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RESEARCH ARTICLE

Pandemic Experiences and the Possibility of Global Health Diplomacy

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Abstract

This research paper illustrates how the COVID-19 situation expands the importance of the incorporation of health issues in diplomatic channels. It also argues that the simultaneous interaction of state and non-state actors in global health issues can reduce the danger of pandemic implications rather than the isolationist approach. Thus, it delegates an all-inclusive approach. This analysis underpins how the countries of today's world are more interdependent than ever in terms of politics and economics dealing with trade and business, people's movement, information technology, and climate change. Though there are theoretical and ideological disagreements in the course of diplomacy and statecraft, modern diplomacy has a space for health issues as an element of its table of contents. It is relevant to mention that the COVID-19 pandemic has spread to all the regions of the world and it is no longer an issue of a particular country. Pandemic is not new in the world, we have already faced SARS, Ebola, Anthrax and so on, but this case is overwhelming, rapidest and unprecedented. In addition, today's world is more complex than ever. This situation is intertwined with several issues of politics, economics, and security, etc. This study reviewed secondary data to understand the dynamics of several pandemic cases. Based on findings, it concludes that the Global Health Diplomacy characterized by cooperation, dialogue, information sharing, capacity building is needed to battle a pandemic; it also suggests transparency, accountability and integrity to achieve this goal.

Keywords**:** global health diplomacy, COVID-19, health crisis

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1.1. Global Health Diplomacy: An Important Wing of Modern Diplomacy

Diplomacy is a long-time practice since human civilization. It can be traced from 432 B.C. Theoreticians of the 16th century claimed that the angels were the messenger from an unearthly world (Nicolson, 1988). Though the term diplomacy refers to several appellations, the common understanding of the term demonstrates negotiation, communication, dialogue, mediation, and interaction. (Constantinou et al., 2016). The modern concept of diplomacy after the Enlightenment period constituted the formal practice of the state representatives. It was frequently referred to the conduct of

the officers of the ministry of foreign affairs until the 20th century. However, the practice has been updated with increasing interdependencies among states and the emergence of non-state actors. Diverse issues have also been included in the practice of diplomacy. Trade, security, health, environment, and migration have come to be included in the discussion. The evolution of diplomatic practice has changed over the years and in modern day diplomacy, the health issue is considered as one of the most crucial parts of conducting foreign policy goal (Kickbusch, 2007). Gradually, the notion of Global Health Diplomacy has become a relevant phenomenon. Global Health Diplomacy refers to multi-level, multi-sectoral, multi-disciplinary cooperation and coordination among state and non-state actors to acquire health security and safety. Kickbusch (2007) illustrated Global Health Diplomacy as "Multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health" (Kickbusch, 2007; p, 230). He also emphasized that "Global health diplomacy is a multilateral approach of incorporating health as an integral part and an instrument of foreign policy, to ensure health security across the globe by implementing different policies or actions/agreements negotiated by nation-states" (Kickbusch, 2007, p. 230).

Mathew et al. in a comprehensive definition capture what Global Health Diplomacy entails in the following words:

> Global Health Diplomacy is an emerging field that connects public health with international affairs, management, law, economics and a focus of the negotiation. The concept has currently entered the mainstream diplomacy to an extent, it still falls under three categories: (1) formal negotiations between states; (2) negotiations between states and with non-state actors that might not lead to binding agreements, and; (3) the interactions that take place between public health stakeholders and their counterparts. The formal negotiation, otherwise known as 'core Global Health Diplomacy', accredits Health Attaches and other diplomats to link one state's public health institution to another. The negotiation between states and non-states actors, otherwise known as 'multi-stakeholder Global Health Diplomacy', include varied levels of credentials into the discussion to apply the efforts on various levels. The last one is known as 'informal Global Health Diplomacy' which combines the discussion of non-state actors and actors of various institutions to represent and create a set of tools for public health. (Matthew et al., 2014, p. 3)

The motivation of Global Health Diplomacy comes from the collective concern of broader international society. It does not merely bind the formal interaction between orthodox diplomats; rather it engages multiple stakeholders such as scientists, social activists, journalists, researchers, and non-government organizations, etc. Thus, the importance of Global Health Diplomacy is gaining more and more relevance. Some countries also employed formal health attaché in the diplomatic channels, while other countries are also participating via another means of health practitioner, a public health specialist. The example of Brazil and Switzerland can be prominent in this case. Both of the countries emphasized the health issue as the topmost priority in their diplomatic practice. They initiated coordinated health diplomacy practice with their foreign and health ministry. In 2006, Switzerland commenced a coherent

health policy goal enacting “Agreement on Foreign Health Policy Objectives”. This policy initiative underscored a significant change in the traditional diplomatic practice of Swiss Foreign Policy Department. On the other hand, Brazil’s move to consolidate health issues in global policy strategy at the 2001 World Trade Organization conference (Doha round) in Qatar is notable. This policy advocacy mobilized the vision of global health collaboration and strengthened the bond between health and diplomacy to continue its mission on tobacco control (Matthew et al., 2014).

The role of non-state actors is also recognized in many cases. Especially, the role of the World Health Organization is notable in Global Health Diplomacy discourse. WHO helps states create consciousness; it provides consultation support and research, disseminates knowledge and information, and coordinates policy formation. WHO’s contribution to eradicate smallpox since 1980 World Health Assembly is one of the prominent success stories of Global Health Diplomacy. WHO also works as a hub of negotiation in health-related policy perspectives (WHO’s Role During, 2020). Other UN institutions also contribute to Global Health Diplomacy. For example, the International Labor Organization advocates occupational health safety and security. ILO worked together with WHO in the African region to improve occupational health conditions. The experience of their project demonstrates that joint effort and collaborative strategy delegate more outcomes than a fragmented approach (WHO, 2000). Besides, the social and humanitarian health education dissemination is also acknowledged by researchers (Wass & Southgate, 2017). One of the most renowned health-related philanthropic organizations is Doctors Without Borders. This organization works on research, medication, and community engagement, etc. Their response to the Ebola crisis was useful to recover the situation. This case also emphasized collaborative research on health emergency (Lang, 2015). Thus, the role of global civil society organizations is also important to propagate Global Health Diplomacy.

Though the embodiments of health issues in diplomatic practice get importance, several complexities and challenges are also there. There are debates on how the state and non-state actors will collaborate in this segment of diplomacy, how to maintain transparency and accountability, and how to consolidate the public policy goal of different regimes. The question of economic gain from health-related innovation is a big factor. The debate over intellectual property rights and the privacy of information is also an emerging factor. Politically, the health discourse is also not immune from the nationalistic buzzword (Why Vaccine, 2020). The priority question on health collaboration also revolves around it.

1.2. Review of Related Literature

Bruen et. al. (2014) underscored the changing dynamics of global health diplomacy, focusing on accountability measures. The study argued that there are significant constrain in global health collaboration in terms of health intervention. The study also articulated a primary direction of accountability management. Though the article identified an important challenge in achieving global health collaboration, it did not execute previous cases and its possibilities.

Vervoort et al. (2020) emphasized collectivism to battle the global health crisis. Demonstrating the role of several non-state actors, the study found the importance of collaboration in global health goal. The research incepted the significance of global collaboration, but it did not explain major challenges such as ideological differences between states.

Ruiu's (2020) research identified a communication gap between policymakers and scientific communities. This finding entails the importance of collaboration and co-ordination handling health crisis. Though the study was based on Italy, it paved the scopes for understanding such dynamics on a global level.

Meslin and Garba (2016) elaborated on the historical background of global public health collaboration. Describing the aspect of globalization, the study demonstrated the key components such as co-ordination, accountability, and social health component. The study is also a pioneer to develop a path to the discourse of Global Health Diplomacy.

Matthew D. Brown et al. (2014) elaborated on the role of health attaché in global health collaboration with substantive model and analysis. However, the study focused on the US perspective; it did not accommodate cases of other countries, especially developing countries.

However, Kickbusch et al. (2007) identified the knowledge gap between developed and developing countries, the communication gap between health professional and foreign department. Analyzing the cases of Brazil and Switzerland, the study ultimately exposed the importance of all-inclusive global health collaboration as well as Global Health Diplomacy.

The literature mentioned above encompassed some of the important aspects of global health collaboration as well as Global Health Diplomacy. With the pace of time, especially after the experience of COVID-19, it was observed that more studies are needed in this aspect. Especially, what the actual scopes of Global Health Diplomacy are, the challenges of state and non-state interaction, and constrain between the domestic and international atmosphere are the gaps found in these studies.

1.3. Methodology:

This study aims to find possibilities of Global Health Diplomacy analyzing previous cases of a global health crisis such as Ebola, HIV, SARS, Anthrax, and COVID-19, etc. It followed qualitative methodology to shape the investigation because qualitative approach best identifies the implicit elements of social phenomena. Based on secondary data and interpretive philosophy, the research followed the content analysis method and concludes the possibilities of global health diplomacy with a substantive model.

2. Discussion and Analysis:

2.1. The Domestic and Foreign Dynamics of Global Health Diplomacy: An Ever-lasting Debate

Foreign Policy is the extension of domestic policy

—Otto Von Bismarck

International relations underscore various relations of several actors. These relations are explained by several schools of thoughts such as classical realism, neo-realism, structural realism, neoclassical realism, liberalism, neo-liberalism, Marxism, neo-Marxism, constructivism, and critical theory, etc. (Burchill et al., 2013). As diplomacy is the part and parcel of international relations, these theoretical explanations also reflected over the diplomatic practice. The prominent quote mentioned by German Chancellor Otto Von Bismarck saying, "Foreign Policy is the extension of domestic policy" (Hossain, 2007, para. 20) illustrates how domestic and foreign dynamics interplay with each other in the arena of international relations.

To understand the dynamics between domestic and foreign perspectives of Global Health Diplomacy, we can look forward to observing theoretical explanations. Classical realism constitutes an international system as anarchy, where states are the primary actor in the system and national interest is the prime goal of a statesman (Burchill et al., 2013). Thus, the foreign policy is designated as the extension of domestic policy; as we know Henry Kissinger is one of the most forefront advocates of realism.

The horrifying experience of the two World Wars led to the emergence of the United Nations system. It is realized that realism is not the end of the nation state's purpose. The liberal institutionalism has come to play a more significant role. Numerous institutions have germinated under the umbrella of the UN system. As the UN charter mandates, these institutions have been observed to achieve their goals diligently. The World Health Organization, the most prominent institution in global health issue, promised to "act as the directing and coordinating authority on international health work", established in 1948 (Bynum & Porter, 2008, p. 1594). The policy and practice of these institutions are underpinned in liberal institutionalism. This analytical view advocates that institutions can significantly widen the scope of cooperation and reduce uncertainty. It can be the venue of discussion, collaboration, negotiation, and trust-building (Burchill, 2013).

But there were two factors that generated obstacles in achieving global health collaboration: the newly born countries burdened with several problems and the quick escalation of bi-polar rivalry (Meslin & Garba, 2016). The war-torn and newly independent countries were in a challenging situation on the political system, economic sufficiency and social stability. For example, newly born countries in Africa were facing extreme poverty. It was difficult to gain health as a priority issue during this time. On the other hand, the bipolar rivalry between the superpower, the USA and the USSR, also impacted the health sectors. The two superpowers vertically emphasized two particular diseases that impeded global health collaboration. While the USA emphasized eradicating Malaria, USSR targeted Smallpox. The implications of the cold war on the health sector uncovered the implicit politics over soft issues. Such politics is visible in handling COVID-19 pandemic. The USA-China power politics and trade war hinders global public health cooperation. The Trump administration's declaration to withdraw from

WHO and the allegation of China's secrecy of information flow to secure an authoritative regime indicate that the tension between domestic and foreign dynamics is still alive.

However, the fall of the Berlin Wall and the end of the cold war led the world to the liberal system. Economic and political globalization got an extension. Trade and business spawned. The information and technology sector found rapid growth, people to people connectivity increased. Along with the liberal advocacy of human rights, the safety and security of health are considered an inherent right of human beings (Tobin, 2012). The disappearance of ideological battle transformed an optimistic change in global health issue (Meslin & Garba, 2016). Consequently, the United Nations initiated the Millennium Development Goal, half of which pertains to health. It also delegates the Sustainable Development Goal which targets 2030 to achieve its goals. The idea of sustainable development originated from Agenda-21 considers health as broader wellbeing of physical and mental condition. It also propagates societal wellness to achieve SDG, which has been adopted by 193 countries officially (Sustainable Development Goals, 2015).

Apart from these complex issues, there are also the dynamics of the Global North-South debate (Barrett et al., 2016). The debate over responsibility, political fragility, compliance of ethics, and privatization of the medical industry are some of the potential questions that are capable of giving set back to the global collaboration on health. The neo-Marxist claim over health inequality began gaining significance (McCartney et al., 2019). Mccartney and others explained the inclined discrimination in the sociological process. This study re-examined the Marxist conflict of overproduction and neo-Marxist debate over distribution. Additionally, the criticism of the global distribution of health facilities claims that the health service is actually distributed to the privileged class of the society. Moreover, the underdevelopment and poverty in the global south are the results of exploitation by the core according to Immanuel Wallenstein's World System Theory. The core-periphery debate depicts the critical relationship between industrially developed (core) and underdeveloped (periphery) countries. It underpins the systematic accumulation of raw materials by core from periphery and return of products and eventually creates a net of dependence. In this regard, they claim that the internationalization of health diplomacy is another tool of the bourgeoisie to capture the means of production. Besides, the social construction of defining health crisis has a significant catalytic role in a pandemic. Thus, the spread of the H1N1 infection was considered a socially debilitating and culturally dreadful swine flu plague; cancer takes on the meaning as the fear infection in the USA in the early 20th century; mental sickness was trashed by the social formation of non-persons in China. Moreover, the politics of knowledge construction is also relevant. Critical theorists claim that the ruling party has a tendency to capture social control via bio-information and health policy. The case of birth control in China and the post-Chernobyl disaster situation in Ukraine can be the examples in this aspect (Kleinman, 2010).

In the COVID-19 situation, there is a reflection of these debates that have evolved previously in world politics. There are different regimes like democratic, semi-democratic, authoritarian, semi-authoritarian, and hybrid, etc. These different regimes have different domestic public policy perception.

Among these, some are highly restrictive to information sharing (e.g. China, North Korea). The claim of information secrecy of Chinese authority at the very beginning of the COVID-19 pandemic has been discussed by Liu & Saltman. (2020). They argued that the Chinese authority's public policy priority over economic stability rather than health issue was the first factor that delayed responsive measures earlier. It also demonstrates that the silence of doctors at the initial level was caused by the government's coercive attitude. The lessons from the political response to COVID-19 situation depict a calculation of domestic and international politics. In some countries, there is no domestic mechanism to regulate ethical issues (Barrett et. al., 2016). The bioethics of health practitioners is important. For example, the clinical trial on AIDS in African countries mounted several debates over bioethics. The consent of the population and maintaining the privacy of the data were vulnerable in some cases (Barrett et al., 2016).

Moreover, securitization policy is mostly militaristic in several countries rather than a broader focus on human security (Mustajib, 2020). After 9/11, the tectonic event, countries have increased their military expenditure significantly. This study demonstrates that some of the regions are more pragmatic than others in the development of military expenditure. By contrast, it lowers the government's expenditure on health and education, etc. This trend of militaristic securitization process underlines policy priority of statesmen over the last decades. As a result, the argument arises as to how to assemble these domestic and international policy choices, how to reconstruct these ideological differences (Meslin & Garba, 2016). The answer is not straightforward, but the process should be normative regarding Global Health Diplomacy, considering the lens of liberal institutionalism.

Researchers suggest that though there is a different political interest in health-related services, this policy should be strategized, considering collective concern and contextualizing macro-level practice (Signal, 1998). Most of the research findings depict that state-centered policy will not solve the crisis (Bollyky & Bown, 2020). It will imperil the situation and trigger the spread of the virus more vividly. As today's world is more interdependent than ever, the need for broader collaboration is increased (Mukhisa, 2020). COVID-19 no longer remains as a country-specific problem; rather it is now a "tragedy of commons" (Marco, 2020). Without having collaborative research and shared information, the invention of vaccine and a clinical trial will not be achieved (Mukhisa, 2020). Moreover, COVID-19 lessons reveal the weakness of the modern state in managing health problems (Ruiu, 2020). Thus, the claim of the globalist solution in health and climate, etc., is getting more vigilance (Colombe & Venzon, 2020).

2.2 The New Facet of Global Health Diplomacy: Lessons and Way Forward

The global collaboration on health dates back to 1859 when states gathered at International Sanitary Conference to fight common health issues like Yellow fever, Plague, Smallpox, and Diarrhea from a coordinated multilateral platform (Domenico, 2020). The theme of this conference was to consolidate the duel goal of diplomacy and health security. Consequently, multilateral forums like the World Health Organization, Pan American Health Organization, and World Health Assembly emerged. Meanwhile, Global Health Diplomacy passed several global health emergencies such as Plague, Yellow

Fever, AIDS, Ebola, SARS, and Anthrax. The experience of these cases revealed several lessons for us. The need for Global Health Diplomacy characterized by cooperation, dialogue, information sharing, and capacity building with broader aspects is the overall recommendation laid out by the researchers. The cooperation among the stakeholders should be conducted through a value-based approach, the flow of information should be real-time and the capacity building of health sectors should be conducted focusing on community-level public policy.

Despite the heterogeneous political system, most of the countries of the world are members of the UN and signatories of the Universal Declaration of Human Rights (UDHR). Being the signatories of the UDHR, countries are considered to recognize the right of health security and safety of the citizens and other communities like refugees and minorities as well. Not only the political discourses but also the scientific discussions admire that without having all the communities in consideration of safeguarding global health, eradication of such kind of health emergency can't be achieved (Mukhisa, 2020). This inclusion can be achieved through dialogue—a common practice in modern diplomacy. In today's world of advanced communication and technology, the means of dialogue is easier than ever. The real-time communication among stakeholders paves the prosperity in dialogue. For instance, the Framework Convention on Tobacco Control (FCTC), the first international health treaty negotiated under WHO, can be a prominent case of multilateral dialogue in global health collaboration. In this convention, tobacco companies tended to divide global North and South, but the dialogue between them facilitated by global civil society cherished the development of the policy initiative for all nation states (Mamudu & Glantz, 2009).

The importance of real-time information flow to initiate a sustainable response was experienced in the case of Ebola and AIDS (Raguin & Girard, 2018). The real-time information contributes to an early and appropriate response that can reduce economic and public health casualties. In the Ebola crisis in 2014, it would have been difficult to restrict the virus to spread in other regions if real-time data had not been collected through collaboration in global health research (Bockarie, 2019). The model of European and Developing Countries Clinical Trials Partnership (EDCTP) to fight off global health plights such as AIDS/HIV, tuberculosis, and malaria can be illustrated here**.** EDCTP was established as a public-private partnership between the governments of several European and sub-Saharan African countries, around 28 countries are full partners of the platform. Among these, 14 are European and 14 are Sub-Saharan countries (Makanga, 2017). This platform works to collaborate on research and innovation with the support of the European Union. The model demonstrates that global North-South partnership on real-time information sharing in health collaboration is possible.

The global health collaboration should be equipped with accountability to gain sustainable

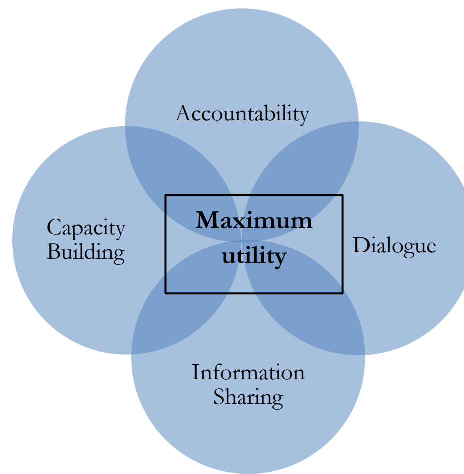

Figure 1. Convergence of Four Core Elements Results Maximum utility of GHD

Source: compiled by researchers

progress. Accountability relates to several issues like setting the role and responsibility of stakeholders, ensuring the accuracy of data, transparency in financial management, equity in service distribution, and assuring compliance. Accountability in worldwide health diplomacy includes multi-polar connections among a huge number of partners with shifting degrees of control and impact, where not all interface is caught on in that relationship (Bruen et al., 2014). From Global Health Diplomacy perspectives, the development of accountability depends on ensuring the accuracy of information and transparency of the data and strengthening financial management. Both state and non-state actors are considered in this perspective. In this regard, the need of individualized quiet charts, destitute restorative records, lacking documentation, and deficiently data streams were noteworthy obstacles to expanding clinical quality confirmation and execution responsibility in Albania (Brinkerhoff, 2003). Also, the financial management by non-state actors should be transparent; it can be facilitated by the UN system. On another note, the lack of effectiveness and exertion of Global health governance (GHG), a widely used term coined by Dodgson is somehow notable for the lack of preparedness during the hard times (Lee & Kamradt-Scott, 2014).

In addition, the consequences of negotiation, information sharing and accountability will enhance capacity building. The idea of capacity building demonstrates the eligibility of community, public authority, national and international institutions to respond in health emergencies effectively and timely. The experiences of global health emergency cases illustrate that capacity building in the community-level facilitated by global health collaboration improves the health policy implementation to

eradicate health crises. For example, World Health Organization launched the Global Pandemic Influenza Action Plan (GAP) which focuses on the production of vaccines in developing countries and has given a grant to many institutions or companies, e.g. Serum Institute of India Limited (SIIL) (Jadhav et al., 2010). Also, to fight off Ebola, infection prevention and control (IPC) measures were taken to strengthen the capacity of healthcare workers to contain the epidemic and deliver quality services (Oji et. al., 2018). This capacity-building activity goes not only in a crisis moment but also continues during the normal times to fight off any disease outbreak. These cases indicate that the capacity building of community by appropriate training, mentoring, and engagement can ameliorate global public health conditions.

2.3. COVID-19 Situations: Possibilities of Global Health Diplomacy

The COVID-19 pandemic uncovered the weakness of traditional diplomatic practices to solve global health emergencies. During this pandemic, the role of health collaboration in diplomatic practices can prove to be extremely vital. Due to the ever-changing elements of diseases, states cannot resolve these through technical means only. It requires political and economic assistance, negotiation, and solutions. States can thrive better in crippling situations of the healthcare system by addressing the issue, improving health collaboration by means of research, knowledge sharing, information sharing, and humanitarian assistance. Moreover, the medical endpoint of a pandemic is not the termination of casualties; the social implications last for a long time (Kolata, 2020). Therefore, there has been an increase in the priority of Global Health Diplomacy for a couple of reasons.

Firstly, there are varieties of state and non-state actors that are actively involved in shaping global policy for health determination. To coordinate these actors with related aspects like health and business, health and environment, health and security, this domain needs a normative recognition. For example, responses from nongovernmental organizations like The Bill & Melinda Gates Foundation, Jack Ma Foundation in pharmacological substances, kit development, and vaccine generation are crucial (Vervoort et al., 2020). These organizations announced a large financial amount in vaccine invention and did philanthropic activities in Belgium, the USA, and some other countries. On the other hand, state actors have also acted positively towards health collaboration. For example, Swiss hospitals have taken French COVID-19 patients (Swiss Hospitals, 2020). Also, Russia and Cuba have supported the Italian healthcare system by sending relief packages and the latter one has sent 52 doctors and nurses amidst the COVID-19 crisis (Domenico, 2020). The solidarity brought hope for states around the globe to restart the relationship under the much-promoted agenda of Global Health Diplomacy to fight off the pandemic. However, the questions over state security, the debate over intellectual property, and the motivation of business remain there as we have discussed. A normative Global Health Diplomatic framework can help to fill-up these gaps.

Secondly, this virus has spread rapidly, and it proves that the virus in no way is limited to a state boundary but affected nations across the globe. Previous cases of Ebola and SARS were not as overwhelming as this case is. The case of COVID-19 is different in terms of transmissibility, clinical

severity, infection period, and the extent of community spread (Wilder et al., 2020). Thus, it demonstrates the cosmopolitan character of the health threat. For example, while SARS outbreak in 2003 confirmed about 8000 affected cases and 800 deaths, within two months since the starting of the flare-up, more than 82 000 affirmed cases of COVID-19 have been detailed with more than 2800 deaths. From developed to developing or less developed countries, it spread such rigorously that states become infirm. When some of the countries initiated collaborative responses, it has become easier to handle the situation. For example, at the very beginning of the COVID-19 situation in Wuhan, Taiwan sent a fact-finding team to China and collected information as much as possible. Soon they took preventive steps and became successful to resist severe destruction (Hsieh & Child, 2020). The strategy of Taiwan is also a prominent case of responding to COVID-19 crisis. Their collaborative action coordinated policy and quick response are the core lesson of Global Health Diplomacy perspectives. Fortunately, South Korea and Germany followed the strategy of Taiwan and Iceland. Soon they were able to prevent more casualties. Thus, realizing these examples despite several complexities, the possibility and need of Global Health Diplomacy become more relevant than ever (Vervoort et al., 2020).

3. Conclusion

> A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.
>
> —Winston Churchill

COVID-19 is a big challenge to human beings. It disrupts every single sector of modern human life. This pandemic not only impacts on health aspects but also engulfs other economic, social, and political aspects. Historically, the world faced several health crises, but COVID-19 is overwhelming. Each crisis had numerous lessons, the result of which is the development of Global Health Diplomacy. COVID-19 lesson illustrates that Global Health Diplomacy should be addressed more effectively. The effectiveness of Global Health Diplomacy relies on numerous determinants. This study could not discuss all these but identified some of the important aspects. These portions are attributed to analyzing the previous health cases and COVID-19 itself. Though the previous crisis like SARS incepted the need for global health collaboration, the additional lessons of the COVID-19 crisis depict that the world is still inadequately prepared to battle havoc of a tiny virus because of lack of an appropriate and coordinated framework of Global Health Diplomacy. This framework can be incorporated by analyzing previous and present cases. These cases demonstrate that dialogue, the flow of information, exchange of knowledge, accountability, and capacity building is a must to achieve this goal. Thus, it can be said that the COVID-19 situation reopens an opportunity to realize the need for more inclusive and integrated Global Health Diplomacy.

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