Special Section II
Multi-level health diplomacy

INTRODUCTION/INTRODUCCIÓN

Multi-level health governance and health diplomacy
Regional dimensions

Ana B. Amaya, Philippe De Lombaerde

Abstract: This introduction to the special section explores the nexus between global health governance and international health diplomacy. In these dynamic governance spaces, particular attention is paid to the multi-level and multi-actor character of global health governance and how health diplomacy functions in such a complex context. It is pointed out that the regional level plays both vertical (i.e., as an intermediary between the global and national levels) and horizontal (i.e., interregional) roles. The contributions to the special section develop the conceptual understanding of those interactions and analyze a number of concrete cases, including the African Union, ASEAN, the European Union, SADC, and UNASUR.

Keywords: ASEAN, AU, EU, global health governance, health diplomacy, SADC, UNASUR

Governance seeks to clarify how different actors in a given system or organization operate and the reasons for the way they operate (Pyone, Smith, & van den Broek, 2017). International health governance is not something new. Following epidemics of plague and cholera, 10 international meetings were convened between 1851 and 1909 that led to international agreements for the control and treatment of disease. This cooperation expanded in the 20th century after the two world wars (Merson, Black, & Mills, 2012). However, it is in the last 15 years that we have seen a revolution in global health governance as a result of the entry of a multiplicity of new actors working in health. Global health governance is defined then as the set of

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rules, norms, and formal institutions that facilitate international interactions related to health (Brown, Yamey, & Wamala, 2014). This term was created to differentiate it from "international health governance," describing the diversity of governance mechanisms that go beyond intergovernmental cooperation (Dodgson, Lee, & Drager, 2002). While global health governance seeks to address shared problems, there is a lack of a formal authority to create and enforce a system within which policies are made. Even if global health policy-making does occur, there is a breakdown in the implementation of these policies, given this lack of legal enforcement over states even if they subscribed to such regulations and agreements.

The shift in global health governance occurred for various reasons. Part of this has been the understanding that states alone cannot address transboundary problems, health problems that originate in one state but that have effects on others, as well as the value of pooling resources to respond to shared problems. Another important cause for the entry of new actors in global health governance has been a growing disenchantment with the response of "traditional" health organizations, such as the World Health Organization, which has been limited in its approach due to their lack of authority on states and has been plagued by budgetary issues. While regional organizations are also not new, in the past years we have seen an increased interest by these institutions to be involved in a more direct manner in health. This is partly motivated by their interest to address common health issues as well as to have an influence in global negotiation processes through health diplomacy (Amaya, Rollet, & Kingah, 2015). The growing involvement of regional organizations, specifically, and the regional governance level, more in general, have contributed to the multi-level character of global health governance, with two-way vertical interactions between the various levels (Lizarazo & De Lombaerde, 2015).

Health diplomacy is a diffuse term that is described according to its use. For instance, it has been used to explain health negotiations, the health impact of non-health negotiations, and the goal of using foreign policy to support global health. It has also been used to describe efforts to improve health within the larger context of supporting state interests (Feldbaum & Michaud, 2010). Beyond the confusion of the term "health diplomacy," it is well recognized that global health diplomacy is taking place. This is defined as the processes by which government, multilateral and civil society actors attempt to position health in foreign policy negotiations and to create new forms of global health governance (Kickbusch, Silberschmidt, & Buss, 2007). However, health diplomacy occurring at the regional level is still an unexplored topic despite the empirical evidence pointing toward its existence.

The European Union (EU) is the most widely studied regional organization from which we can draw the most examples. The EU created its own legal instruments, including the European Court of Justice (ECJ), which has proven to have effects on the development and implementation of national health policy in the member states. In addition, the EU has gained an influential role in reforming the "global social governance system" not only as donor but also by shifting the agenda in global spaces for interaction such as the World Health Assembly. Needless to say, the EU is a special case due to its special nature, which combines supranational and intergovernmental features.

Given that most regional organizations were created partly to compete in the international markets as a result of globalization, most of the research on regionalism and health has focused on the issue of trade (Deacon, Ortiz, & Zelenev, 2007; Jarman & Greer, 2010). Indeed, trade has recently been an important issue for pharmaceuticals particularly due to the restrictive intellectual property (IPR) practices included in regional arrangements and, more importantly, in North-South free-trade agreements. The resulting fragmented global IPR regulatory framework is the result of complex policy and negotiation processes in which pharmaceuticals have a non-negligible weight. Power asymmetries characterize the processes of negotiating, implementing and adjudicating trade agreements (McNeill et al., 2017). This regime has met with strong questioning and criticism from the side of non-governmental organizations (NGOs) and other civil society actors. International organizations (such as the UN Committee on ESCR, the WHO, or UNASUR) have voiced similarly critical opinions ('t Hoen, 2002; Mercurio, 2010). There are strong doubts about whether the expected positive effect of IPR protection on research and development weighs up against the cost of access to medicines. Although there is no sufficient scientific evidence (yet) to establish the "socially optimal" levels and duration of IPR protection, it can be argued that pharmaceuticals are overprotected from a public health and societal perspective (Stiglitz, 2009).

Beyond trade, in other areas of the world, regional organizations are just beginning to demonstrate their relevance for health diplomacy. In this special issue, we explore health diplomacy from a regional perspective. The articles in this special section, as well as others such as Collins, Bekenova, & Kagarmanova (2018), present the examples of regional involvement in health diplomacy by discussing how regional bodies are using it as a tool toward different health policy goals (the EU, Association of Southeast Asian Nations [ASEAN], African Union [AU], Southern African Development Community [SADC], and Union of South American Nations [UNASUR]). The Vincent Rollet article, "Health interregionalism in combating communicable diseases: EU cooperation with ASEAN and the Afri-

can Union," discusses how the EU cooperates with the AU and ASEAN in the area of communicable diseases. In this article, Rollet provides insights into how the EU conducts "interregionalism" with its counterparts, specifying how we must single out true interregionalism effects from those that occur from multilateral or bilateral efforts. The way this occurs not only explains how the EU cooperates with other regions but also has effects on the health initiatives that are proposed.

"The role of regional health diplomacy on data sharing: The SADC and UNASUR cases," the Ana B. Amaya, Stephen Kingah, and Philippe De Lombaerde article in this special section, investigates another area of health diplomacy at the regional level by explaining how member states share data with their regional bodies (in this case UNASUR and SADC) and with global health institutions such as WHO. This article uncovers the potential for regional bodies in the global South to serve as hubs for data sharing and research generation. Importantly through this case study, the authors define the roles of regional organizations as having a vertical and horizontal dimension. They explain how regional organizations can play a vertical role by translating global goals into regional and national targets and mobilizing resources to reach these goals. Horizontally, regional organizations can "contribute to better evidence-based policy coordination and provide data and policy support to address cross-border policy challenges."

Finally, in "Health diplomacy: For whom? By whom? For what?" Bindenagel Šehović (in this special section) explores how health diplomacy promotes the right to health. The author explores how the idea of the right to health evolved, particularly at the state level and what health diplomacy's role is within the changing global health governance landscape. Her article finalizes with a reflection on how health diplomacy is likely to evolve as a result of new epidemics and the legacies of globalization.

As other authors have stated, global health governance is at a crossroads (Ng & Ruger, 2014), and it is in desperate need for innovation (Smith & Lee, 2017). The same challenges from over a decade persist, and a new framework needs to be developed to address common health issues. We believe regional organizations have the potential to contribute to this next phase.

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Gobernanza de la salud multi-nivel y diplomacia de la salud
Dimensiones Regionales

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Resumen: Esta introducción a la sección especial explora el nexo entre la gobernanza global de la salud y la diplomacia internacional de la salud. En estos espacios dinámicos de gobernanza, se presta especial atención al carácter multi-nivel y multiactor de la gobernanza sanitaria mundial y al funcionamiento de la diplomacia sanitaria en un contexto tan complejo. Se señala que el nivel regional desempeña funciones verticales (es decir, como intermediario entre los niveles mundial y nacional) y horizontales (es decir, interregionales). Las contribuciones en la sección especial desarrollan la comprensión conceptual de esas interacciones, así como analizan una serie de casos concretos, incluyendo la Unión Africana, la ASEAN, la Unión Europea, la SADC y la UNASUR.

Palabras clave: ASEAN, diplomacia sanitaria, gobernanza global de la salud, SADC, UNASUR, Unión Africana, Unión Europea.

Gouvernance multiniveaux et diplomatie de la santé
Dimensions régionales

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Résumé. Cette introduction à la section spéciale explore le lien entre la gouvernance mondiale de la santé et la diplomatie internationale de la

santé. Dans ces espaces dynamiques de gouvernance, une attention particulière est accordée au caractère multi-niveaux et multi-acteurs de la gouvernance mondiale de la santé et au fonctionnement de la diplomatie de la santé dans un contexte très complexe. Il est souligné que le niveau régional joue un rôle à la fois vertical (c'est-à-dire en tant qu'intermédiaire entre les niveaux mondial et national) et horizontal (c'est-à-dire interrégional). Les contributions à la section spéciale développent la compréhension conceptuelle de ces interactions et analysent un certain nombre de cas concrets, notamment l'Union africaine, l'ASEAN, l'Union européenne, la SADC et l'UNASUR.

Mots-clés : ASEAN, diplomatie de la santé, gouvernance mondiale de la santé, UNASUR, Union africaine, Union européenne, SADC.