Public Diplomacy in Global Health: An Annotated Bibliography

By Tara Ornstein
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Public Diplomacy in Global Health: An Annotated Bibliography

Over the last two decades, global health has emerged as a key topic for professionals working in the fields of both international relations and public health. This research study, “The Role of New Public Diplomacy in Global Tuberculosis Control,” sought to explain how public diplomacy could facilitate efforts to quell the tuberculosis (TB) epidemic and to identify the prerequisites for using public diplomacy in global health effectively. The primer below contains answers to some of the key research questions and an annotated bibliography that contains resources for TB-specific initiatives as well as literature related more broadly to global health.

What is public diplomacy?

Although there is no single agreed-upon definition of public diplomacy, the term generally refers to the ways states, multilateral organizations, and civil society engage influential segments of society including journalists, intellectuals, and cultural figures as well as the general publics of foreign countries.

Previously, public diplomacy referred to the actions of state governments. However, public diplomacy has since evolved to encompass a wide range of organizations. As a result, the term “new public diplomacy” has been defined as the efforts of non-governmental organizations, transnational groups, and sub-national actors to strategically engage foreign publics, sometimes alongside country governments and international agencies.\(^1,2,3\)

In practice, public diplomacy activities commonly include: outreach to journalists; electronic media or digital outreach including websites, podcasts, and blogs; social media, particularly Facebook and Twitter among others; international professional or cultural exchanges such as study tours, open house days, visits to headquarter offices among others; speaking engagements; conferences and other events.\(^4\)
What is the role of public diplomacy in global health?

The study of public diplomacy in global health is an exciting new field for public diplomacy scholars and practitioners as well as global health professionals. As the 21st century began more funds were allocated to global health initiatives than ever before in human history. These global health initiatives are often perceived as public diplomacy activities themselves.

More directly, however, public diplomacy facilitates the exchange of information and helps build trust. In this era of unprecedented global interconnectedness, everyone’s health depends on the effective, transparent exchange of information and the establishment of international, multidisciplinary partnerships.

Who are the key players in global health public diplomacy?

Although thousands of organizations are currently working in the field of global health, the participants of this research project identified several government agencies, multilateral and non-governmental organization as key players in global health diplomacy, namely:

• U.S. government agencies: the U.S. Agency for International Development, PEPFAR, and the U.S. Department of State
• World Health Organization
• STOP TB Partnership
• Medecins sans Frontieres (MSF)
• Bill and Melinda Gates Foundation
• Oxfam International
• People’s Health Movement
• Treatment Action Group

How is public diplomacy used in TB control? What are some examples of successful TB public diplomacy initiatives?

Public diplomacy has been used by TB-focused organizations to reduce the price of medicines, persuade key government donors
to allocate more funding for TB care and prevention, increase the number of services for populations at risk for TB, and prevent the signing of trade agreements that could weaken access to affordable medicines.

This research project profiled several successful TB-focused public diplomacy initiatives. One example is the Treatment Action Group (TAG)’s efforts to make the drug rifapentine more affordable. TAG used an array of public diplomacy tools including social media, electronic media, outreach to journalists, participation in key public health conferences, and other public events. In December 2013, TAG’s work paid off. The pharmaceutical company Sanofi announced that it not only agreed to lower the price of rifapentine, but also that is was lowering the price by 56.2%, which was lower than the price that TAG and its partners had requested.

Another notable example is the STOP TB Partnership and the health ministers of Lesotho, South Africa, and Swaziland’s joint campaign to make U.S. citizens aware of the disease’s heavy toll in sub-Saharan Africa, and urge them to persuade the U.S. government to continue its support for TB care and prevention initiatives in the sub-Saharan Africa region. This campaign used traditional and social media to communicate with the American public. Ultimately, the campaign was successful as the U.S. government agencies continued to fund key treatment and prevention programs in Lesotho, South Africa, Swaziland, and other countries in the region.

Similar to the STOP TB Partnership’s work in the United States, the TB Europe Coalition (TBEC) has conducted similar activities directed at citizens of the European Union. In 2015, TBEC launched its “Fight TB 2015” campaign which aims to ensure that European governments improve their response to TB prevention and control. TBEC has used speaking engagements, conferences, electronic and social media to force the governments of European Union countries to allocate more financial support towards TB prevention and treatment. At the time of this writing in October 2015, the campaign has resulted in European government representatives’ signing of
the Riga Declaration on TB and petitions sent to European leaders, signed by thousands of E.U. citizens who demanded that their governments take action to reduce new infections and ensure access to treatment for patients who need it.\(^\text{13}\)

Social media also played a strong role in Medecins sans Frontieres (MSF)’s “Hands off Our Medicine” campaign. In 2010, MSF launched this campaign, which made heavy use of social media, to prevent the European Union from concluding a trade agreement with India that would have limited the generic production of medicines for TB and other diseases.\(^\text{14}\) If implemented, the agreement would have significantly reduced the supply of affordable drugs to patients in India and other low-income countries. The public pressure resulted in the removal of the most harmful provisions being removed or improved.\(^\text{15}\)

In addition to social media, speaking engagements and conferences have been used in TB-focused public diplomacy initiatives. In particular, the People’s Health Movement has successfully used speaking engagements along with conferences and social and electronic media as part of their WHO Watch initiative to advocate for more services for populations vulnerable to TB, such as prisoners, miners, and undocumented migrants. The People’s Health Movement’s efforts were helpful in shaping the End TB Strategy adopted during the World Health Assembly in May 2014. The negotiations were a collaborative process with a wide range of stakeholders but the final version of the End TB strategy includes several of the recommendations issued by the WHO Watch initiative.\(^\text{16}\)

Although many TB-focused public diplomacy campaigns had a policy-related objective, such as strengthening access to medicines or increasing the amount of funds allocated to TB prevention and treatment, other campaigns aimed to change or influence the opinion of the general public. For example, the International Organization for Migration (IOM) used a wide range of public diplomacy tools, most notably op-eds, electronic media, and print publications in its
“Migrants Contribute” campaign. The objective of this campaign is to change public perception of migrants in 50 countries, including Australia, Canada, Costa Rica, European Union, Norway, Thailand, and the United States. While the IOM hopes to improve migrant health policies, “Migrants Contribute” highlights the ways migrants benefit destination countries and imparts a positive view of labor migrants among the general population.

How can individuals working in the global health field learn more about public diplomacy?

The USC Center on Public Diplomacy offers a number of resources that will help global health professionals learn more about public diplomacy including e-books, magazine, reports and policy briefs among other resources. CPD also holds events in Washington and Los Angeles that cover important issues in public diplomacy.

Global health professionals and other interested individuals can also obtain books, opinion papers, and annotated bibliographies for further study of public diplomacy from the Public Diplomacy Council.

Annotated Bibliography


In this commentary published in a prestigious health journal, The Lancet, Japan’s Prime Minister quoted Joseph Nye to refer to the current century as “the age of smart power.” According to Abe, the international community cannot overcome the challenges posed by TB and other diseases by using a disease-specific approach. In his view, it is necessary to ensure universal access to health services. His outline of Japan’s global health diplomacy strategy prioritizes
a “people-centered approach” to global health and “country
ownership” of health initiatives. In addition to serving as a major
donor for TB projects, Japan also established the Global Health
Innovative Technology Fund in Tokyo in 2013. This fund may
contribute to the development of new diagnostic and treatment tools,
which are urgently needed by TB patients around the world.

Betsill, Michele M and Corell, Elisabeth (2008). NGO Diplomacy:
The Influence of Nongovernmental Organizations in International
Environmental Negotiations. Cambridge, Massachusetts: The
MIT Press. Print.

This monograph describes the role of NGOs in international
environmental negotiations, but the experiences described in
this book are extremely relevant to global health professionals
working for non-governmental organizations. The authors explain
how decision-makers often seek expert knowledge from NGOs
to help formulate their understanding “…of the problems and the
implications of various policy alternatives under consideration” (23).
The authors also found that the “line between official and unofficial
forms of diplomacy is increasingly becoming blurred as NGOs
directly engage in one of the most traditional diplomatic activities:
the negotiation of multilateral agreements” (205).

Bliss, Katherine (2010). Key Players in Global Health: How
Brazil, Russia, India, China, and South Africa Are Influencing
the Game. Washington: Center for Strategic and International
Studies. Report. URL: http://csis.org/publication/key-players-
global-health

This report focuses on the health diplomacy of Brazil, Russia,
India, China, and South Africa (BRICS). The authors provide a brief
overview of each country’s engagement in global health, explain the
motivating factors that shape each nation’s global health outreach
and cooperation, and the interaction between each country’s
domestic health conditions and its international work. Because these
five countries have 46% of the world’s TB cases, the information
contained in this report is essential reading for those interested in TB-focused public diplomacy.


This report summarizes the findings of three seminars held at the Center for Strategic and International Studies in Washington D.C. entitled “Health Diplomacy of Rival Powers: China and Russia,” “Health Diplomacy of Middle-Income Countries: Brazil and China,” and “OECD Health Diplomacy: France, Japan, and Norway.” The research conducted for these seminars identified several factors that motivate governments to participate and fund in global health-related activities. First, countries often implement global health-related activities to align with the external image they seek to project. The authors cited Brazil’s negotiations with pharmaceutical companies as one example of this motivating factor. Second, the authors explained that some countries provide health assistance for economic reasons, either to boost trade or obtain access to raw materials. Finally, some countries support certain initiatives, such as infectious disease surveillance programs, to protect the health of their citizens as well as their in-country partners. For individuals interested in TB care and prevention, this report provides several interesting examples such as the trilateral consultations on TB and other diseases among Russia, China, and India as well as France’s support for the STOP TB Partnership.


Brazil’s government agencies and non-governmental organizations play a strong role in global health including TB-
focused initiatives. This report examines the factors that motivate Brazil’s increasing focus on global health as an area of bilateral and multilateral outreach and discusses the future of international engagement on health.


This report describes the health diplomacy of Brazil, Canada, China, Chile, European Union countries, Japan, Mexico, Russia, and South Korea. It provides a comprehensive background and explains the history and politics that have influenced each country’s approach to global health diplomacy. Individuals interested in learning more about public diplomacy in the TB care and prevention initiative are recommended to read the chapters on Russia and South Korea. In her chapter, “Russia, the United States, and Global Health: Russia Ascends,” Judyth Twigg argues that Russia has used global health initiatives to improve its image on the world stage and build strong relationships with certain neighboring countries. As Twigg points out, Russia allocates more funding for global health initiatives than any other BRICS country and supports the strengthening surveillance and diagnostic capacity for TB and other infectious diseases in Central Asia. In their chapter “South Korea and Global Health Diplomacy,” Carolyn Marie Du Mond and Victor Cha explain that South Korea’s experience as an aid recipient and transition to major donor have shaped its objectives and policies. For example, South Korea’s experiences after the Korean War solidified its commitment to global health. At the time of the publication of this report, South Korea was supporting treatment programs in North Korea and other countries in Asia. As Du Mond and Cha write, “Korea has used its international aid programs, in part, to further the government’s goal of promoting its national image…[and] become a leader both regionally and globally.”

In this report, the authors argue that the BRICS countries—Brazil, Russia, India, China, and South Africa—should be the focus of U.S. diplomatic engagement on TB. These countries not only account for the majority of the world’s TB cases, but they also spend considerable resources on local and global TB care and prevention efforts. The objective of this report is to explain which diplomatic tools would be most appropriate for each country and provide recommendations for U.S. engagement with partners in these five countries.


According to the author, global efforts for TB care and prevention are completely dependent on funding from the U.S. government. This report identifies the principal multilateral organizations working in the field of TB care and prevention as the World Health Organization, the STOP TB Partnership, and the Global Fund. In addition to outlining the areas where U.S. agencies have collaborated with these organizations and their partners to advance TB care and prevention, this report also describes the challenges that have hampered effective coordination.


Many celebrities are now lending their support to international health-related public diplomacy campaigns. In this book, diplomacy
scholar Andrew Cooper describes how goodwill ambassadors and other celebrity diplomats are not only able to draw attention to global issues, but also have the ability to promote meaningful change. Cooper believes that “public diplomacy [is] epitomized by celebrity diplomacy” (11) and, unlike traditional diplomats, celebrities are not hampered by protocol and can push for activity “when and where it is necessary” (3). Aside from providing a theoretical overview, Cooper describes the range of tools used by different celebrity diplomats, including Bono, Angelina Jolie and Bill Gates.


This handbook provides a wealth of information that would be useful to individuals well-versed in public diplomacy as well as those who are just beginning their study of the subject. Conference diplomacy has emerged as a common theme for TB-focused public diplomacy initiatives and, more generally, global health-centered public diplomacy. For this reason, A.J.R. Groom’s essay on “Conference Diplomacy” may be especially useful. Groom argues that the emergence of issues that affect everyone on earth, such as the threat of nuclear war, led to the increased participation of civil society groups at international conferences. Although conferences had previously been the forum of states, conference diplomacy is now practiced by a wide range of actors in multilateral and multilevel setting. Similarly, those interested in this subject would benefit from reading Margaret P. Karns and Karen A. Mingst’s essay, “International Organizations and Diplomacy.” This article explains how international organizations have become major participants in diplomacy activities, decision-making, and global governance. In addition to describing the diplomatic activity of international organizations, Karns and Mingst point out the “greater number of players…mean multiple interests, rules, issues, and hierarchies that are constantly changing.” This is particularly true of the global health community, which now has a number of different groups shaping the processes and policies of global health governance.

This book contains a series of essays that relate to public diplomacy theory, commonly used tools, and case studies of the public diplomacy employed by the governments of the United States, Venezuela, and the People’s Republic of China. The eradication of TB will require multidisciplinary partnerships between globally-dispersed professionals. In their essay, “Moving from Monologue to Dialogue to Collaboration: The Three Layers of Public Diplomacy,” Geoffrey Cowan and Amelia Arnsenault provide valuable advice for cross-national collaboration. Similarly, Nicholas Cull’s essay, “Public Diplomacy: Taxonomies and Histories,” provides a description of the different types of public diplomacy along with sample activities that would be useful to global health professionals, particularly those working for non-governmental organizations, who seek to design their public diplomacy campaigns.


This book describes the objectives and activities of public diplomacy practiced by European governments, including the European Union, France, Germany, Poland, and the United Kingdom. These countries are major donors to global health initiatives and active participants in multilateral forums such as the World Health Organization, therefore this book would be helpful to readers who seek to collaborate with European partners. One important caution is that Europe “easily qualifies as the world’s region with the greatest variety of public diplomacy practices” (205). Any potential partnership would need to take each country’s foreign policy goals into account. Although the book focuses primarily on the activities of state institutions, it underlines the important role of civil society in European public diplomacy and, in particular, the activities conducted by European non-governmental organizations.
As recent studies have shown that TB is becoming more concentrated in urban areas, global health professionals working on TB-related projects may benefit from Teresa La Porte’s chapter, “City Public Diplomacy in the European Union.” La Porte quotes sociologist Saskia Sassen to explain that cities may wield considerable influence because they belong to networks that enable them to share and exchange knowledge and experience with other cities (95-96). La Porte describes how the public diplomacy practiced by European cities has four main strategies that include lobbying within international institutions, knowledge-sharing, cooperation, and mediation (93). Applying these strategies to TB-focused public diplomacy may enable European cities and their global counterparts to advocate for support from international donors, foster the exchange of innovation in TB prevention and control, and develop effective TB awareness campaigns, among other possibilities.


Davies, Kamradt-Scott and Rushton explain that in today’s globalized world, global health affects every aspect of foreign policy. Their book describes how diplomats and policymakers had to collaborate with health professionals to develop new ways of responding to infectious diseases. The thesis of this book is that the 2005 revision of the International Health Regulations and the debates that followed resulted in “a new set of expectations about how a ‘responsible state’…and a ‘responsible international community’” should behave in the event of a disease outbreak that has the potential to spread across national borders. Although the authors use SARS, H5N1, and H1N1 as their primary case studies, the description of the role of multilateral organizations, particularly the WHO, and the international laws governing both the individual states and the international community’s response to outbreaks is invaluable to understanding the objectives of many ongoing TB- and health-focused public diplomacy campaigns.

This publication provides an informative overview of how states and civil society organizations use soft power to influence global health negotiations. The case studies on TRIPS Multilateral Negotiations and Brazil’s Strategy to Gain Access to HIV/AIDS medicine providers explain how soft power can be used to influence the outcomes of international agreements. In the first case study, non-governmental organizations and a coalition of limited-income countries used the Internet and outreach to traditional media to change the way the negotiations were perceived in the public eye. The Brazil case study describes how Brazil publicly framed the issue as one of access to essential medicines, garnered support from civil society organizations based in both Brazil and the United States, and worked hard to disseminate its message through the media, through partner publications, and at major international events such as the UN General Assembly.


This volume aimed to synthesize the conceptual similarities between international public relations and public diplomacy in the published literature. Although a large focus was on the public diplomacy efforts of states (particularly the U.S), Olga Zatepilina-Monacell’s chapter, “Public Diplomacy in NGOs,” describes how some NGOs have been overcoming opposition to health-related programs, such as family planning or HIV/AIDS prevention, by earning the trust of their local partnership through capacity building (44). In Zatepilina-Monacell’s view, a nation’s public diplomacy efforts could not succeed without the partnership of NGOs (48). In her chapter, “Soft Power, NGOs and Virtual Communication
Networks,” Aimei Yang argued that NGOs “may be better agents to reach broader foreign publics because of their credibility, expertise, and access” (302).


Brazil has a long history of successfully negotiating with non-state actors to achieve its and other nations’ health policy goals. To analyze the historical, social, and institutional factors that motivate states to undertake intensive international negotiations for access to essential medicines, a key issue in the TB field, this paper uses Brazil as an example and outlines the government’s rationale for engaging in these potentially risky courses of action. Gomez argues that the positive attention Brazil attracted for its response to HIV/AIDS motivated the government to seek access to affordable antiretroviral medications and other essential medicines for its citizens. Spurred on by the praise it received at home and abroad, Gomez describes how Brazil later assisted several African countries to build the capacity needed to produce their own generic versions of ARV medication and engage in international negotiations with pharmaceutical companies.


In this article, Eduardo Gomez compares Brazil’s responses to HIV/AIDS and tuberculosis. Unlike the strong response to HIV/AIDS both in Brazil and abroad, Gomez explains that there was neither a vocal global health movement for TB nor an organized
civil society in Brazil that advocated for additional TB services. In fact, Gomez points out that there was not even one TB-focused NGO in Brazil at the time of this article’s publication, although there was a consortium of civic organizations focusing on AIDS and other TB-related issues. Gomez’s article underscores that the “global health community can have a profound effect on how domestic governments respond to epidemics.” Readers interested in the intersection between global health and international relations are recommended to read this article.


Craig Hayden’s book provides an excellent overview of the public diplomacy programs in four countries, (China, Japan, U.S., and Venezuela) and an introduction to key scholarly theories on public diplomacy and soft power. Global health professionals may be particularly interested in Hayden’s evaluations of Japanese and Venezuelan governments’ public diplomacy programs. Because Japan is a significant donor to TB-focused initiatives and has taken a strong role in global health diplomacy, the section on Japan’s Official Development Assistance (ODA) may serve as a useful foundation for readers interested in the relationship between soft power and development assistance.


In this presentation on health diplomacy and HIV/TB, Kazatchine points out that AIDS has shaped modern diplomacy. In his view, global civil society is a key player in global health diplomacy. In
the Eastern Europe and Central Asia regions, regional and national civil society networks are collaborating with national governments, international donors, and multilateral organizations to address both HIV/AIDS and TB. Although the presentation contains useful information, in general, Kazatchine’s outline of the priorities and opportunities for TB care and prevention would be especially useful to those working in or studying the region.


In this commentary, Kevany discusses the role of politics in global health. He concludes that global health programs, regardless of their political ideology, must be monitored and evaluated against the values that resonate with all elements of the political spectrum. On a positive note, Kevany believes that 21st century global health leaders will emerge from “a more dynamic, interdisciplinary and, above all, diplomatic generation.” Because political agendas have affected international TB programs as well as public diplomacy initiatives, Kevany’s article serves as a helpful introduction to the topic.


This textbook is one of the few publications that describe the role of public diplomacy in global health in detail. Although the entire textbook is useful, global health professionals seeking to learn more about how to incorporate public diplomacy into their work or strengthen their ongoing public diplomacy activities will benefit from Sima Barmania and Graham Lister’s chapter, “Civil Society Organisations, Global Health Governance and Public Diplomacy.” This section describes how non-state actors often shape global
health policy by using an array of public diplomacy tools, including conferences, speaking engagements, and traditional and social media campaigns. The authors describe specific examples such as Oxfam’s “Make Trade Fair” Campaign, the Live Aid concerts, and the 2005 Global Call to Action Against Poverty to illustrate the role of public diplomacy in global health.


Having helped negotiate international agreements related to the importation and manufacture of medicines and global tobacco control legislation, Brazil has proven its status as a leader in global health diplomacy. Lee and Gomez explain that Brazil’s focus on health can be traced to the sanitarista movement that facilitated the country’s transition from a military dictatorship to democracy. This movement was made up of health professionals and others who saw health as a priority and ensured that access to health services was included in Brazil’s constitution. Although the initial response to HIV/AIDS, the disease that fuelled the global resurgence of TB, was weak, Brazil’s strong civil society pressured the government into taking action and helped the country assume a leadership position in global health.


This book describes the period between 2000 and 2012, when a number of innovative health partnerships were established. According to Low-Beer and his colleagues, there was “an eruption of new partners” during these twelve years. The remarkable point is not the quantity of these new partners, but their diversity. In the authors’ view, “…private foundations, northern and southern non-governmental organizations (NGOs), pop stars, and private companies have all become stakeholders in global health.” The
aims of this book are to review the diversity of partners and how they contribute to health outcomes; assess how these partners work together and identify ways these partnerships can be improved; and examine the ways these partners have changed health governance and how they have been changed themselves. Josh Galjour and Asia Russell’s chapter, “Civil Society Partners—Claiming Spaces for Civil Society in Global Health,” provides an excellent overview of how civil society, particularly non-governmental organizations and activists, used methods familiar to the public diplomacy community to establish global guidelines and best practices.

Because TB is the most common cause of death for people living with HIV/AIDS, Katherine Marconi, Paul Bowey, and Mark Dybul’s chapter on the impact of PEPFAR is helpful in understanding the role of public diplomacy in TB care and prevention initiatives. PEPFAR not only changed the view of the United States in sub-Saharan Africa, but also empowered in-country partners to use the tools of public diplomacy to influence national and global policies on HIV/AIDS and HIV/TB co-infection.


Using a social constructivist approach, McInnes and Lee have written a textbook that explores how links between international relations and global health are made “to reflect the ideas, interests, and relative power of individuals and communities.” By giving an overview of the key players, processes, and issues of the global health community, *Global Health & International Relations* serves as an excellent primer for individuals new to the subject. The book also contains several poignant examples of global health diplomacy efforts. According to the authors, global health diplomacy “is not a ‘natural’ outcome of a process of cooperation promoted by globalization, but a way of constructing the world and establishing a type of outcomes which privileged certain ideas, interests, and institutions over others.” The section entitled “Global Public Goods for Health” may be useful to better understanding the aims
of many public diplomacy initiatives that focus on tuberculosis and other health issues, such as Medecins san Frontieres’s Access to Medicines Campaign. In this section, McInnes and Lee explain that cooperation between states, international institutions, and civil society organizations is crucial to global health because no one state or institution has the capacity to take effective action by itself.


This monograph explains that new public diplomacy “targets the general public in foreign societies and more specific non-official groups, organizations, and individuals” (5). Editor Jan Melissen also points out that public diplomacy is no longer an activity reserved for state actors. According to Melissen, NGOs “have demonstrated that they are particularly adept at influencing foreign publics” (12). Global health professionals who seek to learn more about how they can incorporate public diplomacy into their work may find Shaun Riordan’s essay, “Dialogue-based Public Diplomacy: A New Foreign Policy Paradigm,” useful. Riordan states that “…reducing the threat from epidemic diseases both requires the collaboration of medical professionals, who may not be directly linked with the government, and changes in social attitudes and behavior in the wider population” (187). He suggests that health-focused public diplomacy be implemented by non-governmental agencies, which often have credibility and expert knowledge that state institutions lack. According to Riordan, NGOs are often more effective than their government counterparts because they have “more natural ways” of engaging their foreign partners (191).


This book is an excellent description of global health diplomacy in the 21st century. As Ilona Kickbusch states in the introduction,
“The rules, norms, and expectations of the global health system are in a period of rapid transition.” Kickbusch and her colleagues describe three main types of changes that have occurred which distinguish the current state of global health diplomacy from earlier periods. First, they explain that global health diplomacy operates in a multipolar world with an increasing number of powerful players. Second, various non-state actors have now played a decisive role in global health policy-making and actively engage in global health diplomacy. Finally, the authors confirm that health is now part of core foreign and economic policies. In this atmosphere, access to information about national and global states of health is a prerequisite for members of the international community to represent themselves and build relationships with partners. In their essay, “The Way Forward in Global Health: Definitions, Research, and Training,” Thomas E. Novotny and Sebastian Kevany discuss how global health assistance programs can shape the opinions of foreign publics. For this reason, health will continue to be an important theme of this century’s public diplomacy for both states and non-state actors.


This report summarizes a workshop that was organized by the U.S. Institute of Medicine and held in China in 2013. The purpose of this workshop was to facilitate the exchange of knowledge and experiences. Each country presented its work in the field of TB care and prevention and identified areas for future collaboration. Although each country’s perspective and preferred choice of action are distinct, some of the activities suggested, such as professional exchanges for young researchers, conferences and other public events to share lessons learned, would be helpful for individuals who
seek to learn more about practical ways public diplomacy could be aligned with TB care and prevention activities.


James Pamment’s monograph examines the concept of new public diplomacy through cases studies of U.S., British and Swedish public diplomacy efforts. To begin, the author defines public diplomacy as “the communication of an international actor’s policies to…civil society representatives, non-governmental organizations, multinationals, journalists and media institutions, specialists across different sectors of industry, politics, and culture and members of the general public”(1). Global health professionals’ interest in conducting public diplomacy campaigns will benefit from the lessons learned laid out in Pamment’s explanation of how the U.S. and UK evaluated their public diplomacy programs. The British case study demonstrated how tools well known to those in the public health community, such as logic models and output trackers, could be used to assess health-focused public diplomacy initiatives (79-81). The U.S. case study confirmed the need for clear objectives for any public diplomacy strategy.


This publication is an excellent introductory textbook that clearly outlines the different institutions and agencies that participate in today’s global diplomacy. The book also gives an overview of the various types of diplomacy. The chapter on public diplomacy is essential reading for any newcomer to the field. The public diplomacy case study describes the work of the U.S. State Department. Pigman has also included an informative explanation of public diplomacy in multilateral venues, such as the United Nations.

This guidebook outlines the best practices for diplomatic activities conducted by non-governmental organizations. Understanding the different types of activities undertaken by NGOs and the options available to them would be helpful to readers interested in TB-specific and global health-focused public diplomacy because these organizations are implementing a significant proportion of health programs worldwide. The authors offer advice on which types of public diplomacy activities work best for different situations. For example, Roeder and Simard explain that social and other media may work best in situations that call for quick action, but implementing a targeted, long-term public diplomacy campaign may be more appropriate in other situations.


This book is a crucial resource for readers interested in gaining an insider’s view of how public diplomacy can be used to advance global health. The book provides several informative 21st century case studies written by diplomats, practitioners, and scholars of international affairs, global health, and diplomacy. Ahmad Mukhtar, the lead negotiator for the Permanent Mission of Pakistan to the World Trade Organization, explains how a wide range of partners debate global health-related issues at the WTO and offers advice for those interested in using public diplomacy in this forum. Mukhtar also describes how civil society organizations use public diplomacy tools such as seminars, workshops, and social and traditional media to raise awareness of WTO deliberations among the general public. James N. Class, former Vice President for International Affairs of the Pharmaceutical Research and Manufacturers of America, profiled the Partnership for Safe Medicines, which used digital technology and conferences to raise public awareness of problems associated...
with counterfeit drugs and disseminated reliable information on counterfeit-related issues. Ambassador Mark Dybul’s essay on the President’s Emergency Plan for AIDS Relief (PEPFAR) describes how the U.S. president and a small team of advisors used the tools of public diplomacy to generate support for PEPFAR in the U.S. and in other countries. Interestingly, the ambassador also explains how domestic public diplomacy was essential to building successful partnerships with other U.S. government agencies and civil society partners.


Although *The Practice of Public Diplomacy* concentrates on U.S. government efforts, certain chapters will be useful to global health professionals who plan to conduct health-related public diplomacy campaigns. In “Kenya’s ‘Native Son’ and Enduring Local Issues,” Mabel Ntiru advises public diplomacy practitioners to assess Kenyan public opinion before developing their initiatives. Ntiru recommends using “all available means—public statements by Kenyans, Kenyan media commentaries, and conversations with Kenyan contacts…to gauge local opinion”(77). She emphasizes the importance of continued dialogue with the target audience throughout any public diplomacy initiative. For example, global health professionals who use Twitter and Facebook to disseminate their message must be prepared to engage their audience. Failure to respond may lead the audience to perceive the initiative as one-sided and lose interest (80). Nevertheless, she highlights how social media will continue to grow in importance as a public diplomacy tool and has the potential to link public diplomacy practitioners not only with local audiences based in Kenya, but also with the larger Kenyan Diaspora community abroad (81).

In “New Media or ‘the Last Three Feet’ in Africa,” Rachel O. Okunubi recommends that public diplomacy practitioners “[l]ean more on SMS and podcasts than on social media”(170). Pointing out
that there were almost 250 million mobile phone users in Africa in 2009, Okunubi describes how mobile phone use has proliferated on the African continent and SMS messaging has emerged a powerful public diplomacy tool. However, Okunubi notes there are some drawbacks, such as charges incurred to receive text messages. Public diplomacy campaigns in areas with low bandwidths and poor electricity will need to adapt to local needs. Tulani N. Elisa’s chapter, “Sierra Leone: Public Diplomacy Unwired,” describes the challenges of conducting public diplomacy in a limited-income country in detail. For public diplomacy efforts to succeed in this environment, Elisa recommends using radio, newspapers, billboards, and face-to-face communication (98).


This handbook provides a comprehensive overview of public diplomacy and would be a valuable reference for anyone who seeks to strengthen their knowledge of public diplomacy strategies. Because the exchange of experience and knowledge is of crucial importance to TB control and to professionals working in the wider global health community, the chapters on exchange programs are particularly relevant for global health professionals. The section on public diplomacy management (Part 3) contains chapters that describe how non-governmental organizations have emerged as important players in the public diplomacy field. In their essay, “Credibility and Public Diplomacy,” Robert H. Gass and John S. Seiter write that “NGOs are more adept at…humanitarian missions because they have neither the profit motives of multinational corporations nor the political agendas of government agencies” (160).

The government of Japan is a major donor to international TB research, treatment, and prevention initiatives. Japan is also home to non-governmental organizations and think tanks that provide technical assistance and financial support to other countries affected by the worldwide TB epidemic. The authors of this report argue that Japan’s global health policies are at a crossroads and need to improve to continue to contribute to global health.


This report focuses on the global health-related activities undertaken or funded by the Russian government. Although this report pre-dates changes to the legislation that have affected Russian non-governmental organizations and some multilateral organizations, the report’s description of the government’s objectives and motivation remain relevant. Given Russia’s experience with TB treatment initiatives and its long history of contributions to global health, this report would be useful to individuals interested in learning more about public diplomacy and TB care and prevention.


This book provides an excellent introduction to the current atmosphere in which TB-focused public diplomacy operates. Chapter Six, “Civil Society Organizations,” is especially relevant for individuals interested in learning more about the intersection between public diplomacy and global health. This chapter gives special attention to non-governmental organizations. In Youde’s view, these organizations have been able to achieve success in global health because they adapt to change more easily than state institutions and usually have strong connections to local communities. This chapter includes an informative case study of Oxfam International and its “Cut the Cost Campaign.” Interested individuals may find this profile helpful in understanding how public diplomacy tools and techniques
are used by non-governmental organizations. Furthermore, access to essential medicines remains a key issue for organizations and individuals working to eradicate TB, so this chapter provides a valuable example. According to Youde, the “Cut the Cost” campaign was launched in February, 2001 and aimed to compel pharmaceutical companies to lower their prices in low-income countries and to deter these companies from taking legal or financial actions to prevent low-income countries from manufacturing or importing generic medicines. In addition to encouraging other states to put pressure on pharmaceutical companies and their supporters, Oxfam made heavy use of speaking engagements, print publications, outreach to journalists, as well as broadcast and electronic media in its campaign. The campaign also incorporated an element of celebrity diplomacy to “raise public attention, encourage local involvement, and meet with policymakers.” The “Cut the Cost” campaign was ultimately successful, with both Pfizer and GlaxoSmithKline agreeing to reduce the barriers that patients in low-income countries face when trying to obtain medicines for TB, HIV/AIDS, and other health conditions.


This contains a series of essays written by scholars and public diplomacy practitioners that seek to explain how relationships can evolve into effective networks through communication, engagement, and collaboration. Two essays may be of particular relevance to global health professionals. In “Taking Diplomacy Public,” former Canadian diplomat Daryl Copeland writes that global health challenges can only be solved through multinational collaboration and dialogue. In his view, even “the best army cannot stop pandemic disease” (59), but “knowledge-based problem solving, and genuine dialogue remain the best tools in the shed” (66). Peter van Ham’s essay, “Social Power in Public Diplomacy,” describes how non-governmental organizations have emerged as key players in the global governance field with the power to shape international politics.
“Since NGOs play such an important role in agenda setting, opinion building, and drafting of plans and policy proposals, they compel us to reconsider the understanding of power as a predominantly coercive process” (19).

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Author Biography

Tara Ornstein is a Research Fellow with the Center on Public Diplomacy, where she researches the role of diplomacy in global tuberculosis prevention and treatment initiatives. She has worked for a wide range of international organizations including the International Union Against Tuberculosis and Lung Disease, HealthRight International, Save the Children, UNICEF, and the United Nations Population Fund among others. Ms. Ornstein has a Master of Public Health (MPH) from New York University, where she studied global health, epidemiology, and infectious diseases.
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