

## Power: The nexus of global health diplomacy?

**Robert Marten\***, **Johanna Hanefeld\*\*** & **Richard Smith\*\***

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\*The Rockefeller Foundation, New York, USA . Email: [rmarten@rockfound.org](mailto:rmarten@rockfound.org).

\*\*Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK

# Power: The nexus of global health diplomacy?

ROBERT MARTEN, JOHANNA HANEFELD, RICHARD SMITH

Earlier this year the US government established a new Office of Global Health Diplomacy. Following a number of other countries, the Japanese Prime Minister recently launched his country's Global Health Diplomacy strategy. Commentaries in the *Lancet*, in the *WHO Bulletin*, and even the launch of this journal, confirm global health diplomacy as an issue of growing relevance and importance (see Jaffe, 2013; Seiff, 2013; Abe, 2013; Kickbusch & Kokeny, 2013). Yet three critical, and interlinked, research questions remain to be understood. First, what exactly is global health diplomacy, and how should it be defined? Second, how can we measure or assess global health diplomacy effectiveness? Third, what are the key determinants of 'successful' or 'effective' global health diplomacy? These questions, and the interface between them, should be the core focus of this journal. We suggest that the concept of power links all of these questions, and is critical to understanding and assessing global health diplomacy.

A definition for global health diplomacy has been much discussed and debated. Definitions range from normative, "an emerging field that addresses the dual goals of improving global health and bettering international relations" (Adams et al., 2008), or "winning hearts and minds of people in poor countries by exporting medical care, expertise and personnel to help those who need it most" (Fauci, 2007) to a more technical, "multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health" (Kickbusch et al., 2008). Scholars have classified different types of global health diplomacy; one such analysis found three categories of global health diplomacy: 1) core or formal diplomacy between or amongst countries (e.g. the Framework Convention on Tobacco Control); 2) multi-stakeholder diplomacy between and amongst state, non-state and multilateral actors (e.g. the Global Fund or the GAVI Alliance); and 3) non-official interactions between state representatives (e.g. personnel from the American Center for Disease Control (CDC) health serving outside the United States) (Katz et al., 2011).

The Global Health Diplomacy Network (GHD.Net), a group of academics and practitioners, recently suggested that GHD be defined as "the policy-shaping processes through which states, intergovernmental organizations, and non-state actors negotiate responses to health challenges or utilize health concepts or mechanisms in policy-shaping and negotiation strategies to achieve other political, economic, or social objectives" (GHD.Net, 2009). Although not perfect, this definition seeks to explicitly balance the utilization of health to achieve foreign policy goals and the utilization of foreign policy to achieve health goals. Of course, what it does not do is indicate the likely imbalance in power that results in the former application being perhaps more prevalent than the latter at present. In both cases, however, global health diplomacy may be thought of as the "software" that enables the

dynamic processes of negotiation to occur between various levels of actors and institutions (the “hardware” of global health diplomacy). These diplomatic policy processes are clearly about different aspects of power like attraction, persuasion, coercion and compulsion (Smith, 2010), and about overt, covert and latent power (Lukes, 2005). Regardless of the exact definition, power is a critical underlying feature of global health diplomacy. Defining global health diplomacy, or forms of it, depends on actors’ relative power, and the type of power observed or deployed.

Understanding how we can measure or assess global health diplomacy effectiveness necessarily depends on the intended goal of the efforts and type of power. Is global health diplomacy about getting A to do what B wants (by whatever means necessary) or is it about getting A to come to the realization that it wants the same as B (and change its respective values or norms)? Each approach will be based on different forms, or dimensions, of power. For example, this could be compulsory (direct power, such as use of military or legislative force), institutional (indirect power, such as how international institutions are designed to favour one actor over another), structural (the overall constitution or framework of actor and their roles- this is a form of ideological power) or productive (control over the possession and distribution of resources, or economic) power (Barnett & Duvall, 2005), or hard or soft power – there are different ways of assessing and analyzing power, and these could be adapted according to the specific context. Assessing power could be a method to measure global health diplomacy. For example, when country X proclaims a certain objective in their global health strategy, the concept of power can be used to analyze their relative ability, be it successful or not, to reach this diplomatic objective.

Assessing the relative importance of various forms of power could help identify the key determinants of ‘successful’ or ‘effective’ global health diplomacy. For example, one could argue that deploying coercive power is more tenuous and subject to change if relations evolve, whereas changing values or norms is a more long-term and sustainable approach. If country X is looking for a yes or no vote on an issue, using hard power might be more effective; however, if country X is promoting a new approach to financing health systems, a soft approach might be more impactful. Depending on the goal, for example, deploying hard or soft power could thus be a determinant or a mechanism of global health diplomacy.

To understand global health diplomacy, studying the dynamic relationships, policies and processes between actors and institutions is necessary; to understand these interactions, power is the critical unit to study to help assess and understand how countries influence global health policy. This could contribute to developing a conceptual framework to better understand why certain health diplomacy efforts succeed or fail. Designing such a framework is critical for improving global governance and global health governance. Better and deeper knowledge of what determines this effectiveness will create more inclusive and equitable governance mechanisms, which will be more responsive to health needs globally and ultimately improve and save lives.

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