The relationship between foreign policy and health: A comparative study between traditional and critical theories

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Abstract

The study adopts a comparative approach to investigate the interpretation of both critical and traditional theories for the relationship between health and foreign policy. It attempts to determine which of the two perspectives is more convenient to explain this relationship in light of changing international arena.

The study concluded that, by all means, health cannot be described as merely an end in itself for foreign policy-from a globalist perspective- nor as a tool of foreign policy -from a statist perspective. However, the relation between them can be described as a two-way relationship with reciprocal effects. Health may be a target for states' foreign policy, as well as a foreign policy tool to achieve national interests.

The COVID-19 pandemic and its repercussions raised a need to revisit interpretations of both traditional and critical theories for the relationship between health and foreign policy to show how both philosophies converged to a new approach.

Keywords: Global health, foreign policy, International Relations, Traditional Theories, Critical Theories.

الملخص

تسعى هذه الورقة البحثية لتحليل العلاقة ما بين السياسة الخارجية والصحة من منظور كل من النظريات التقليدية والنقدية في العلاقات الدولية عبر اتباع منهج مقارن. كما تسعى لتحديد أي من المنظورين أكثر مناسبة لتفسير هذه العلاقة في ضوء التغيرات التي تطرأ على الساحة الدولية.

وتوصلت الدراسة الى أنه ليس من الملائم اعتباران بلوغ الصحة العالمية هو غاية في حد ذاته من منظور عالمي في إطار النظريات النقدية. كما لا يصح اعتبار أن الصحة العالمية هي مجرد وسيلة لتحقيق غايات أخرى وفقاً للمنظور الدولاتي في إطار النظريات التقليدية. بل أن العلاقة ما

بينهم تعد علاقة ثنائية الاتجاه، فالصحة قد تكون غاية للسياسات الخارجية للدول، وقد تكون أداة لتحقيق المصالح الوطنية للدولة.

ولقد جاءت جائحة فيروس كورونا المستجد في عام 2019 لتلقى الضوء على أهمية مراجعة تفسيرات كل من النظريات التقليدية والنقدية للعلاقة بين الصحة والسياسة الخارجية، وبيان الاقتراب الأكثر ملائمة لتفسير هذه العلاقة في ظل المستجدات العالمية.

الكلمات الدالة: الصحة العالمية؛ السياسة الخارجية؛ العلاقات الدولية؛ النظريات التقليدية؛ النظريات النقدية.

1. Introduction

Global health refers to the overall health of the world's population in a global setting that cross national boundaries. It is the area of study, research, and application concerned with improving health and achieving health justice for all individuals worldwide. It is also concerned with global advances in reducing disparities in public health and the prevention of worldwide individual health threats that transcends national boundaries and spreads on a large scale (Katz *et al.*, 2011). The aforementioned definition shows that there is a relationship between health and foreign policy within the field of international relations. In this regard, the study focuses on interpreting this relationship from the perspective of both traditional and critical theories.

2.The evolution of the relationship between foreign policy and health

Previous studies have shown that the relationship between foreign policy and health went through many stages. The following are the most significant milestones in this path:

2.1. The emergence of health in foreign policy

During the nineteenth and the first half of the twentieth centuries, policymakers were significantly interested in global health issues, whereas

health issues were the focus of international cooperation. During this phase, there was an overlap between health and foreign policy, with many aspects of cooperation appearing in both fields.

Furthermore, the outbreak of many infectious diseases threatening national security and international trade drew attention to the issue of global health. The list included Cholera, Smallpox, Typhoid, Malaria, Yellow fever, Plague, and the Spanish flu.

In response to these health threats, countries instituted sanitary cordons to prevent such diseases. For example, sanitary cordons were instituted to prevent Plague from entering Croatia's Dalmatian Coast.

During this phase, the efforts of a group of brilliant doctors have been crystalized, for example, Louis Pasteur (1822-1895), one of the founders of microbiology, known for his distinguished role in researching the causes of diseases and ways to prevent them.

In this context, the first modern public health law in the world, the Public Health Act, was issued in Britain in 1848.

In addition, many international sanitary conventions have been held. The Paris Conference in 1851 was the beginning, it paved the route for such conventions. The fifth health conference for example was held in 1881, and it was an important conference as it was the first of its kind to be held in the United States of America, and it did not include European traditional actors, but rather included seven Latin American courtiers along with China, Japan, and Liberia. These conferences were a fertile ground for the establishment of various international health institutions later. In this regard, several international health organizations were established. Many health discussions were held to combat both communicable and non-communicable diseases. For example, after nearly 40 years of international efforts to deal with health

issues, the first international agreement was reached in 1892 to control the Cholera epidemic along the Suez Canal, inaugurated in 1869 (Fidler, 2005).

As for the first half of the twentieth century, the Paris Conference of 1903 represented a serious step towards achieving a formal and sustaining cooperation in the field of international health. In point of fact, this conference promoted the formation of permanent bodies composed of representatives of countries with expertise in the field of public health.

In his respect, the international office of public hygiene was established in Paris in 1907, with the membership of 12 countries: Belgium, Brazil, Egypt, France, Italy, The Netherlands, Portugal, Russia, Spain, Switzerland, Great Britain, and United States of America. This office was responsible for many tasks such as providing the necessary information on the various epidemics.

Hence, these efforts realized many global health victories. Consequently, with the establishment of the League of Nations Health Organization in 1922, global health issues gained a permanent place on the global political agenda, inherited later by the World Health Organization established in 1948.

In addition to these official international actors, there were other organizations working in global health field, such as the Rockefeller foundation, established in 1913. And the league of Red Cross Societies, founded in 1919 in Paris, as well as the Mibank Foundation Memorial Fund, founded in 1905.

2.2. The declining health's interest in foreign policy

The close correlation between health and foreign policy began to deteriorate significantly in the second half of the twentieth century due to several factors. For example, the decolonization process that led many countries to focus on building its infrastructure which limited the spread of

many diseases linked to poor sewage networks. Another factor was the prioritization of vaccines and antibiotics mass production as well as increasing their availability for the population which alleviated the spread of many infectious diseases. In addition, some new issues have emerged in international relations, perhaps the most prominent of which is the recognition of the serious threats of the nuclear weapons. Therefore, these emerging concerns have dominated countries' foreign policy and national security studies more than the global health issue.

Subsequently, during this phase, global health no longer occupied a proper place in international relations. Health issues were considered as lower politics. Additionally, low politics included social, economic, environmental, and international cooperation issues. In fact, even in the realm of low politics, health issues were in the lowest priorities and were generally ignored. Health occupied a position that might be described as "really low politics" since health issues were classed as technical, human, and apolitical endeavors (Fidler, 2005, p.181).

On the opposite side, the higher politics addressed issues such as national security, peace and war, competition for power and hegemony, and the struggle for survival in a chaotic international system.

2.3. The resurgence of health in foreign policy

In the early 1990s, many developments led to a resurgence of interest in health as a central issue of foreign policy. There was a recognition of the importance of health in the international arena, as confirmed by many official agreements, statements, and announcements during this phase.

For instance, The Jakarta Declaration on leading health promotion into 21st century, signed at the WHO in 1997, considered that issues such as peace, education, social security, social relations, food security, women's empowerment, stable ecosystem, sustainable use of resources, social justice,

and respect for human rights, are all essential conditions for Global Health. It also considered poverty as the greatest threat to health.

In addition, under their initiative on Global Health and Foreign Policy, launched in September 2006, in New York, the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand issued a statement in Oslo on March 2007 confirming that there is an urgent need to broaden the scope of foreign policy to contain global health issues.

A close relationship has been crystalized between health and a variety of other significant subjects in international relations, such as international conflicts, security, development, poverty alleviation, trade, human rights, environmental degradation, and globalization.

Hence, it can be said that health does not mean merely the absence of disease or disability, but rather, it is a broader concept with social, cultural, economic, and political dimensions.

In point of fact, the resurgence of health on the international agenda symbolizes a healthy shift from "really low politics" to a new scenario in which health is prominently included in many international relations political agendas. Many factors have contributed to the change of health's classification from a purely humanitarian endeavor to a high politics issue.

This shift can be attributed to various elements including the vulnerability to infectious diseases, such as the human immunodeficiency virus (HIV/AIDS), due to the growing global interdependence in the shadow of globalization (Fidler, 2004). As a result, infectious diseases have returned to national security and international forums agendas. Given that the most significant number of deaths annually is due to diseases, health policies have become of existential importance, outweighing the importance of security policies.

The re-emergence of health in the international relations led to numerous international discussions that sought to comprehend the different interpretations of this new relationship. The result was the emergence of many approaches for studying the relationship between health and foreign policy, that will be described below.

3. The traditional theories "The statist approach"

Within the framework of traditional approaches, such as the realist theory, the interpretation of the relation between health and foreign policy focuses on the position of health in national and defense policies. This approach raises concerns about how countries can respond to health risks and cooperate at the international level to reduce these threats.

This perspective employs a terminology related to national security and national interest. According to this approach, global health is an instrument of statecraft, and its worth is confined to support the state's material interests and capacities.

The basic idea of this perspective is that health is a secondary issue that request traditional foreign policy methods. Thus, health does not affect foreign policy. Nevertheless, it is the later that alters how we perceive health (Fidler, 2005). Hence, this approach claims that the increasing prominence of health on foreign policy agenda demonstrates that foreign policy determines health, not the other way around.

Proponents of this approach argue that there is frequently no relationship between foreign policy functions and decreasing illness burdens in other nations. According to this perspective, when foreign policy initiatives are meant to improve health systems in other countries, the strategic goal is frequently something other than health. For instance, the United States' focus on improving global surveillance of infectious diseases is viewed as improving global surveillance to enhance domestic and national security

measures against bioterrorism rather than improving global health. Hence, depending on the philosophy of traditional theories, ensuring global health is not a primary objective of foreign policy.

Furthermore, on the basis of this approach, health issues derive its importance from the direct influence they have on the following; economic, political, and military security, geopolitical or regional stability, commercial interests, population, national security, and the state's material interests (Davies, 2010).

For example, health interventions in international conflicts are not always neutral or intended to be a bridge to peace but rather to achieve a set of national interests for the intervening state, such as gaining the support of the local population through the provision of health services. Controlling hospitals is generally considered as a priority during wars since it facilitates control over people and governments. As a result, health may be used as a tool to achieve foreign policy objectives.

Consequently, this approach demonstrates that countries make many moves through their foreign policies that aim seemingly to achieve global health goals, but firstly, they aim to ensure the state's strategic interests. For instance, while trying to dominate The Panama Canal, the United States of America played a role in combating Malaria and Yellow fever. In this regard, the American foreign policy was driven by the goal of dominating this strategic and economic corridor to ensure American national interests.

Similarly, providing foreign health aid within the statist approach ultimately aims to achieve the national security interests of a state. Health aid in this context is considered as a soft power in the international political arena (Lancaster, 2007). According to this approach, providing health aid aims to avoid deteriorating health conditions in the developing countries which could lead to the downfall of its governments and in consequences, threaten the

global prosperity and the political stability of the developed countries (National Security Council, 2006).

As example of exploiting health assistance as a tool to achieve foreign policy and national security objectives, Iraq received the largest share of development aid related to health in the Middle East and North Africa region during the U.S. invasion of Iraq, from 2002 to 2004, In fact, this step was seen as a trial to stabilize the Iraqi pro-western government.

The major countries may also seek to provide such assistance to promote trust and demonstrate goodwill. For example, The President's Emergency Plan for AIDS Relief in Africa was promoted to improve the image of the United States in Africa.

Supporters of this approach also point out that in many cases, health aid is directed according to the interests of the donor countries. Therefore, it does not consider any scientific bases in its allocation nor the interests of the recipient countries. It is merely a tool to advance a set of material and strategic interests in the foreign policy arena.

A related concept to the statist approach is medical diplomacy, which is a way to win the hearts and minds of people in developing countries by offering healthcare to those who need it the most.

Likewise, growing concerns about the proliferation of biological weapons and bioterrorism have brought national security and health closer together. As example, the Anthrax bio-terrorist attack against the United States of America in 2001 led to an increased interest in health at the global and local levels. In consequences, Great powers, like the United States, have had to confront health issues more often in their foreign policy to protect their national interests (Fidler, 2005).

Some proponents of this philosophy have emphasized the interdependence between national security and health. For instance, ensuring

an appropriate public health system is central to protect social stability and national security. In the same way, health-related crises can weaken governments (Garrett, 2001).

This perspective emphasizes particularly the seriousness of infectious communicable diseases, given that they pose a significant threat to the national security and stability, unlike non-communicable diseases. In this regard, proponents of the statist approach notes that only diseases like SARS, HIV/AIDS, or the deadly influenza pandemic, can cause severe disruptions that require high-level foreign policy action.

Consequently, the goal of foreign policy in this perception is not health per se, but to mitigate the risks and costs of some infectious diseases that impede foreign policy goals, such as protecting national security and maintaining international trade flows.

In this context, the spread of HIV/AIDS in the early 1980s is the most prominent example, as there was a widespread recognition of its ability to threaten the cohesion of states and the stability of national economies. Due to the outbreak of the disease during this period, the scenario of state collapse became very realistic, particularly in southern Africa, the Pacific, and parts of South and East Asia (Price-Smith, 2009; Ostergard (ed.), 2007).

Consequently, a trend emerged, emphasizing linking health issues to national security agendas. This linkage helped raising the strategical priority of HIV/AIDS, as well as promoting efforts to establish the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The amount allocated for health assistance to fight AIDS has increased globally, especially from the United States.

Thus, from this perspective, health insecurity endangers economic, political, and social stability. To explain this hypothesis, rising diseases rates coincide with a declining state capacity, potentially leading to increased state

violence and the spread of failed states phenomena. As a result, due to diseases concerns, neighboring countries may close their borders in the face of failed state's refugees, and in consequences, chaos ensues. These turbulences might be a fertile soil for aggressor countries to fill the power vacuum, endangering regional security (Davies, 2010).

In the same mindset, David Fidler emphasized the growing threat of drug-resistant microbes during the twenty-first century. Thus, he contended that understanding international policies to control deadly diseases, or "Microbialpolitik", is crucial (Fidler, 1999).

According to a WHO report, issued in 2007, Health and security are interrelated. Member states cooperation, especially between developed and developing countries, is crucial to ensure the availability of technologies and other resources needed to guarantee global health security (World Health Organization, 2007).

After outlining the principal ideas of the Statist approach, it can be argued that it is inaccurate to assume that global health is exclusively a tool of foreign policy as indicated by this approach. In a matter of fact, many criticisms have been leveled to this path as will be reviewed later in the study.

4. The critical theories "The globalist approach"

In recent years, the relationship between health and foreign policy has gained prominence, in conjunction with the prevalence of critical theories in the interpretation of international relations. During the post-Cold War era, there was a remarkable change, as policymakers realized the importance of health issues and their direct and/or indirect influence on foreign policy's primary functions.

Hence, health was increasingly regarded as a strategic foreign policy issue that should be addressed rather than merely a secondary issue with exclusively humanitarian dimensions. In this regard, many countries' efforts

have embodied this growing interest. For example, the British efforts emerged, emphasizing that poor health conditions threaten all countries' economic and political interests, and that working for a better global health is an essential objective for the modern British foreign policy. In the same way, the American intelligence efforts emerged at the beginning of the twenty-first century (Fidler, 2009).

The Post-Cold War era witnessed health issues acquiring forefront of the domestic and international policy agenda in an unprecedented manner, to the extent that they have been classified as high politics issues. **The factors causing this shift can be crystallized, as follows:**

- The end of the bipolar system, characterized by the competition between great powers to ensure security and material power, radically altered the environment in which countries built their national interests for foreign policy purposes. This change allowed states to think differently about security, economic strength, development, and human dignity. Hence, this led to a reconsideration of security, and including threats that do not necessarily stem from states' military force. As a result, the distinction between global and national security has faded, allowing threats arising from health-related issues to be addressed and discussed as security issues (Fidler, 2009).

- The change in the conceptualization of power. In addition to hard power, the concepts of soft power and smart power have been introduced. The emergence of critical theories, such as feminist theory and critical security studies, contributed to the rise of global health in the field of international relations. In this context, Barry Buzan expressed the link between health security and global security. He emphasized that security is the freedom from threats. Therefore, the security sector has expanded to include everything such as political, economic, military,

environmental, and health-related threats (Buzan, 1983; Buzan, 1991; Buzan et al., 1997).

- Globalization has grown in the aftermath of the Cold War, posing a challenge to traditional thought about foreign policy. It also raised concerns about the limits of sovereignty. In this regard, Globalization has contributed to creating new forms of interdependence and links between nations, that prompted countries to reconsider the idea of national interest. The phenomenon of globalization has also led to the emergence of new diplomatic tools to deal with emerging issues in the foreign policy arena (Haynes, 2013).

- The emergence of a variety of non-state actors and their significant roles in international relations. Such as multinational corporations, NGOs, and terrorist groups. Thus, these actors influence the diplomatic process within foreign policy. This change has forced states to rethink their foreign policies and to adopt policies that address non-state actors.

- Coinciding with these changes on the global scene, a set of global health challenges emerged, foremost among them is the spread of communicable diseases across borders, such as HIV/AIDS, SARS, Swine Flu, Plague, Malaria, Tuberculosis, Ebola, and Zika virus. For example, the outbreak of the SARS epidemic in 2003, the Avian Influenza H1N1 in 2009, and the Coronavirus in 2019 showed how quickly an epidemic could spread, and the number of lives that might be lost as a result, as well as the negative effects that might have on tourism, economy, and other sectors (Wallis, 2005). A similar challenge was the spread of non-communicable diseases such as ones related to cardiovascular diseases, tobacco, transboundary pollution, and malnutrition. These challenges have contributed in raising the health awareness of countries, organizations, and non-state actors. The rising

burden of communicable and non-communicable diseases threatens many developing countries' economic prospects. Thus, many claims have surfaced to elevate health to the center of economic development strategies (Fidler, 2005).

- The emergence of many global issues, such as: Climate change, food insecurity, internal conflicts, the crisis of refugees, the Migrant crisis, the global inequality due to financial crises and austerity policies adopted by concerned countries. These factors have all increased the importance of health cooperation (Fidler, 2009).

- The growing threat of bioterrorism and fears of use of biological weapons by terrorists have led to prioritize health in foreign policy. In this regard, funding for biodefense has increased, and many calls for biological defense activities have emerged (Feldbaum et al., 2010).

- Health issues became significantly prominent in the international trade agenda. As example of these issues; the impact of pharmaceutical patents on access to essential medicines in developing countries, and trade in food products and related food safety concerns. Furthermore, there have been concerns about the effect of trade liberalization in health-related services and its effect on national health systems. In addition, risks of serious trade disruption due to pandemics became evident during the 2019 Coronavirus pandemic which severely affected the global trade chains (United Nations conference on trade and development, 2020).

The aforementioned factors have resulted in the emergence of many forms of international diplomatic coordination for health, known as health diplomacy, in response to global pandemics. In this context, major international institutions such as the United Nations Security Council, the United Nations General Assembly, the World Bank, the G7, the G20, and the

World Health Organization convened to discuss and address health related issues.

For a long time, the G8 (1997-2014) has prioritized the fight against infectious diseases at the top of its political agenda. Since Okinawa summit in 2000, when the G8 first recognized the link between health and poverty, infectious diseases have been central to most G8 agendas. Observers generally see the Informal Intergovernmental organizations, including the G7, the G20, and the BRICS as capable of thinking and acting outside the current global health bureaucracies.

All five BRICS countries (Brazil, Russia, China, India, and South Africa) have pledged to support and carry out large-scale global cooperation projects in the field of public health. They have played an increasingly important role in promoting thoughts and actions around key global health greetings, including the promotion of public health. In the same manner, IBSA countries (India, Brazil, and South Africa), and BASIC members (Brazil, South Africa, India, and China) have cooperated to play an important role in global health through their summits and announcements.

Hence, health started to be considered as an integral part of many countries' foreign policy. From this perspective, global health intersected with several domains such as economy, social development, security, humanitarian affairs, social justice, human rights, and global crisis management. As a result, more multilateral health negotiations have been held. Hence, food, climate, energy, and water negotiations embodied health. In this regard, Global health goals were achieved through initiatives, agreements, and declarations such as the 2006 Oslo Ministerial Declaration. In 2015, the United Nations adopted the Sustainable Development Goals, which included health. The General Assembly, the Security Council, the

Economic and Social Council, and the Human Rights Council engaged in health diplomacy.

Furthermore, the increased relevance of global health was highlighted through the Millennium Development Goals (MDGs), endorsed in September 2000 under the auspices of the United Nations. The MDGs provide a new framework for economic development in the twenty-first century, with health at the forefront. All of these goals were either direct health targets or indirectly related to health issues. Effectively, three of the eight Millennium Development Goals are direct health targets such as: Reducing infant mortality, improving maternal health, and lowering the burden of HIV/AIDS and other diseases (Fidler, 2005). Four other MDG goals were firmly related to the social determinants of health, namely: poverty, education, gender equality and the environment. The eighth MDG goal- Building Global Partnerships- also contained a health-related target of boosting developing countries access to vital medications.

The critical theories incorporate a broad definition for both foreign policy and health. It considers "health" more than merely the absence of illness. Rather, it is interconnected to social and economic activities. This expanded definition led to an enlargement of the foreign policy scope beyond traditional concerns such as military strength and national interests (Fidler, 2005).

All these factors were essential contributors in the emergence of a new globalist approach, which is mainly related to critical theory and ideas of human security, as it deals with the issue of health as a human rights issue (Benatar, 2009).

According to the globalist approach, global health became a significant political value for humanity in the twenty-first century. It also

considers the rise of health in international relations as a shift in foreign policy (Fidler, 2005).

In the same context, Ilona Kickbusch illustrated how health is driving foreign policy nowadays (Kickbusch et al., 2007). Horton also suggests that health can transform foreign policy from mere concern for national interests to a foreign policy that tends towards the idea of effective altruism (Horton, 2007). This approach holds that foreign policy should, in the future, pursue health as an end in itself. In this regard, proponents of this tendency point out that health affects many political agendas within countries.

The globalist approach begins with a focus on the health needs of individuals. It then considers how different global actors and structures affect the individual, taking into account factors ranging from poverty and poor education to state's foreign policy and the health impact of international organizations, multinational corporations, and others. Consequently, the state remains an important actor, but adherents of this globalist approach identify the state as one actor within a large group of actors. While the global individual is classified as a reference and a basic unit of analysis (Ogata and Sen, 2003).

The globalist approach depends on two fundamental ideas: first, the basic unit of analysis should be individual humans. The second idea is that the goal of studying global health is to ensure health equity, meaning that everyone should have the same health resources and health care. In a matter of fact, these ideas are rooted one way or another in the context of critical security studies which represents an attempt to expand and deepen the concept of security (Booth, 2007).

The globalist's approach philosophy states that health is a human security issue (Pogge, 2005). Hence, the goal of foreign policy in this regard is to guarantee the safety of humanity and the common good, beyond the

narrow national interests of states. Therefore, health becomes the primary driver of foreign policy, and the definitions provided for health and foreign policy are broadened to a large extent due to the inability to understand the absence of health security exclusively through the lens of state (Fidler, 2005).

The globalist perspective also develops solutions to health concerns by strengthening local, national, and global structures to be more responsive to health issues (Lee, 2003; Sridhar et al., 2008; Fidler, 2007). More critical thoughts suggest radical changes to international structures in order to achieve global health goals (Farmer, 2005). In general, the globalist approach seeks addressing the threatening elements that could make humans insecure and it values the state as long as it contributes to human security (Davies, 2010).

The globalist approach considers that human security and human emancipation are the main analytical unit to comprehend the relationship between health and foreign policy. This perspective aims to achieve human security against various threats, regardless of whether these threats are local, regional, or global. Individuals are liberated by overcoming the various material, economic, and political obstacles that prevent them from choosing what they want to achieve. In this regard, Ken Booth's idea of emancipation may be stated as the principal idea of critical theory for global security. Hence, it is crucial to liberate the individual from the constraints that impede his choices.

As previous mentioned, the globalist approach holds that the focus should remain on threats directed to individuals, not states, which means that sometimes, the state itself can be one of the most significant sources of threat to individuals. Hence, the critical security ideology seeks to address the imbalance prevailing in the international system by giving voices to marginalized groups to express their security concerns (Davies, 2010). Over the last few decades, the number of actors involved in health has escalated.

The globalist approach aims to comprehend the roles of these various actors in global health governance.

In the same context, the concept of "human security" (United Nations Development Program UNDP, 1994) has been introduced. It indicates that humans, not states, are the primary reference for security (Thomas, 2000). According to Caroline Thomas, Lloyd Axworthy, and Ken Booth, the human's security philosophy seeks to prioritize human security and ensure their good health enjoyment because protecting their humanity is an imperative (Axworthy, 2001; Thomas, 2000; Booth, 2007).

To summarize, the globalist approach is based on the conception that foreign policy in its actions follows health as an end in itself. Hence, this argument considers countries and populations linked through health and, that the enjoyment of the highest attainable standard of health is a fundamental human right (Fidler, 2005). Although, it is inaccurate to assume that global health is only an end of foreign policy as indicated by this approach. Actually, many criticisms that have been leveled to this approach will be discussed in more detail in the upcoming sections.

5. Statist and globalist approaches: comparative analysis

The globalist perspective raises a pivotal question concerning what makes an individual unsafe or unhealthy. Several proponents of the statist approach challenge this vision, since they believe that individuals cannot enjoy health and security unless states can provide the necessary vaccines, clean water, and carry out the necessary quarantine measures in pandemics outbreaks (Price-Smith, 2009). Therefore, the statist perspective tends to prioritize national security on the account of insuring a good global health. As for the globalist perspective, such priority should not be allocated to the state due to the existence of many potential governance systems that could provide better health protection for individuals. Meanwhile, globalist

approach underlines those countries are valued, and their role is valuable as long as they improve the lives of individuals (Davies, 2010).

This illustration differs from the old functional interpretation of international health cooperation. It rejects the idea that health is merely a technical and apolitical activity and argues that health has become a preeminent political value for humanity in the twenty-first century. As such, health could have positive political repercussions (Fidler, 2005).

However, the statist approach classifies health as a secondary issue. Interpreted as such, foreign policy drives health, not the contrary. Foreign policy and statecraft utilize health as a tool to achieve national security and to preserve national and material interests. Based on this idea, a country may seek to address a common health threat, such as diseases spread, because it threatens its national security. Also, by providing health aid to other states, a country seeks to gain endorsement against economic and political competition from hostile nations.

The following table is comparing both statist and globalist interpretations of the relationship between health and foreign policy.

	Statist Approach (Traditional Theories)	Globalist Approach (Critical Theories)
Basic unit of analysis	State	Individual
Actors	State Actors that may strengthen or limit a country's ability to respond	Individual State Donor countries Neighboring countries International organizations Private donors Multinational companies Civil society organizations
Threat	Health risks threatening the national security of the state	Health issues threatening human security, human emancipation, and public interest
Response	Reinforcing the institutions that will protect the state's system. Hence, the state is	Any actors or institutions can intervene whenever they can reduce the impact of health threats on individuals

	best placed to manage health threats	
The role of global health in foreign policy issues	There are traditional interests that foreign policy seeks to secure. Hence, the role of health is not essential. It is the foreign policy that shapes health. Global health is a secondary issue	Health appears in parallel with various foreign policy interests, and health plays a vital role in formulating foreign policy goals. Health shapes foreign policy. Global health is a primary issue
The relationship between countries	A relationship based on national interest	A relationship based on mutual interests, interdependence, and a sufficient consideration for others aid
The motive behind establishing health diplomacy	The national interest, a tool for exercising soft power	Global interest, mutual benefit, ensuring the prosperity and well-being of all individuals and societies

Table (I): Comparison between globalist and statist approaches
Sources: Author based on (Davies, 2010) and (Granmo, 2015).

Hence, there is a profound methodological discrepancy between both approaches. And in order to achieve more understanding for both perspectives, the study will review below the most important criticisms directed at both globalist and statist approach.

6. Critical view of the global health's approaches in foreign policy

Many academic debates have arisen about the intellectual foundation on which both approaches are based in interpreting the relationship between foreign policy and health. In this context, many criticisms have been leveled at both approaches.

6.1. The statist approaches

The literature review shows that many criticisms have been directed to the philosophy of the statist approach as follows:

- Traditional foreign policy theorists classify health concerns as one of the issues belonging to low politics. Thus, they do not consider it worthy of

being placed on the strategic agenda, which does not correspond to new trends in international relations (Davies, 2010).

- Adherents of critical approaches in international relations, such as the feminist theory, demonstrate that the focus on the state reflects ambiguous relationships and inequalities. They also recognize that health policies are very complex and include several levels of analysis (global, regional, international, and local). Therefore, the analysis may be inadequate if we seek to understand these policies at the international or national level, in isolation from the political, social, and economic dynamics and their implications (Davies, 2010).

- Advocates of the statist approach adhere to the traditional distinction between what is internal and external. However, it is challenging to consider internal factors without considering the external ones, as both have become equally important in the shade of globalization. Nowadays, the health issue has acquired an important dimension. Due to the increased annual number of deaths caused by diseases and pandemics worldwide. The importance of global health issues became evident, surpassing the importance of security policies. Keeping in mind that political decisions in health governance have a direct impact on people's lives.

- Under the statist approach, the national security agenda is narrowly framed and dominated by foreign policy and security concerns rather than global public health. Feldbaum et al. have illustrated that the global and humanitarian health goals do not fit easily into a national security perspective (Feldbaum et al., 2010).

- David Fidler considers that despite the advantages of the statist approach, it has several weaknesses, such as the epidemiological short-sightedness. For instance, epidemiology determined the potential for an HIV/AIDS

epidemic in the developing countries in the 1980s, with sub-Saharan Africa particularly affected. Even the Central Intelligence Agency CIA issued an intelligence estimate in 1987 indicating that the impact of HIV/AIDS in sub-Saharan Africa in the following decade would be severe. However, these warnings have largely gone unheeded, and what the epidemiology predicted has been ignored by foreign policy. In consequence, the world is still in the midst of a struggle to mitigate the costs of one of the worst epidemics in history, with experts predicting the worst is yet to come. Hence, having a foreign policy that is too focused on national security and not linked to epidemiology is detrimental to both foreign policy and health (Fidler, 2005).

- Some scholars believe that the statist approach includes a possibility of exploiting the global health arena and its issues to achieve hidden foreign policy goals, which could involve global health in political struggles.

- There is a perspective assuming that incorporating global health into an international agenda that focuses narrowly on security concerns rather than on global health issues could pose a significant threat to global health efforts. For example, the strong interest of the statist approach for infectious diseases and bioterrorism due to their association with national security raises many concerns. As it could impede the global health promotion.

- Given the affiliation of the statist approach to the traditional theories in international relations, it encourages each country to achieve its own interests and security. This factor can lead to an imbalance of global power, by creating an environment in which the most powerful states seek to implement a health-related foreign policy that does not consider the needs of the most vulnerable countries.

6.2. The globalist approaches

The literature review reveals that the globalist approach has failed in certain cases to explain the causes and dimensions of the rising position of health in the arena of foreign policy and international relations. Therefore, the correlation between health and foreign policy from the perspective of critical theories (globalist approach) was criticized, as follows:

- The assumption that the health of populations is tightly correlated worldwide is exaggerated from an epidemiological point of view. For example, some countries are more vulnerable to specific health threats. Malaria is a prime example of variable vulnerability. Tropical countries are more vulnerable to Malaria than temperate countries, unlike SARS. Which served as a reminder that epidemiological dependence and spread are real with some health threats (Fidler, 2005).

- Countries are not always concerned with the same health issues. In fact, these divergent interests emerge sometimes. For example, when health risks are linked to international trade routes. In many cases, the health measures that developing countries want to take are contradictory with the trade interests of developed countries. Some examples are the disagreements over the WTO's TRIPS Agreement, the General Agreement on Trade in Services GATS, and Global Tobacco Control. Consequently, what lays in the interest of public health in one country is not necessarily in the interest of all countries (Fidler, 2005).

- Stephen Walt finds it impractical and dangerous to expand the concept of security so that it encompasses all of humanity rather than specific threats to nations. He also believes that the role of security studies is to evaluate the state's role in ensuring order, defense, and organizing for war. From his point of view, the defense forces' function is not to deal with various diseases but to secure the borders and to defend the state.

Walt further illustrates that expanding the concept of security beyond traditional national security represents a distraction from the real risks that affect citizens (Walt, 1991).

- Some analysts believe that proponents of the globalist approach exaggerate in making other actors occupy the state's position, which reduces the importance of the state's role in responding to health issues. In many cases, countries play an influential role in addressing diseases compared to the influence of other actors (Davies, 2010).

- Feldbaum and Michaud reject the idea that health has become a global issue and that it is an end in itself to the extent that it can override traditional foreign policy interests. They think that what guides states in this context is preserving national interests. For example, countries have signed The WHO Framework Convention on Tobacco Control (WHO FCTC) to ensure their national interests due to the possible economic sanctions, not solely to protect the humanity from Tobacco's side effects (Feldbaum and Michaud, 2010).

- As David Fidler notices, global health issues are still a part of low politics, and this status has not changed over the decades. Fidler believes that health related issues are classified as high politics particularly under crises.

- Developing countries are increasingly skeptical of public health initiatives, known as "global health security," because the widespread view is that such endeavors are directed at serving the interests of the wealthiest countries (Feldbaum et al., 2010).

- Supporters of this approach are accused of not deploying enough effort to contribute to theoretical discussions in international relations, which led to the marginalization of the global health issues in international relations (Stoeva, 2016).

- This approach does not accurately describe the relationship between health and foreign policy during the past decades. For example, facing the wide spread of HIV/AIDS years ago, countries did not act as if their health was interconnected. The world has stood idly by while AIDS has overwhelmed Sub-Saharan Africa (Fidler, 2005).

- For David Fidler, the globalist approach's conception that health is essential to achieve peace and security, and that health promotion has positive repercussion worldwide is not accurate. For example, the twentieth century witnessed a rise in life expectancy, yet it was one of the most violent and bloodiest centuries in human history.

- According to Fidler, the illustration that health benefits in one country have positive consequences worldwide is too general, and cannot be taken seriously from an epidemiological perspective. A country's effort to eradicate a communicable disease may benefit other countries, but a country's success in reducing non-communicable diseases doesn't have necessarily an epidemiological relevance to health in other countries. Thus, the health interdependence among nations may vary greatly, creating a complex epidemiological reality that is not taken into consideration in the philosophy of the globalist approach (Fidler, 2005).

7. Conclusion

The study analyzed the relationship between foreign policy and health in light of the assumptions of traditional and critical theories in the field of international relations; to determine the limits of the gap between both approaches, and to interpret the dimensions of this relationship. It reveals that through the years, the relationship between health and foreign policy was fraught with challenges. Sometimes, the paths of health and foreign policy intersected. While, in some other occasions, they remained parallel. Thus, the dialogue between health and foreign policy remained strained for decades.

In a matter of fact, this study acquires a significant importance distinctly after the recent Coronavirus outbreak in 2019. Such pandemic drew attention to the different approaches interpreting the relationship between foreign policy and health. And the possible repercussions of this outbreak on the interpretation of global health in the field of international relations (Fazal, 2020).

The Coronavirus Pandemic highlighted once again the national security issue and the crucial role that the state is still playing in the management of a number of sectors such as health, education, and transportation. Simultaneously, this pandemic increased the value of the globalist interpretation of the relation between health and foreign policy. Due to the fact that the spread of the pandemic arose as a result of the expansion of globalization and the ease of individuals' movement across international borders. Therefore, national policies apart will not be able to address this cross-border threat, and an international coordination is required.

On the other hand, the Coronavirus outbreak shed light on certain shortcomings that the globalist approach should take into consideration, as follows: Creating new mechanisms based on scientific foundations to deal with disease threats; Improving global health governance; developing a system for joint management of health risks at the international level; Finding more international cooperation and integration in global health field to coordinate various international efforts in order to address any common future health risks that may arise; Developing systems for predicting major outbreaks of diseases before they occur and developing future scenarios to deal with them in a way that limits their negative repercussions.

Although both approaches linked their analysis of the relationship between foreign policy and health to the concept of security- the statist approach to the national security, and the globalist approach to the human

security- they failed to provide an integrated explanation of the realistic behaviors of actors in the field of global health.

Hence, it is inaccurate to assume that global health is exclusively a tool of foreign policy as indicated by the statist approach, just as it cannot be said that global health is only an end of foreign policy as stated by the globalist approach.

Instead, due to the deficiency of both above mentioned perspectives during multiple international crises such as the recent Coronavirus pandemic, a third approach can be introduced to explain the relationship between foreign policy and health. This proposed approach should take into consideration that sometimes global health is a tool for foreign policy, and at other times, it is an end to countries' foreign policies, based on the determinants of foreign policy. In addition, this perspective should consider that both statist and globalist approach complement one another and need to be used interdependently to define the relationship between health and foreign policy.

Thus, this proposed perspective could be a middle ground between both statist and globalist approach. It includes an interaction between health and foreign policy in a way that has a degree of dynamism between science and politics and reflects their interdependence. In this respect, foreign policy should not ignore epidemiology warnings regarding any possible diseases outbreak. In effect, a foreign policy extremely related to power politics but ignoring epidemiology is harmful to both foreign policy and health. For example, the epidemiology predicted the potential for an HIV/AIDS epidemic in the developing countries in the 1980s, but these warnings have largely been ignored by foreign policy. In consequence, the HIV/AIDS has become one of the worst epidemic in history. And till now, the world is struggling to mitigate its costs (Fidler, 2005).

Therefore, while acting towards global health issues, countries should adopt a pragmatic approach based on scientific foundation, which take into consideration epidemiology warnings. This approach should consider that the relationship between health and foreign policy as bidirectional. It is a flexible and dynamic relation, with mutual effects. To illustrate, when foreign policy overvalued health in the international relations, it affects global health positively. From the other side, foreign policy may have a negative impact when it delegates the major global health issues. This approach should not consider health as only a tool for foreign policy as stated by the statist approach, nor an end for foreign policy as stated by the globalist approach. Rather, it should deal sometimes with health as a tool for foreign policy and in some other times as an end for foreign policy, depending on the epidemiological situation, foreign policy's determinants, and national security's necessities.

In view of the ongoing Coronavirus pandemic, it becomes evident that global health is a key issue for society, politics, economics, medical science, social science, demography, political economy, epidemiology, and sociology. Thus, it is interrelated to multiple disciplines. This study opens new horizons for further research of an interdisciplinary nature in the field of global health from different perspectives. For example, from a human rights perspective, research could be done given that the right to health is one of the fundamental human rights. Also, from a developmental perspective, considering that ensuring health standards and requirements is a principal axe that countries are keen to guarantee while cooperating internationally. In addition, research could be done from an economic perspective, given that ensuring health standards will result in an improvement in economic conditions. Another perspective could be the socio-psychological one, which may focus for example on mental health during wars and political conflicts. Also, further

studies could be done from a commercial perspective; therefore, commercial treaties and agreements could negatively affect the environment of global health.

From a political perspective, the study opens the door for further researches, especially after the Coronavirus pandemic on many issues interrelating global health field with many political issues such as: Democracy, national security, international cooperation, human security, globalization, Formal Intergovernmental Organizations (such as United Nations and its agencies, especially, the World Health Organization), Informal Intergovernmental Organization (such as BRICS, G7, and G20), international law, and geopolitics (Fidler, 2022; Fidler, 2020a; Fidler, 2020b; Rushton, 2022; Sekalala *et al.*, 2022; Peters *et al.*, 2022). Hence, international actors should be on the alert; in a globalized world, pandemic outbreaks affect everyone, and states should be ready to comprehend its different dimensions and to deal efficiently with its repercussions.

References

1. Axworthy, L. (2001). Human security and global governance: putting people first. *Global Governance: A review of multilateralism and international organizations*, *7* (1), 19-23. doi:10.1163/19426720-00701004
2. Benatar, S. R., Gill, S.R., and Bakker, L. (2009). Making progress in public health: the need for new paradigms. *International Affairs*, *85* (2), 347-371. doi:10.1111/J.1468-2346.2009.00797.X
3. Booth, K. (2007). *Theory of world security*. Cambridge University Press. https://doi.org/10.1017/CBO9780511840210
4. Buzan, B. (1991). *People, States, and Fear: An Agenda for international security studies in the post-cold war era* (second edition). Lynne Rienner Publishers.
5. Buzan, B. (1983). *People, States, and fear: The national security problem in international relations*. University of North Carolina Press.
6. Buzan, B , Waever, O., and De Wilde, J. (1997). *Security: A new framework for analysis*. Lynne Rienner Publishers.
7. Davies, S.E. (2010). What contribution can international relations make to the evolving global health agenda?. *International Affairs*, *85* (5), 1167-1190. doi: 10.1111/J.1468-2346.2010.00934.X

8. Farmer, P. (2005). *Pathologies of power: health, human rights and the new war on the poor*. University of California Press.

9. Fazal, T.M.(2020). Health Diplomacy in Pandemical times. *International Organization*. *74*(S1), 78-97. https://doi.org/10.1017/S0020818320000326

10. Feldbaum, H., Lee, K., Michaud, J. (2010). Global health and foreign policy. *Epidemiologic reviews*, *32* (1), 82-92. doi:10.1093/epirev/mxq006

11. Feldbaum, H., and Michaud, J. (2010). Health diplomacy and the enduring relevance of foreign policy interests. *PLoS Medicine*, *7* (4), 1-6. doi:10.1371/journal.pmed.1000226

12. Fidler, D.P. (2022). Democracy, global health, and the Group of 7. *Policy brief: T7 task force global health*. https://www.think7.org/wp-content/uploads/2022/04/Health_Democracy-Global-Health-and-the-Group-of-7_David-Fidler.pdf

13. Fidler, D.P. (2020a). The COVID-19 Pandemic, geopolitics, and international law. *Journal of international humanitarian legal studie*s. *11*(2), 237-248. doi:10.1163/18781527-bja10010

14. Fidler, D.P. (2020b). WHO criticisms: The World Health Organization and Pandemic politics. https://www.thinkglobalhealth.org/article/world-health-organization-and-pandemic-politics

15. Fidler, D.P. (2009). Health in foreign policy: an analytical overview. *Canadian foreign policy journal, 15* (3), 11-29. doi: 10.1080/11926422.2009.9673489

16. Fidler, D.P. (2007). Architecture amidst anarchy: global health's quest for governance. *Global health governance*, *1*(1), pp.1-17.

17. Fidler, D.P. (2005). Health as foreign policy: between principle and power. *The whitehead journal of diplomacy and international relations*, *summer/fall* 2005, 179-194.

18. Fidler, D.P. (2004). Caught between paradise and power: public health, pathogenic threats, and the axis of illness. *McGeorge law review, 35*(45), 45-104.

19. Fidler, D.P. (1999). *International law and infectious diseases. Clarendon Press*.

20. Garrett, L. (2001). *Betrayal of trust: the collapse of global public health*. Hachette Books.

21. Granmo, A. (2015). *The politics of health diplomacy: traditional and emerging middle powers compared (the case of Norway and South Africa)* [Master's thesis, Stellenbosch University].

22. Haynes, J., Hough, P., Malik, S., Pettiford, L. (2013). *World Politics: International Relations and Globalization in the 21st Century*. Routledge Taylor and Francis Group.

23. Horton, R. (2007). Health as an instrument of foreign policy. *The Lancet*, *369* (9564), 806-807. doi: 10.1016/S0140-6736(07)60378-X

24. Katz, R., *et al*. (2011). Defining health diplomacy: Changing demands in the era of globalization. *The Milbank quarterly*, *89* (3), 503-523. doi: 10.1111/j.1468-0009.2011.00637.x

25. Kickbusch, I., *et al*. (2007). Global health diplomacy: training across disciplines, *Bullettin World Health Organization, 85*(12), 971-973. doi: 10.2471/BLT.07.045856

26. Lancaster, C. (2007). *Foreign Aid: Diplomacy, Development, Domestic Politics*. The University of Chicago press books.

27. Lee, K. (2003). *Globalization and health*. Palgrave Macmillan.

28. National Security Council (2006). *The National Security Strategy*. National Security Council, The White House, Washington DC, United States of America. Retrieved from: https://www.comw.org/qdr/fulltext/nss2006.pdf (Accessed 25 March 2022).

29. Ogata, S., and Sen, A. (2003). *Human Security Now*. Final report of the Commission on Human Security, CHS secretariat, New York. Retrieved from: https://reliefweb.int/sites/reliefweb.int/files/resources/91BAEEDBA50C6907C1256D19006A9353-chs-security-may03.pdf (Accessed 25 February 2022).

30. Ostergard, R. (ed.) (2007). *HIV-AIDS and the threat to national and international security*. Palgrave Macmillan.

31. Peters, M.A., Hollings, S., Green, B., and Ogunniran, M.O.(2022), The WHO, the global governance of health and pandemic politics. *Educational Philosophy and Theory*, *54*(6). https://doi.org/10.1080/00131857.2020.1806187

32. Pogge, T. (2005). Human rights and global health. *Metaphilosophy*, *36* (1-2), 182-209. doi: 10.1111/J.1467-9973.2005.00362.X

33. Price-Smith, A.T. (2009). *Contagion and chaos: disease, ecology, and national security in the era of globalization*. MA, MIT Press.

34. Rushton, S. (2022). Can we rely on the Security Council during health emergencies?. *Australian Journal of International Affairs*, *76*(1), 35-39. https://doi.org/10.1080/10357718.2021.2017842

35. Sekalala, S., Williams, C.R., Meier, B.M. (2022). Global health governance through the UN security council: health security vs. human rights?. *Australian Journal of International Affairs*, *76* (1), 27-34. https://doi.org/10.1080/10357718.2021.2017843

36. Sridhar, D., Khagram, S., and Pang, T. (2008). Are existing governance structures equipped to deal with today's global health challenges—towards systematic coherence in scaling up. *Global Health Governance*, *2*(2), 1-25.

37. Stoeva, P. (2016). International relations and the global politics of health: a state of the art. *Global health governance*, *X* (3), 97-109.

38. Thomas, C. (2000). *Global governance, development and human security*. Pluto.

39. United Nations Development Programme (UNDP) (1994). *Human Development Report*. Oxford University Press, Oxford. Retrieved from: https://hdr.undp.org/sites/default/files/reports/255/hdr_1994_en_complete_nostats.pdf (Accessed 20 March 2022).

40. United Nations Conference on Trade and Development (2020). Impact of the COVID-19 pandemic on trade and development 'Transitioning to a new normal'. Retrieved from: https://unctad.org/system/files/official-document/osg2020d1_en.pdf (Accessed 4 August 2022)

41. Wallis, P. (2005). SARS, Governance and the Globalization of Disease. *Social History of Medicine*, *18*(3), 496-498. https://doi.org/10.1093/shm/hki054

42. Walt, S. (1991). The renaissance of security studies. *International Studies Quarterly*, *35*(1), 211-239. doi:10.2307/2600471

43. World Health Organization (2007). *The World Health Report 2007: A safer future: global public health security in the 21st century*. World Health Organization, Geneva. Retrieved   from:

https://apps.who.int/iris/bitstream/handle/10665/43713/9789241563444_eng.pdf?sequence=1&isAllowed=y (Accessed 20 March 2022).

- **Further reading:**

1. Ban, J. (2003). Health as a global security challenge. *Seton Hall Journal of Diplomacy and International Relations*, *Summer/Fall* 2003, 19-28.

2. Booth, K. (1991). Security and Emancipation. *Review of International Studies*, *17*(4), 313-326. doi: https://doi.org/10.1017/S0260210500112033

3. Fidler, D.P. (2022). Geopolitics, Global Health, and the Group of 7. *Policy brief: T7 task force Global health*. https://www.cfr.org/sites/default/files/pdf/Fidler_T7_Geopolitics_Policy_Brief%20%281%29.pdf

4. Fidler, D.P. (2020a). The once and future world of global health governance. To meet twenty-first century geopolitical, national security, and climate challenges, global health policies must evolve. https://www.thinkglobalhealth.org/article/once-and-future-world-global-health-governance

5. Fidler, D.P. (2020b). To fight a new coronavirus: The COVID-19 Pandemic, political herd immunity, and global health jurisprudence. *Chinese journal of international law*. *19*(2), 207-213. https://doi.org/10.1093/chinesejil/jmaa016

6. Fidler, D.P. (2011). Rise and fall of global health as a foreign policy issue. *Global health governance*. *4*(2), 1-12.

7. Fidler, D.P., and Baker, M.G. (2006). Global public health surveillance under new international health regulations. *Emerging infectious diseases*, *12*(7), 1058-1065. doi: 10.3201/eid1207.051497

8. Fidler, D.P., and Gostin, L. (2006). The new international health regulations: An historic development for international law and public health. *Journal of law, Medicine, and Ethics*, *34*(1), 85-94. doi: 10.1111/j.1748-720X.2006.00011.x

9. Fidler, D.P. (2005). From international sanitary conventions to global health security: The new international health regulations. *Chinese Journal of International Law*, *4*(2), 325-392. doi:10.1093/chinesejil/jmi029

10. Fidler, D.P. (2004). *SARS, Governance, and the Globalization of Disease*. Palgrave Macmillan.

11. Fidler, D.P. (1998). The future of the World Health Organization: What role for international law?. *Vanderbilt Journal of Transnational law*, *31*(5), 1059-1126.

12. Huang Y. (2010). Pursuing health as foreign policy: the case of China. *Indiana Journal of Global Legal Studies*, *17*(1), 105-146.

13. Kickbusch, I., and Gleicher, D.E. (2012). *Governance for health in the 21ˢᵗ century*. World Health Organization Regional Office for Europe, Copenhagen. Retrieved from: https://repository.graduateinstitute.ch/record/279386 (Accessed 5 April 2022).

14. Labonté, R., and Gagnon, M. (2010). Framing health and foreign policy: lessons for global health diplomacy. *Globalization and Health*, *6*(14), 1-19. doi: 10.1186/1744-8603-6-14

15. Møgedal, S., and Alveberg, B.L. (2010). Can foreign policy make a difference to health?. *PLoS Medicine*, *7*(5), 1-3. doi: 10.1371/journal.pmed.1000274

16. Price-Smith, A.T. (2002). *The health of nations: infectious disease, environmental change, and their effects on national security and development*. The MIT Press.

17. Saud, A. and Alvi, Q. (2022). Global health diplomacy: a comparative analysis of china's and the U.S.'s soft power during COVID-19 and the myth of Thucydides Trap. *Central Asia*, *90* (Summer), 37-67. https://doi.org/10.54418/ca-90.169

18. Storeng, K.T., Puyvallee, A.DB, and Stein, F. (2021). COVAX and the rise of the super public private partnership for global health. *Global public health*, 1-17. https://doi.org/10.1080/17441692.2021.1987502