (US) and another country.

2.4. Who engages in global health diplomacy?
In recent years the conduct of “new diplomacy” has been shaped by the greater participation of non-state actors in international relations. While diplomats have traditionally been concerned primarily with interacting with their counterparts, increasingly their constituencies are far more broadly based. In quantitative terms, there are more players, problems, and processes implicated today than in previous eras. This proliferation is part of what makes global health diplomacy difficult to contain descriptively and analytically. In qualitative terms, States increasingly have to deal with non-State actors, and the venues for diplomacy also reveal an unprecedented diversity. The ‘pecking order’ amongst the traditional actors has therefore been upset and destabilized by the rise of powerful and influential non-State actors, with two trends important to note.

First, major States, particularly the United States, have re-engaged in global health in significant ways in the post-Cold War period. International health constituted a marginal, neglected area in the foreign policies of major countries during the Cold War era, but, across many agendas and for diverse reasons, these countries have realized the need to focus more on global health concerns. Moreover, the BRIC (Brazil, Russia, India and China) countries have also developed interests in global health. The re-engagement of major States has mixed results for global health diplomacy. On one hand, it raises the political significance of global health problems generally. On the other, they have a

1 Although Russia has been less active than the other three in this area, there has been some engagement. For example, the St. Petersburg Annual Forum on Global Health, launched in 2006. See: http://us-russia200.moscow.usembassy.gov/200th/anniversary.php?record_id=health.
degree of independence in their actions that allows them to have significant influence in diplomatic processes\(^2\).

Second, the power now wielded in global health by the Gates Foundation represents an epochal change in terms of the actors in global health. Many scholars have raised concerns about the influence the Gates Foundation possesses, influence directly related to the unprecedented funding the Foundation commits to global health endeavours. The non-governmental status of the Gates Foundation, lack of accountability to external bodies, and the scale of the financial resources it has available, gives it the ability to manoeuvre in global health diplomacy largely on its own terms. Such freedom of action on the part of non-state actors creates important challenges for global health diplomacy’s relationship with governance activities\(^3\). While governments are tasked with agreeing priorities and negotiating agreements to protect and promote global health, as formal representatives of their domestic constituencies, how these tasks are achieved are influenced by the decisions of non-state actors which are not similarly accountable.

3. **CRAFTING A RESEARCH AGENDA FOR ‘GHD.NET’**

As described in the background papers by Fidler (2008, 2009), the GHD.Net mission statement specific to research specifies that:

_The WHO Network on Global Health Diplomacy (GHD.Net) shall engage in and disseminate research on all facets of global health diplomacy in order to deepen understanding about the problems addressed, the players involved, and the processes utilized. In particular, GHD.Net shall facilitate research on issues and challenges facing developing and least-developed countries. GHD.Net’s research activities will help identify the characteristics of health as a foreign policy and diplomatic issue and provide input for policy debates on how to improve the protection and promotion of health through foreign policy and diplomatic means._

The purpose of this section is to explore key questions and issues that will influence the design of a research agenda to achieve this mission.

3.1. **Why should GHD.Net support a research agenda?**

As indicated, global health diplomacy reflects a diversity of meaning and application to many types of problems, involving an eclectic mix of actors, venues and outcomes. This generates specific needs for those involved, and interested, in global health diplomacy with respect to education and training, and policy advice. These are subject to two other streams of activity of GHD.Net. However, these activities are only possible if they are underpinned by evidence, which comes from research and, given the low level of


research in this area, there is considerable potential for GHD.Net to develop and support a rigorous and cutting-edge research agenda. Although there is considerable research in related areas, specifically global health governance for instance, within the realms of global health diplomacy there is a virtually blank sheet of paper (see background paper by Lee, 2009).

It is also worth noting that we are using the term ‘research’ in this context to cover a variety of different forms, as illustrated above. This illustrates the breadth of research activities and methodologies that may be applicable to this area, but also makes clear the distinction between research and consultancy. In essence, research is of global health diplomacy and consultancy is for global health diplomacy. Thus, the research agenda will mostly involve establishing how the global health diplomacy process is undertaken and what it produces, whereas consultancy would probably encompass much of the work around briefing for specific issues to be subject to diplomacy, such as virus sharing or patent legislation and access to medicines. Consultancy, we would suggest, is covered under the policy advice stream of GHD.Net and is therefore not considered here.

3.2. What should the GHD.Net research agenda be?
There are four facets to research on global health diplomacy: research on the topics to which global health diplomacy is applied, the actors involved, the process, and the outcome of global health diplomacy. A research agenda under each of these four facets is presented in this section.
3.2.1. Research on the topics of global health diplomacy

The principle interest here is how disease-specific or health-related problems are identified for global health diplomacy. Box 1 provides a set of illustrative examples of research questions that might be pursued in this area⁴.

First, a benchmarking exercise to provide an overview of the frequency of foreign policy, diplomatic, and advocacy activities on health-related problems, providing a sense of the problems that actors prioritize, and comparing these with, for example, evidence about the burdens of disease, and underpinning research on why issues get on the global health diplomacy agenda. This could be an ongoing ‘surveillance’ activity of GHD.Net.

Second, GHD.Net could encourage or facilitate research on foreign policy, diplomatic, and advocacy activities focused on specific issues. For instance, analyzing the reasons for the priority accorded to communicable disease threats and the dynamics of specific communicable disease problems across a range of high-profile and neglected communicable diseases. This could also, of course, be replicated with respect to non-communicable diseases, including threats posed by tobacco, alcohol, obesity-related diseases, road traffic injuries, and counterfeit pharmaceuticals.

Third, the extent to which health concepts and activities are used as instruments for addressing non-health problems or advancing objectives that are not health specific could be incorporated in a research agenda.

Finally, advocating for global health over other policy goals, and for specific global health issues and activities over others, invariably raise normative issues. When global health activities are explicitly linked to foreign policy goals, the norms underpinning those goals also become important to global health diplomacy. There is need for more critical thinking which separates normative (prescriptive) from positive (descriptive).

Box 1: Illustrative research questions concerning topics for global health diplomacy

- To what extent does the contemporary GHD agenda differ from previous activities?
- What specific global health issues has the foreign policy community embraced?
- How do global health issues link with other “new diplomacy” issue areas?
- How does GHD differ in nature, if at all, from other “new diplomacy” issue areas?
- What role does GHD play in addressing the particular challenges that globalisation poses to global health and the broader global community as a whole?
- How does the shifting balance of power in world politics affect GHD?
- How can GHD play a role in maintaining global health as a high policy priority among world leaders in coming decades?
- What can GHD teach us about the challenges of strengthening collective action in an increasingly global world?

⁴ Although some have begun to be pursued, evidence remains sparse. For instance, see Shiffman J. A social explanation for the rise and fall of global health issues. Bulletin of WHO 2009; 87(8): 608-613.
What norms underpin GHD initiatives?
To what extent are norms contested in GHD? How do norms vary across actors, institutions and interests?
What role do norms play in facilitating or hindering GHD?
How should GHD mediate among competing or contrasting normative frameworks?
To what extent is GHD an effective mechanism for promoting global health goals?

3.2.2. Research on actors in global health diplomacy

GHD.Net should include projects that investigate the influence and behaviour of different participants in negotiations concerned with global health agreements. Understanding what actors are involved and why they behave as they do illuminates how global health diplomacy occurs. Box 2 provides a set of illustrative, rather than exhaustive, examples of the sort of specific research questions that might be pursued in this area to form a programme of research in four areas.

First, how different states approach and influence global health diplomacy (e.g., as a donor or recipient country for development assistance). This could specifically examine how the rise of the BRIC countries as global powers affects global health diplomacy, and how LMICs participate in global health diplomacy.

Second, how different IGOs participate in and influence global health diplomacy.

Third, how different non-state actors affect the foreign policy calculations of states and the dynamics of diplomatic activities. For instance, whether non-state actor involvement and impact varies depending on whether the health problem is communicable or non-communicable disease or concerns a political, economic, or social determinant of health.

Finally, how global trends might affect the actors involved in global health diplomacy. For instance, the emergence of a new multi-polar system generates questions concerning what determines power within and across global health institutions.

Box 2: Illustrative research questions concerning actors in global health diplomacy

- Who is responsible for undertaking or engaging in GHD?
- How do specific actors (and types of actors) participate in GHD? How do they influence GHD individually and collectively?
- What are the relative roles of state and non-state actors in GHD?
- What are the relative roles of health and non-health actors in GHD?
- Why do certain actors participate in GHD? What are their interests and what goals/interests do they seek to pursue?
- What determines the power and influence of specific actors in GHD?
- Who holds authority in GHD and from where does this authority derive? How does this change by issue area and over time?
- Does authority/legitimacy in GHD coincide with responsibility?
3.2.3. Research on process of global health diplomacy
The GHD.Net research agenda should examine the processes through which foreign policy, diplomatic, and advocacy activities on health occur. The broad scope of health as a political issue means that global health diplomacy takes place in a wide range of diverse venues and fora, and utilising a range of mechanisms. Understanding these processes, and their strengths and weaknesses as platforms for health-related diplomacy and collective action, will deepen appreciation and understanding of the complexities of foreign policy, diplomatic, and advocacy activities on health. In this respect, GHD.Net should encourage research on:

- how countries organize themselves to participate in global health diplomacy, on both bilateral and regional bases. Why and how countries reach foreign policy positions on health issues are underexplored questions. Research could include country-specific case studies of particular ministries, interagency coordination mechanisms, and bureaucratic politics;
- how diplomatic processes based within WHO, including the Executive Board, the World Health Assembly, ad hoc intergovernmental negotiating processes, WHO-sponsored special commissions, and WHO’s regional offices, address health-related challenges;
- how non-WHO intergovernmental diplomatic processes address health challenges;
- how public-private processes perform to contribute to better global health protection and promotion; and
- what different types of collective action have been produced through global health diplomacy, including binding treaties (e.g., WHO Framework Convention on Tobacco Control), “soft law” instruments (e.g., Millennium Development Goals; International Code on Marketing of Breast-Milk Substitutes), new institutions (e.g., Global Fund to Fight AIDS, Tuberculosis, and Malaria), and norms (e.g., authorization for the WHO Director-General to declare the existence of public health emergencies of international concern in the International Health Regulations 2005).

3.2.4. Research on the outcomes of global health diplomacy
Ongoing debates about the nature and activities of global health institutions lead to questions about how global health diplomacy can be conducted effectively, what effectively in this context means, and how it can be measured. Such knowledge of outcomes is central to the training of practitioners in “best practices”.

The following research questions might therefore be pursued in understanding how well global health diplomacy functions to “improve the protection and promotion of health”:

- How well does GHD actually work or doesn’t work? How would this be assessed?
- Which institutions formally conduct GHD, how might their outputs be measures and how effectively do they function?
• Are certain venues more effective at conducting GHD than others? How might this be assessed?
• At what different institutional levels does GHD take place? How do they function together?
• Can we distinguish between the relative benefits of formal and informal GHD?

Although these types of questions lie at the heart of the research agenda for global health diplomacy – does it actually work to secure better health – such analysis will need to follow the current compiling of case studies documenting GHD practices. Meanwhile, research to develop the methodology of evaluating GHD should be a major focus of the GHD.net research agenda, drawing on other fields such as international relations (notably foreign policy analysis) for approaches, theories and methods to apply to global health. Insights from case studies of negotiation of international agreements in other issue areas may also be relevant to draw upon.

3.2.5. Summary research agenda

Based on the above, this section presents research activities that may be undertaken across the short (12 months) and medium term (36 months).

3.2.5.1. Research activities for 2010 (assumed calendar year at present)

Research-related activities during a short-time frame would comprise two elements:
1. Activities contributing to the medium-term research agenda; and
2. Activities that would be completed within the timeframe and serve as ‘demonstration’ projects to highlight the work of GHD.Net and thus focus on GHD.Net’s profile.

Under element 1, priority might most usefully be given to:
• establish the ‘surveillance’ activity mentioned earlier, to catalogue the frequency of diplomatic activities by health-related area, and compare this with evidence about the relative health burdens and other health priorities in order to analyze how well current diplomatic activities relate to current and projected health concerns;
• creation of a research database of who is doing what, funding opportunities and bibliographical listings to supporting medium to longer term research; and
• consider which actors have prominent or marginal roles with respect to specific types of global health problems and/or areas where global health diplomacy has operated. More specifically, there could be a relatively short-term piece of work to:
  • analyse the current role of WHO (vis-à-vis other international organizations);
  • describe the relative roles of health and non-health actors in GHD; and
  • explore why certain actors participate in GHD, their interests and the goals/interests they seek to pursue.

Under element 2, priority might most usefully be given to:
• support the production of review papers concerning:
  • specific issues in global health diplomacy taken from the discussion above;
  • reviews of diplomatic theory and how this might apply to health;
  • reviewing lessons from other areas of global diplomacy (e.g. environment);
  • research methodology.
• commission the reframing of existing work by researchers – such as in other applied areas of global diplomacy (e.g. environment) – to the health arena; and
• case-studies concerning a specific issue and/or country, especially focussing on low- and middle-income countries, or regional context.

These, in turn, might contribute to a special issue of a high profile journal, ideally one in the field of International Relations and one in health, such as *The Lancet*. This would build on a forthcoming series on global health diplomacy in *PLoS Medicine* (with Kelley Lee as academic editor), and could contribute to an edited volume to be used for training.

### 3.2.5.2. Research activities for 2011-2013 (calendar years)

The research agenda beyond 2010 would flow from activities undertaken during 2010. One would also expect the research agenda to be partly determined by which activities are undertaken in 2010 and the relative success of them, notwithstanding the sort of researchers who become interested in and involved in GHD.Net and the status of funding and the role of GHD.Net in this. However, there would be obvious grounds for extending the work completed in 2010 above, perhaps undertaking more case-studies or focussing on specific negotiation processes. Some method for prioritization would be required as the potential list of topics and questions is considerable.

### 3.3. How should GHD.Net organize and support its research agenda?

Undertaking research requires people and resources. The people element is dealt with below, the resourcing is highlighted here. The research specified in this paper will be undertaken either independently, as part of research activities ongoing elsewhere, or will require funding as part of the GHD.Net initiative. The precise role of GHD.Net in this is a larger issue, and wrapped-up in the perceived role of GHD.Net overall, rather than just specifically related to research. However, there seem four options:

• GHD.Net provides a vehicle for information dissemination on existing research, thus publicising and enduring that information gets to those who may find it of value;
• GHD.Net provides low-level funding to facilitate development of research in specific areas, through funding academic exchange, conference attendance, specific focussed meetings, pilot projects or other networking funding (e.g. travel, data collection etc);
• GHD.Net acts as a lobbyist or clearing house for securing funding for research from difference national and international agencies, thus in a sense ‘matching; funders with researchers; and/or
• GHD.Net funds specific areas of research itself directly (although monies may be raised from a variety of sources, researchers are contracted with GHD.Net directly).

Whichever option(s) is chosen, GHD.Net will need to provide incentives for researchers and other stakeholders to participate. These incentives could include:

• financial support for research projects;
• substantive peer guidance, feedback, and collaboration on research projects;
• effective and attractive ways to disseminate research done under GHD.Net auspices;
• opportunities for stakeholders to network globally and expand their own contacts and research interests;
• access to research information, analyses, publications, and databases focused on global health diplomacy; and/or
• participation in periodic conferences and symposia featuring research from GHD.Net stakeholders and other experts.

GHD.Net will also need to have a minimum of dedicated research capabilities itself in order to sustain a research agenda, including staff with responsibilities for overseeing GHD.Net’s involvement and stakeholders willing to provide resources, assign personnel, undertake research and take leadership roles with respect to GHD.Net’s research mission.

Developing these capabilities will require a strategy that can sustain the GHD.Net research agenda. This is closely tied to the vision for the development and sustainability of GHD.Net generally, and we do not therefore comment more here, except to highlight the need for decisions to be made concerning how GHD.Net will engage in the research agenda and the need to ensure that active researchers are involved within GHD.Net in order to participate in and/or review and guide the research element of GHD.Net.

3.4. Who should be involved with, and lead, the GHD.Net research agenda?

GHD.Net will not itself ‘do’ any research – it is a network. The role is to support and facilitate research by active researchers in a number of fields, and even to develop a new sub-discipline perhaps of ‘Global Health and International Relations’. As described in the background paper by Lee (2009), although the most obvious disciplinary basis for GHD.Net is that of International Relations (IR) it is fair to say that IR has largely neglected health issues, which is somewhat surprising given that patterns of health and disease have been relevant to international relations for as long as human populations have migrated across territorial space. Correspondingly, public health and medicine has had limited direct engagement with IR, and much of the existing literature on global health diplomacy has been written by public health researchers or IR/politics scholars working within public health contexts. Part of the research development remit of GHD.Net must therefore be to encourage and facilitate activity of the wider IR community in aspects related to health and global health diplomacy, bringing them together especially with those in the public health field who have interest in, but limited experience of, IR.

Certainly, the GHD.Net research agenda will only be effective if multiple disciplines relevant to the study of foreign policy, diplomacy, and international relations are engaged. Achieving this objective requires involving those who study foreign policy and international relations because experts in these fields have developed theoretical, quantitative, and qualitative approaches so far applied to only selected global health problems and even less to relevant negotiations. The active involvement of IR scholars in the dialogues to build the GHD.net is a first step in building such a multi-disciplinary approach.
4. **CONCLUSION: THE VALUE OF GHD.NET**

The potential research agenda requires GHD.Net to establish clear priorities to meet the most important needs and guide the effective use of limited resources. In this respect, GHD.Net needs to identify where and how it will ‘add value’ to global health research. In thinking about priorities, in the context of the mission statement stated above for the research stream of GHD.Net, we would suggest that research on global health diplomacy should:

- focus on the *processes* (rather than the content) through which diplomatic activities address health problems or utilize health concepts or mechanisms to achieve other political, economic, or social objectives;
- pay particular attention to challenges faced by *low- and middle-income countries*;
- closely link to, and support, GHD.Net’s activities on *education and training* for policymakers, health experts and diplomats; and
- inform efforts that GHD.Net stakeholders make to provide *policy-relevant input* to foreign policy, diplomatic, and advocacy activities on global health issues.

Priorities for the research agenda of GHD.Net can, of course, be identified in other ways. Priorities might, for example, be set by the interests of the most active stakeholders in GHD.Net or by the needs of entities that provide funds for GHD.Net research. Nevertheless, the stakeholders of GHD.Net need to think through how they should establish priorities for the research agenda and how, practically, the research agenda can achieve the priorities set.

To conclude, we would suggest that the ‘added-value’ of GHD.Net is in:

- providing seed funding to facilitate development of research in specific areas, through funding academic exchange, conference attendance, specific focussed meetings, pilot projects or other networking funding (e.g. travel, data collection etc);
- supporting access to resources that support research activities;
- acting as a lobbyist or clearing house for securing funding for research from difference national and international agencies, thus in a sense ‘matching; funders with researchers;
- offering substantive peer guidance, feedback, and collaboration on research projects;
- providing effective and attractive ways to disseminate research;
- facilitating stakeholders to network globally and expand their own contacts and interests;
- creating easy access to research information, analyses, publications, and databases focused on global health diplomacy, especially access to formal negotiations, either as participant observers or the documentary record; and
- encouraging interaction between the public health and International Relations communities.

Finally, one critical area of GHD.Net activity could therefore be research capacity building. This might involve partnering established academics, within IR or other relevant disciplines, with scholars in such regions as Asia, Africa or Latin America. Regional scholars would be drawn from IR or the health field, supported by
complementary expertise, and be engaged in developing a regional research agenda. Following the development of methodological approaches, regionally-based research networks could be established through which relevant case-studies could be undertaken. Comparative analysis of the case studies, within and across regions, would then yield lessons for evaluating the effectiveness of GHD practices, as well as insights into the methodology of analysing GHD activities.