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The Implications of Politicizing Global Health Diplomacy in a Multipolar World

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SIT Study Abroad

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Abstract

This research paper is the result of an independent study project that details the implications of politicizing global health diplomacy. With a mixture of interviews, primary sources, and secondary sources, this project aims to explain how and why global health has become entrenched in politics in the world today. This paper explores the intersection between global health and foreign policy and analyzes the extent to which countries use medical interventions to achieve political and economic success. Medical interventions, like vaccines, have become increasingly significant, especially looking back at the recent pandemic. Therefore, this paper will also explore the complex nature of vaccine diplomacy and how vaccine development, production, and development can lead to soft power. Lastly, this paper will look at the implications of politicizing global health in an emerging multipolar world, for many countries rising in power might rely on new methods to maintain international legitimacy.

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Introduction

The Research Question

Global health encompasses many issues–poverty, clean water and sanitation, disease prevention, vaccinations–that inevitably play a large role in foreign policy and diplomacy (Kuriakose, 2020). Since the COVID-19 pandemic, global health has moved to the forefront of many countries' foreign policy agendas; in doing so, global health has become a mechanism for political leverage, economic gain, and international influence. This project aims to address the growing politicization of global health diplomacy in the current state of the world. This project will also investigate if this development is new, as a result of COVID-19, or has occurred throughout history. The problem is important to tackle because global health is fundamental to preserving human life while also protecting human respect and dignity. Everyone should have access to health care and the proper resources he or she needs to survive. Global health also directly and indirectly affects many fields including peace and security, climate change, international trade, and development. This paper will focus on global health studies, specifically global health diplomacy, vaccine diplomacy during COVID-19, and global governance. The research questions driving this project are as follows: How and why has global health diplomacy become politicized? What are the implications of this trend in a growing multipolar world?

In this paper, I will explain my research methodology and literature review. Then, I will provide an overview of the history of global health diplomacy as well as major developments in the 21st century. Next, I will describe how global health has become politicized by analyzing vaccine diplomacy during the recent pandemic. Additionally, I will

look at the implications of globalization and multipolarity on global health diplomacy. Lastly, I will conclude with the main outcomes of my research and possible extensions for future research projects.

Research Methodology

This paper incorporates a mixture of both primary and secondary sources. The primary sources used in this analysis include three interviews. Participants were chosen based on their expertise in the global health, global governance, and international trade fields. Each interview provided new insight or a different angle to the research question driving this paper: How and why has global health diplomacy become politicized? Two of the three participants wished to remain anonymous, so they will be referenced in the rest of this paper as Ms. X and Mr. Y. The third interview was with Dr. Suddha Chakravartti, the director of CUTS International. Two of the interviews were conducted in-person with the other being conducted on Zoom. All three interviews were formal, contacted by email to schedule a time to meet. Qualitative methods were used to collect data during the interviews. I believed that the paper would benefit from open-ended responses and the experts' opinion on the subject.

Regarding ethical standards, each of the participants have their consent to be interviewed. Additionally, at the beginning of each interview, they were given the option to remain anonymous or to have any of the information they provided stay confidential. Two of the interviewees wanted to remain anonymous. At the end of the interview, each participant was given the opportunity to change or retract anything they said previously. A Human Subjects Review Form was also completed prior to the start of research to further maintain ethical standards.

The secondary sources included peer-reviewed journal articles, books, and medical databases. The sources were acquired through databases and the Davidson College online library. The secondary sources largely provided background and historical information, definitions, more quantitative data, and analysis of critical events.

Important definitions for the analysis in this paper include global health, global health diplomacy, and vaccine diplomacy. For the purposes of this paper, global health will be defined as the area that concerns the health of populations around the world and promotes study and research to improve global health conditions. Global health diplomacy will be defined as the processes by which state and non-state actors engage to position health issues more prominently in foreign policy. Vaccine diplomacy will be defined as any aspect of global health diplomacy that involves the use or distribution of vaccines and encompasses the critical efforts by international organizations. In regard to the analytical framework, this paper focuses on the major events that have shaped the history of global health as well as the current state of global health in relation to diplomacy. Specifically, this paper analyzes the COVID-19 pandemic and how countries–especially China and the United States–interacted with each other through vaccine development, production, and dissemination.

Literature Review

The literature on global health and global health diplomacy is expansive and wide-ranging. This paper heavily relied on work by Ilona Kickbusch, a leading professor and researcher in the field. Located in Geneva, Switzerland, Dr. Kickbusch founded the Global Health Center at the Graduate Institute in Geneva, and most of her published writing focuses on global health diplomacy and global health governance. Dr. Kickbusch co-published the book *A Guide to Global Health Diplomacy,* the journal article “Global Health Diplomacy–

Reconstructing Power and Governance," and "Global Health Diplomacy–the Need for New Perspectives, Strategic Approaches, and Skills in Global Health." *A Guide to Global Health Diplomacy* serves as an introductory, topical, extensive text on the importance and relevance of global health in the world today. This book provides insight into the ever-changing role of global health diplomacy and the increasing politicization of global health; additionally, this book, along with Kickbusch's other work, is cited many times in other publications relating to this topic, indicating that her work is substantial to the field. Also from the Geneva Health Center, Dr. Suerie Moon's work is also essential in understanding the geopolitical aspect of health. In her article "The Vaccine Race: Will Public Health Prevail Over Geopolitics?", Moon succinctly captures the geopolitical issues during the COVID-19 and vaccine dissemination. Her work is critical in linking global health and power constructs.

Although the research in global health diplomacy is extensive, a couple of gaps in knowledge that have emerged are the relative newness of modern global health diplomacy and its undetermined definition. Global health is also ever-changing, and every day a new problem arises with no simple, direct solution. Because there is no one universally agreed upon definition for global health diplomacy, there can be confusion around the full breadth of the field and what exactly this field includes. There could also be confusion around the actors involved in this form of diplomacy. Additionally, this new development of "weaponizing" vaccines has been recently constructed since COVID-19, and the term is relatively subjective and, in some cases, extreme. This paper will clarify the exact scope of global health diplomacy while also providing more context as to how and why state and non-state actors have "weaponized" vaccine science and dissemination.

Critical Analysis

History of Global Health Diplomacy

The concept of public health can be dated all the way back to the 14th century with the quarantine practices of European states during the Black Plague (Fidler, 2001). However, "international cooperation" to combat these risks to human health did not begin until the mid-19th century (Fidler, 2001, p. 842). In 1851, the first series of international sanitary conferences took place in Paris (Kickbusch et al., 2021). These conferences were held to discuss collaboration and cooperation on cholera, plague, and yellow fever that were quickly spreading due to the development of railways and the construction of faster ships (Fidler, 2001). Disease control became a contentious subject as national policies were failing, causing great discontent among merchants who bore much of the burden of governments' quarantine restrictions–the First Sanitary Conference was vital in establishing a uniform policy in mitigating these health threats. This conference established a precedent for standard behavior during global health crises. In the rest of the 19th century and into the 20th century, there was still no shortage of global health catastrophes–the Opium War from 1839 to 1842, dangerous working conditions during the Industrial Revolution, transboundary air and water pollution–but countries had a better grasp on an international response to these issues (Fidler, 2001).

In the next 100 years, international cooperation on infectious diseases and other health risks greatly increased, and as a result, three key institutions were established to further promote this idea of global health diplomacy: the International Office of Public Health (1907), the League of Nations Health Organization (1923), and the World Health Organization in 1946 (Kickbusch et al., 2021). The WHO was paramount in serving as one of the first international organizations to govern "health work"; its first "statutory function" was "to act as the directing and co-ordinating authority on international health work" (Kickbusch et al., 2021, p. 43). The

international dimension of global health started to take shape, and Burci et al. (2023) notes that "this institutionalization of diplomacy introduced new actors as active participants in diplomatic processes, including secretariats of international organizations, NGOs, technical experts, and philanthropic foundations" (p. 121). By establishing official organizations dedicated to organizing global health responses, the diplomatic aspect of global health was cemented.

After its founding, the WHO emerged as the unopposed leader of international health. The WHO was also critical in shaping the language around international health, serving a part in shifting from the older terminology of "international health" to the newer term of "global health" (Brown et al., 2006). Although this minor change in terminology seems insignificant, it largely reflected the greater political and historical events happening at that time and shows the persisting ambiguity around global health language. In the late 19th and early 20th centuries, "international health" consisted of controlling epidemics across transboundary lines (Brown et al., 2006). On the other hand, the term "global health" implies the "consideration of the health needs of the people of the whole planet above the concerns of particular nations" (Brown et al., 2006). The word "global" also recognizes the growing role of non-state actors including the media, nongovernmental organizations, corporations, and other internationally influential foundations.

The WHO coined the term "global health" in the mid-1950s when the organization launched the "global malaria eradication program," but the term was still irregularly used to discuss health around the world (Brown et al., 2006). Beginning in the late 1990s, many started to argue that a shift had occurred in the international health realm; however, they did not seem to know how to articulate this change. Authors Derek Yach and Douglas Bettcher credited this shift to globalization: The seeds of globalization had long been planted, and the subsequent effects

would only expand in the 20th and 21st centuries (Brown et al., 2006). Yach and Bettcher argued that globalization of public health would pose both benefits and challenges, and they believed that even powerful nations would contribute to this emerging interdependent world when they saw it would be in their best interests. The two tirelessly promoted global health and the leadership role of the WHO, possibly being a large contributor in this gradual linguistic shift.

Global Health Diplomacy Today

The beginning of the 21st century saw a new "dynamic" emerge in global health (Kickbusch et al., 2021, p. 43). First, there was an increase in multinational factors impacting health–international trade, global tourism, movement of people, goods, services, information–and new global threats–climate change, food insecurity, infectious diseases, mass migration (Kickbusch et al., 2021). Even over the recent years, the many benefits to gain from globalization have not been equally stretched across the world, inequality only increasing after the financial crisis in 2008 (Kickbusch et al., 2021). However, especially since the COVID-19 pandemic, many countries now better understand how health directly and indirectly impacts the economy, development, security, and peace. Even before COVID-19, health has become one of the largest sectors with global annual health spending reaching $7.1 trillion USD in 2015 and expected to reach $8.7 trillion USD by 2020; with proportion to spending, global health has naturally been pushed to the forefront of foreign policy agendas (Kickbusch et al., 2021).

Additionally, another aspect that has greatly influenced the current structure of global health diplomacy is the creation of the Millenium Development Goals in 2000 and then subsequently the Sustainable Development Goals in 2012. The launch of the MDGs placed "global health squarely in the international diplomacy arena" (Hotez, 2014). The beginning of the 21st century also saw the need for "diplomatic cooperation" in response to pandemics caused

by HIV/AIDS and the avian influenza; countries started to understand that diseases can severely undermine economic development, international security, and foreign policy and therefore a strong response is in most countries' interest (Hotez, 2014).

In 2007, foreign diplomats from seven different countries congregated to discuss and issue the "Oslo Ministerial Doctrine" that resulted in officially "linking" global health to foreign policy (Hotez, 2014). In this doctrine, the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand emphasize the importance of investing in health and how health should serve as a "defining lens" to examine fundamental aspects of foreign policy (Amorium et al., 2007). The Ministers committed to "increase awareness of our common vulnerability in the face of health threats by bringing health issues more strongly into the arenas of foreign policy discussions," "build bilateral, regional and multilateral cooperation for global health security," and "ensure that a high priority is given to health in dealing with trade issues and in conforming to the Doha principles" (Amorium et al., 2007). The list continues of the commitments made by these seven countries, and all of them include the priority of health in foreign policy. The "Oslo Ministerial Doctrine" also paved the way for the next steps to take, producing the Agenda for Action–a foreign policy plan that allowed for the participating countries to focus on individual regions and in international organizations (Amorium et al., 2007). This piece of foreign policy demonstrates the increasing interdependence between foreign policy and global health, establishing global health as "integral to the foreign policy agendas of many countries" (Kickbusch et al., 2021).

Two different forms of global health diplomacy have developed in the 21st century. The first approach "is concerned with all countries, the health inequalities within and between these, and with health issues that transcend national boundaries and call for responses taking into

account the global forces that determine the health of people" (Kickbusch et al., 2021, p. 43). In short, this form of diplomacy focuses on international health issues and the response to those issues. The second approach works on bettering the health in developing countries based on the SDGs. New actors are also starting to play a larger role in global health diplomacy–the role of multilateral health organizations, non-government actors, and instruments have increased significantly (Kickbusch et al., 2021). The characters involved in global health are all "influenced by different views, resource flows, principles, objectives, and interests," which can become difficult when questions surrounding global governance arise (Amorium et al., 2007, p. 2). Each country is motivated to act differently, so who will establish the global health agenda? This convergence of self-interest and global health leads to the unintentional–and intentional–politicization of global health.

The Trend in Politicization of Global Health

Since the Oslo Ministerial Doctrine, the relationship between global health and foreign policy has only become more potent, resulting in both positive and negative effects on health as a whole. With global health becoming a foundational piece to foreign policy, countries now view global health in relation to "economic and social development, security, humanitarian affairs, social justice and human rights, and global crisis management" (Kickbusch et al., 2021, p. 22). Additionally, because the adoption of the SDGs introduced health into conversations in both the G7 and G20, diplomats play a greater role in establishing global health policies. Kickbusch et al. (2021) writes, "Health diplomats must therefore be able to negotiate in contexts and institutions that are very diverse and require quite different approaches. These developments have highlighted that global health diplomacy, like all diplomacy, is always political" (p. 22). A diplomat's job is to convince other nations to institute policies that align with the foreign policy

objectives of the nation he or she represents, so there are many factors unrelated to humanitarian need that could influence the eventual outcome. In an interview with Mr. Y, he further supported this statement, saying that "everything is political. Global health has always been political. Gavi is political. The UN is political." All these organizations are run by people, and people are innately driven by self-interest.

For example, the WHO serves as the unopposed leader for global health, and its role has only strengthened since the beginning of the 21st century. However, like all organizations composed of member-states, the WHO is also a political body. In the early 2000s, the WHO became increasingly involved in international politics as global health became more prominent. There is also a large component of politics in internal elections in the WHO, especially elections for Director-General. In 2017, the WHO held its first "open" election for Director General (Burci et al., 2023). Before this new development, the Executive Board nominated one candidate, and the World Health Assembly only had a confirmation vote; now, the Assembly has much more decision-making power, and the Director-General needs political support from the member-states in the Assembly (Burci et al., 2023). This new election process further promotes the importance of regional and political blocs while also shifting the candidates' political expectations for their term in office (Burci et al., 2023). The election closely resembles a presidential election that would happen on the national level, so naturally, the election for Director-General could promote the same political undertones and sentiments that occur during some national elections. Subsequently, the election and role of the Director-General has received much more publicity and media attention in recent years–with the other factor being the COVID-19 pandemic (Burci et al., 2023). The Director-General needs to be able to balance geopolitical interests and maintain awareness of the emerging multipolar environment to be successful in the role.

There are also increasingly strategic processes happening within the WHO. With Gro Brundtland as the Director-General from 1998 to 2003, the WHO adopted the Framework Convention on Tobacco Control (FCTC) and the revision of the IHRs (Liu et al., 2022). Lui, et al. (2022) writes that these agreements "strengthened the WHO Secretariat's political authority to promote health in the face of a broad range of social, economic, and political interests" (p. 2160). Additionally, following the SARS outbreak in 2003, the IHRs were completely revised. As a result, states must notify the WHO of any public health concerns that could affect other countries, the Director-General has the authority to declare public health emergencies, and the WHO has the power to "access and use non-governmental sources of surveillance information" (Liu et al., 2022, 2160). These changes to the internal processes have pushed the WHO to act more in a political nature. In addition to the WHO, particular systems within the UN also create a political environment. Mr. Y described the politics involved in sitting on the Security Council. He stated that wealthy nations use ODA spending to engage LICs to ultimately vote for HICs to be on the Security Council. In this quid pro quo, countries can have greater input on international peace and security in exchange for providing development assistance.

The interconnectedness of foreign policy and global health is inevitable–and not inherently bad. Problems start to arise when foreign policy measures are no longer serving global health goals (Liu et al., 2022). International relations scholars argue that global health diplomacy has been used positively to build cooperation and promote communication between countries that would not have normally occurred; on the other hand, public health experts might argue that health should never be used for political gains. However, increasing interdependence has made it nearly impossible for measures to "serve a purely humanitarian objective" (Liu et al., 2022, p. 2160). With so many diverse actors now involved in global health diplomacy, each is shaped by

so many different norms and values that attempting to untwine self-interest from humanitarianism is unrealistic and ultimately unproductive. The increasing role of political leaders and actors in health can have both positive and negative implications–it can be "the decisive factor in rallying political support for global health" or it can "undermine global health if narrow geopolitical or ideological prevail" (Kickbusch et. al., 2021). Both results can be seen in the COVID-19 pandemic.

Vaccine Diplomacy: Then and Now

Vaccine diplomacy did not originate out of the COVID-19 pandemic; beginning in 2001, when modern global health diplomacy began to take form, the concepts of vaccine diplomacy and vaccine science diplomacy also started to generate (Hotez, 2014). Global health expert Peter Hotez (2014) defines vaccine diplomacy as "any aspect of global health diplomacy that relies on the use or delivery of vaccines and encompasses the important work of the GAVI Alliance, as well as elements of the WHO, the Gates Foundation, and other important international organizations" (p. 1). Vaccines and vaccine science are unique in comparison to other medical tools: Vaccines are arguably the most impactful intervention ever developed by mankind because of the number of lives they save (Hotez, 2014). The CDC estimates that around 50 million deaths can be prevented through immunization between 2021 and 2030 (CDC, 2023). Therefore, vaccines hold an unquantifiable amount of power.

Vaccine diplomacy has had a long history since the first vaccine, which targeted smallpox, was discovered in 1798 by Britain's Edward Jenner (Hotez, 2014). Since then, vaccines became a key resource in managing infectious diseases and pandemics; vaccine diplomacy especially prospered during the late 20th century when vaccines were used to negotiate "days of tranquility" in many countries–Afghanistan, Angola, El Salvador, Iraq,

Lebanon, Philippines, and Sri Lanka–in the 1980s and 1990s (Hotez, 2014). These "days of tranquility" organized under the Humanitarian Cease-Fires Project again demonstrate that vaccines have the potential to establish peace and open channels for dialogue between countries that otherwise would not have had a relationship.

As stated previously in this paper, modern day diplomacy began to develop in 2000 because of countries attempting to utilize vaccines in order to reach their MDGs (Hotez, 2014). During this time, the true power vaccines held began to be conceptualized amongst countries and non-state actors; the power over human life can wield much fear and anxiety. In 2003, three Nigerian states boycotted polio vaccinations because there was fear that these vaccines were contaminated with antifertility drugs to "sterilize" Muslim girls (Hotez, 2014). This incident required diplomatic intervention from Malaysia and the OIC, and similar interventions continued to be needed in countries like Pakistan where the Taliban targeted and assassinated vaccine administrators (Hotez, 2014). Fear is one of the most effective tools to exert control; a population that is fearful can be easily manipulated, influenced, and exploited. These situations represent setbacks in vaccine diplomacy, but they also show the extent to which vaccines affect communities and serve as key roles in forming global health diplomacy. While vaccine diplomacy has only grown in importance since the early 2000s, COVID-19 revealed the true extent in which vaccines are used as political assets and mechanisms for soft power.

Vaccine Diplomacy and the COVID-19 Pandemic

COVID-19 has produced a "flurry of diplomatic activity on global health, involving heads of state and heads of government during a period when multilateralism is subject to substantial challenges" (Liu et al., 2022, p. 2162). Global health diplomacy has exponentially grown since the pandemic in 2019, serving as a critical factor in an emerging multipolar world.

COVID-19 shed light on an already deteriorating world order through the mismanagement of vaccine distribution and the ineffective international systems in place at the time of the pandemic. The recent pandemic was unique, for "infectious diseases with global dimensions" need policies that can "simultaneously overcome the acute crisis, maintain regular health care services, promote resilient and needs-based health systems, and create conditions for cushioning the social and economic damage caused by the crises…" (Bergner et al., 2020). These policies have to be globally coordinated in order to have any level of effectiveness while also having to achieve economic, social, and medical stability. COVID-19 demonstrated the weaknesses of the international systems in place while also revealing the extent to which these systems have been politicized, especially the development, production, and dissemination of vaccines.

During the pandemic, many international groups became central to organizing and leading efforts to globally combat the virus. Gavi, the Vaccine Alliance–in efforts with the WHO, CEPI, and UNICEF–wanted to ensure vaccines would be distributed everywhere. Ms. X, a former employee of Gavi who worked on the COVAX facility, stated that discussions around a potential vaccine began in early February of 2019; internally, there was concern surrounding countries creating their own vaccines, which happened during the SARS virus outbreak in 2002, because countries can establish trade barriers on the vaccines. Gavi was also concerned that countries would keep the vaccines for themselves, for countries do have a responsibility to protect and vaccinate their own people. Therefore, Ms. X said that the head of Gavi spearheaded the idea of the COVAX facility: one global facility in which everyone contributes and then Gavi distributes the vaccines equally. To successfully achieve the goals of COVAX, Gavi needed to raise money upfront to buy the vaccines, but COVAX was supported and funded by many governments. Ms. X suggested that most funding came from high-income countries for three

reasons–public good, compatible with values, and strategic purposes. While HICs would greatly contribute to the COVAX facility, they also had their own bilateral agreements with the vaccine manufacturers.

HICs have high credit ratings, unlike most international organizations, so they were able to sign contracts with the manufacturers before Gavi could. Subsequently, those HICs received doses before doses were distributed to the COVAX facility. HICs would end up having 60% of the doses while the continent of Africa would have around 2%. Ms. X states that this situation led to a large loss of trust in HICs by the LICs, and the LICs were furious. Many HICs also ended up with a vaccine glut because they ordered too many doses, so the HICs "dumped" the vaccines into the LICs. This "vaccine dumping" was perceived as though the HICs were just giving their leftovers and possibly expired vaccines to the LICs because they no longer had any use for the doses. Additionally, colonial pathways were also reinforced; for example, previous French colonies turned to France for vaccine supply.

As a result, Ms. X suggested that LICs felt ultimately powerless and as though there was colonialism at work again. The widespread anger of LICs fueled the desire to create regional facilities to manage and mitigate this risk for the future. Ms. X emphasized, though, that the situation is never black and white; the COVAX facility was a newly developed program out of the pandemic, and the HICs were under many social, economic, and educational pressures to deliver vaccines to their own populations. However, the COVAX facility and the vaccine diplomacy surrounding it revealed an increasingly deteriorating world order. The LICs are growing tired of the unilateral decision-making by the HICs, leading to growing tension between the two groups and possibly an unwillingness to cooperate. Kickbusch et al. (2021) further elaborates, agreeing that the "crisis of the liberal order" has eroded authority and legitimacy of

the Global North but also international organizations; this erosion could possibly lead to the "rejection of international cooperation" by some countries (p. 77).

The pandemic proved that vaccines are used as diplomatic tools. This idea of "vaccine nationalism"–the competition among superpowers to be the first on the market–emerged as a result of countries using the "cure to COVID-19" for policy gains and geopolitical objectives, despite the efforts by the COVAX facility (Zhang et al., 2022, paragraph 4). For example, China fully embraced "vaccine nationalism," and the nation formally joined COVAX in October of 2020 (Zhang et al., 2022). In 2021, China approved its vaccine, Sinovac, and its goal was to vaccinate 50 million people for free before the 2021 Spring Festival holidays. China "offered land, loans, and subsidies for vaccines along with fast-tracking approvals" while conducting clinical trials in many countries, including Argentina, United Arab Emirates, and Morocco (Zhang, et. al., 2022, paragraph 6).

By involving other countries in its vaccine development and incentivizing vaccine production, many foreign policy experts believe China intentionally used the medical intervention to gain soft power. China offered loans and priority access to developing countries for vaccinations and were able to provide these countries with doses that were in short supply because of wealthier nations scrambling to claim vaccines (Zhang et al., 2022). China also provided vaccines internationally for free–Brazil became the first country in South America to be a receptor of the Chinese vaccine, and many other countries, largely developing and under-developing, followed. As a result, it was observed that "where Chinese vaccines go, public diplomacy increases in favor of China" (Zhang et al., 2022, paragraph 13). Even some countries, like Indonesia and the Philippines, welcome China's vaccine knowing it is an attempt to increase its geopolitical influence (Zhang et al., 2022). China was able to use vaccine production and

dissemination to exert positive influence over these countries while improving its international image. It is also important that China serves as just one example; many other countries, especially the West, processed and acted similarly to China.

From a geopolitical perspective, vaccines serve as a strategic asset, one that China was able to capitalize on to better its position in the world order. However, as China rises in power, tension also increases as the United States tries to maintain its hegemony. The world is entering into bi-multipolar period with the United States and China claiming the top two spots. The long-standing US-China rivalry was only intensified during the pandemic despite both sides being dramatically impacted by the virus (Moon, 2020). While China committed to global vaccine access and organized free international vaccine campaigns, the United States was notably absent, taking an "America First" approach (Moon, 2020). With the United States leaving a large vacuum on the international stage, China increased its assistance to developing nations through vaccines but also medical equipment and infrastructure, possibly to deliver a geopolitical win (Zhang et al., 2022). However, the importance may not lie in analyzing the motivations behind a country's reason to offer aid– Dr. Suerie Moon writes, "Depending on which media you read, another country's vaccine diplomacy is called vaccine nationalism…But I think what we see is that there are incentives for every government actually to treat vaccines as the strategic assets that they are" (Randeria, 2021). Vaccines are only going to grow in importance, so recognizing them as "strategic assets" will help create transparency within global health diplomacy.

The world is still in the early stages of recovery since the pandemic, but the implications of placing politics above health are starting to become clear, indicating generally a failure in global cooperation. First, many died in poor countries waiting for a first dose as rich countries hoarded the vaccines (Ahmed et al., 2023). Additionally, non-state actors involved in global

health seemed to push their own political agendas or were found to be ineffective in the face of a global pandemic. The responsibility of non-state actors, such as the pharmaceutical industry, is to "respect human rights in the context of a public health emergency," but ultimately undermined solidarity of the global health community during the pandemic (Ahmed et al., 2023).

The COVID-19 pandemic also resulted in global policy debates surrounding intellectual property in context with vaccines, testing, and treatments–the debates largely took place in the WTO. Kayum Ahmed writes, "The WTO's promotion of trade and protection of intellectual property has historically taken priority over health, environment, and human wellbeing…harming efforts to advance global solidarity" (Ahmed et al., 2023, paragraph 7). When other factors like trade or political stature get prioritized over health, health subsequently becomes political. Theoretically, countries will sacrifice certain global health measures to achieve these more typical "standards" of power. However, even as countries start to see global health–particularly vaccine diplomacy–as a possible pathway for soft power, people are still subjected to the politics of governments.

Globalization and the New World Order

There are two factors that are important to consider when looking at the growing politicization of global health diplomacy–globalization and multipolarity. Although there are many reasons for intertwining politics and global health, the increasing interdependence between countries and rise in regional powers are critical in analyzing global health diplomacy. In terms of globalization, as the interdependence of the world grows, all national health policies have a prominent global dimension; as the number of international agreements grows, the impact of these agreements will greatly influence national policy-making (Silberschmidt et al., 2007). Intergovernmental public health policies have also faced additional pressure for a multitude of

reasons because of globalization. Globalization has caused or intensified "trans-border health risks," including "emerging and re-emerging infectious diseases" (Kelle, 2007, 224). As seen in the recent pandemic, infections can spread much easier and faster, and fields like international trade are much more susceptible to crises. Because of these cross-border health threats, no one nation can single-handedly address the health threats it faces but "instead must rely to some degree on others to mount an effective response" (Frenk et al., 2013, paragraph 4).

This new reality can have both positive and negative effects; one negative effect is that this policy approach could force countries into vulnerable situations if agreements cannot be reached. On the other hand, health interdependence could promote effective cooperation between countries. Following that idea, Dr. Chakravartti commented that globalization forces countries to cooperate, even if it is just to help their own populations. He used the example of Switzerland and Malawi: If there was a pandemic happening in Malawi, it is in Switzerland's best interest to act, for the chances of the diseases reaching Switzerland are relatively high. Dr. Chakravartti stated that politics is always immediate and short term, so state and non-state actors are motivated by immediate self-interests.

Another implication of globalization is the changing capacity of the state. In general, globalization has "reduced state capacity" to address problems in a range of areas, public health being one (Kelle, 2007, 224). Because national health policies are largely ineffective in many aspects if there is no international cooperation, state governments lose their "capacity" to unilaterally legislate on transnational issues. As a result of this decreased state capacity, non-state actors have been included in the global health sector as "information providers" (Kelle, 2007, 224). This change has pushed the field to include a more diverse range of characters versus solely a "state-centric approach" (Kelle, 2007, 224). Therefore, non-state actors have a greater

role in the international arena, and the declining position of individual states could open the way for non-state actors to have more influence in global health measures.

In addition to globalization, multipolarity is an important factor to consider in looking at global health diplomacy. The world is no longer blindly following the US hegemony, and as China rises in power, regional powers–like Iran, Saudi Arabia, and India–have also started to gain influence. Every country is conscious about its ranking in the world order; with a new world order slowly establishing, countries want to establish international legitimacy. Regarding global health, many states have started to act with this changing world order in mind. Kelley Lee (2010) writes that "political priority" is placed on "on a health issue because of its perceived potential impact on one or more national security, economic, or foreign policy interests" (paragraph 7). If there is political or economic benefit, then action towards the issue will occur. Additionally, national interests may solely boil down to the amount of funding and the political attention the health issue receives (Lee, 2010). Clemet Askheim et al. (2016) elaborates beyond just political motivation but states act of "compassion," "enlightened self-interest," and "justice" (paragraph 4). For example, the first two could include AIDS treatment into a national policy, but the third position would include the treatment (Askheim et al., 2016). This example shows the subjectivity and the value judgment placed on each individual health concern. Although acting out of self-interest is not a revolutionary idea, states' actions in context with emerging multipolarity adds another intricacy to an already complex situation.

Conclusion

The politicization of global health diplomacy is not a recent development; diplomacy will always be political. However, more recently, there is an increasing use of "health interventions as *instruments* to advance foreign policy interests" (Feldbaum et al., 2010, paragraph 2). Health

interventions, like vaccines, are used by some countries to gain political clout and a better position in the world order. Global health policies during COVID-19 exacerbated already sore relationships, like the Global North and the Global South, and invigorated some geopolitical rivalries, like China and the United States. In the end, self-interest usually prevails, and countries prioritize politics and economics over health issues; global health policies serve humanitarian purposes but more importantly, further political or economic interests.

Global health diplomacy can build channels of communication, and subsequently, it can promote cooperation between countries that would not otherwise have a relationship. Global health provides a great foundation, for most countries have a duty to and want to protect their own populations; if there is a transboundary health issue that threatens the lives of many, like a pandemic, countries might be more likely to collaborate with others to find a solution. For example, as seen with China's inoculation policies, vaccines have the potential to increase cooperation between many Asian nations, including India, Indonesia, Japan, and Vietnam. However, it is also important to consider the precedent of politicizing global health diplomacy. During COVID-19, many people died, especially in LICs, because ineffective systems were in place to manage a global health crisis, and countries had other priorities than to protect human life. The reality is, though, global health will always be a political issue, but the implications might not all be negative. Whether intentions are political or not, foreign policy can be used to support global health goals, and in turn, establish a better world.

This research is by no means exhaustive–there are many different pathways to continue and extend this research topic. For example, one could focus on a certain region or area of the world and look at the region's diplomatic relations regarding global health, during COVID-19 or during another time. Additionally, one could explore more the multipolarity aspect of this paper

and the growing tension between the Global North and Global South coming out of the pandemic. Another extension of research could include comparing the roles of non-state actors or international organizations before and after COVID-19 to see how their roles and presence changed on the international stage.

Abbreviations List

WHO: World Health Organization

UN: United Nations

WTO: World Trade Organization

NGO: Non-government organization

USD: United States Dollar

MDGs: Millenium Development Goals

SDGs: Sustained Development Goals

G7: Group of 7

G20: Group of 20

IHRs: International Health Regulations

SARS: Severe acute respiratory syndrome

CDC: Centers for Disease Control and Prevention

OIC: Organization of Islamic Cooperation

CEPI: Coalition for Epidemic Preparedness Innovations

HICs: High-income countries

LICs: Low-income countries

ODA: Official development assistance

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