Annotated literature review and reflections from practice:
Conceptual frameworks and strategies for research on global health diplomacy

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EQUINET DISCUSSION PAPER 105

February 2015

With support from IDRC (Canada)

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Cite as: Blouin C, Molenaar Neufeld B, Pearcey M (2015) Annotated literature review and reflections from practice: Conceptual frameworks and strategies for research on global health diplomacy EQUINET Discussion paper 105 CTPL, EQUINET Harare.

With acknowledgement for the design, peer review, organisation of the paper and technical edit by Rene Loewenson, Training and Research Support Centre and the external peer review of the first version of this paper in 2012 by Adam Kamradt-Scott, Centre for International Security Studies, University of Sydney

Executive Summary

This updated annotated literature review was prepared as a resource for the policy research programme led by the Regional Network for Equity on Health in East and Southern Africa (EQUINET). EQUINET is examining the role of global health diplomacy (GHD), including south–south diplomacy, in addressing selected key challenges to health and strengthening health systems. It is based on a prior document, and it includes post-research reflections on the lessons learnt and new evidence from the three case study areas. The first version of the paper remains as a separate paper (Blouin et al, 2012).

The first version of this review provided an annotated bibliography and a summary of key features of peer-reviewed articles, books, book chapters and academic reports published between 1998 and 2012 on three case study areas: research on GHD, particularly in the areas of the WHO Code on International Recruitment of Health Workers; access to essential drugs through south-south partnerships; and involvement of African actors in global health governance. It focused on the theoretical and conceptual frameworks used in peer-reviewed literature on global health diplomacy and on the authors' methodological choices to reach their conclusions. The report highlighted theories that guided the research, the types of conceptual frameworks used and the research strategy and research tools employed in the publications reviewed. The review was implemented in two stages: an interim external peer review and more specific searches linked to the three case study areas above.

This updated version of the review keeps the structure from the first: sections 1 to 6 discuss the methods used in the review, drawing on the literature, the theoretical and conceptual frameworks and research strategies used in research on GHD. Added to the text are observations and reflections from the EQUINET-led research programme in 2013 and 2014.

Section 7 presents an annotated bibliography of the publications relevant to research methods, conceptual frameworks and the three case study areas. It includes 57 publications, including twelve texts directly related to the policy processes and topics under scrutiny in the three case studies, and presents their content in a tabulated format. By December 2014, the EQUINET searchable database of published papers at www.equinetafrica.org included 750 publications related to global health diplomacy in or on east and southern Africa and the newsletter searchable database included 730 entries on this theme.

Literature on global health diplomacy is growing, but the availability of peer-reviewed literature that focuses on diplomacy policy processes in Africa is still limited. We found that the published research on global health diplomacy could be divided into two distinct categories:

i. research that documents how health has been used by national governments to achieve strategic, economic or ideological objectives; and
ii. research on international discussions or negotiations aimed at improving global health by resorting to global collective actions.

The field tends to focus more on a descriptive account of policy processes and outcomes rather than explanatory inquiries. Among the articles examined, the minority explicitly presented the theories or conceptual frameworks that guided the research. Most of the research was implemented through case studies. There were few new empirical studies based on original information of the international negotiation processes in global health.

While the review does not represent an exhaustive review, the authors hope it will provide a starting point for further work. Based on the work, the authors propose that future research on makes more

explicit the conceptual framework selected and the methodological choices, gives details of the methods employed and makes clear the choices in the methods, including areas such as case study sites, interview subjects, sampling criteria, tools and selection criteria for literature reviewed.

Over the life of the project it was realized that many challenges were practical in nature, rather than related directly to conceptual frameworks or methodology. However, the practical challenges did, in some cases, translate to a weakness in the research due to, for example, difficulty accessing key stakeholders, or low take-up rates on surveys conducted. Moreover, the lack of a well-defined protocol and agreement on which theoretical frameworks best suits inquiries on GHD is a particular challenge for less experienced researchers. This can lead researchers to fall back on a more descriptive approach.

1. Introduction

The first version of the annotated literature review was prepared as a resource for the policy research programme led by the Regional Network for Equity on Health in East and Southern Africa (EQUINET). EQUINET is examining the role of global health diplomacy (GHD), including south–south diplomacy, in addressing selected key challenges to health and strengthening health systems. The lead institutions in EQUINET for the work are: Training and Research Support Centre (TARSC), and the Centre for Trade Policy and Law, the secretariat and information lead for the Global Health Diplomacy Network (GHD-NET). TARSC worked in dialogue with working with Southern and East African Trade Information and Negotiations Institute (SEATINI), the cluster lead for global health in EQUINET. The programme fed into regional processes, including the Strategic Initiative of Global Health Diplomacy co-ordinated by the East Central and Southern Africa Health Community (ECSA HC), in which EQUINET implements work on research and strategic information.

In 2011, regional senior officials and ministers identified three case study areas as priorities in GHD to identify the manner in which African interests around equitable health systems are being advanced through GHD and the lessons learned for effective GHD. The case study areas are:

1. Implementation of the WHO Code on International Recruitment of Health Personnel;(Dambisya et al, 2014)
2. Collaboration on access to essential drugs through south-south relationships with China, Brazil and India; and (SEATINI and CEHURD, 2014)
3. The involvement of African actors in global health governance on universal access to prevention and treatment for HIV/AIDS. (Barnes et al, 2014)

Given time limitations and the large and growing body of literature, this paper does not claim to be an exhaustive overview of the literature. The first paper, EQUINET discussion paper 92, (Blouin et al 2012) was used as a resource for the design of the case study research. The annotated bibliography was updated regularly throughout the programme and publications included in the searchable annotated bibliography database on the EQUINET website at http://www.equinetafrica.org/bibl/. By December 2014 the EQUINET searchable database of published papers at www.equinetafrica.org included 750 publications related to global health diplomacy in or on east and southern Africa and the newsletter searchable database included 730 entries on this theme.

The original research for this paper was conducted in April and May of 2012 and published in 2012. This updated, post-research paper adds observations drawn from the experience of conducting research in the three study areas mentioned above. These observations are based on three years of work implemented by TARSC and CPTL with the case study teams and other personnel. The programme published the final case studies in 2014 and other publications were produced as journal papers, policy briefs and reports of meetings held in the programme.

The report is presented in two parts.

Sections 1 to 6 discuss the methods used in the review, drawing on the literature, the theoretical and conceptual frameworks and research strategies used in research on GHD. We list the references used, including those more indirectly relevant, using a snowballing technique based on the references of the publications in our annotated bibliography, including new information obtained or produced on the course of the research programme.

Section 7 presents an annotated bibliography of the publications relevant to research methods, conceptual frameworks and the three case study areas. It includes 57 publications, including twelve texts directly related to the policy processes and topics under scrutiny in the three case studies,

selected from the publications produced in the programme. It presents their content in a tabulated format.

The review of literature focuses on the theoretical and conceptual frameworks used by the authors as well as their methodological choices to reach their conclusions. The report summarises the main trends in the literature reviewed in three main areas:

i. the main theories that guided researchers in GHD research;
ii. the conceptual frameworks applied to understand global health diplomacy; and
iii. the research strategies and tools used to answer research questions in GHD, through empirical investigations.

We highlight the strengths and weaknesses of the methodological approaches adopted by researchers. Additionally, we reflect on the frameworks and methods in light of the experiences from the project.

2. Methods for the review

The paper is based on a desk review of published literature. The review was conducted in two stages in April and May 2012, first targeting peer-reviewed articles, book chapters and academic reports. Following external peer review, the second stage included additional books and book chapters. This second version of the paper will add a layer by adding observations resulting from the three-year EQUINET project.

For the first version of the paper, we used key word searches in Google Scholar, Google Books and PAIS International; the latter was selected because of the limited number of databases including books and monographs. The time frame for the search was 1998–2012. Initially, we used the years 2005-2012, based on preliminary research showing an increase in the number of case studies published on global health diplomacy after 2005. However, when noting the limited resources obtained, we widened the search to 1998-2012. The key word searches aimed to find research on health diplomacy involving GHD and also specifically global codes, south-south collaboration in GHD and global funds. The key words used, number of articles found and management of the results are more fully described in Appendix 1.

For each of the two stages of the bibliographical research, the results were reviewed first as abstracts and then as full papers. We selected the final papers based on the criteria that they focused on the policy process, included a study that examined the determinants of the outcomes of the policy processes at the global level and had direct linkage to one of the three case studies.

Based on the publications selected, we identified further relevant citations in the bibliographies of the publications found with Google Scholar, which are included in the list of references in section 6.1. These references are shown in section 6.1, and not included in the tabulated annotated bibliography. Generally, during the snowballing exercise, we noted that the same references increasingly appeared in several publications and we found fewer relevant references. Researchers in qualitative methods using snowballing techniques for sampling (i.e. asking key informants to identify other key informants) call this ‘saturation,’ where snowballing does not yield new names. In our case, snowballing yielded fewer new relevant publications. We recognise as a limitation that this bibliographical review has not reached the saturation level yet. Additional resources were added to the EQUINET searchable database over the 3 year project, as a result of information given by the researchers, and quarterly searches of databases including Google Scholar, Google Books and PAIS International.

In the discussion below we outline the key findings, noting citations and linking in brackets to the publication number in the annotated bibliography. Notably, the document was not able to discern a clustering of theoretical or conceptual frameworks, methods or tools in any of the three specific

areas. The findings are discussed generically, while the annotated bibliography organises the papers into general papers and those that relate to each of the areas.

3. Theories informing research on global health diplomacy

A review of the literature on health policy analysis by Walt et al. (2008) has demonstrated that this field does not regularly resort to relevant theories to support the analysis. Theories do exist for policy change, such as implementation theories, Kingdon's multiple streams theory or punctuated equilibrium theories, but they may not be drawn on in research. This finding seems to hold true for the literature on global health policy, at least for that part exploring global health diplomacy. Indeed, a minority of the publications reviewed presented a theoretical framework (only 17 of 51).

> *Theories are more specific than frameworks and postulate precise relationship among variables to be tested or evaluated empirically.* (Walt et al. 2008:311)

Explicitly stating what variables are under consideration and examining the nature of causality linking these variables is a central exercise to ensure that social scientists make a contribution to the accumulation of knowledge. Without resorting to theoretical frameworks to be tested over time, the literature remains fragmented and does not build a coherent explanation for some main outcomes of policymaking. A lack of theoretical underpinning of analysis means that the literature on global health diplomacy is still relatively fragmented and not clearly structured around key research problems or questions. Multiple disciplines, from international law, public health, political science and other social sciences, are active in the field and there is no agreement drawn from shared theory on what the main components of a research agenda on GHD should be.

In the 2012 review of the literature, it was found that the publications on global health diplomacy could be divided in two distinct categories:

i. research that documents how health has been used by national governments to achieve strategic, economic or ideological objectives; and
ii. research on international discussions or negotiations aimed at improving global health by resorting to global collective actions.

The field tended to focus more on a descriptive account of policy processes and outcomes rather than explanatory inquiries. Several authors conclude their articles with comments on the potential explanations for the outcome they have described, but these are not structured into an explicit theoretical framework.

Some publications sought to address the research question that also informed the inquiry on the determinants of effective GHD in the EQUINET work. The annotated bibliography presents more detail on what the studies proposed as key determinants. However, few studies have attempted to relate these findings to what theories in policy studies or international relations would predict in the circumstances or to test the results against the findings of other researchers.

There are some exceptions to this lack of presentation of theory:

- Brown (2010) [publication number 22] provides detailed discussions of the theoretical framework used in testing whether the multisectoral decision-making process of the Global Fund has lead to a deliberative process.
- Wogart et al (2008) [publication number 47] present a theoretical framework related to the types of power and interfaces.
- Feldbaum et al. (2010) [publication number 5] use the theoretical perspectives offered by David Fidler on the relationship between foreign policy and global health to guide their work.

- Karamdt-Scott (2009) [publication number 28] uses both principal-agent theory and constructivist theoretical approaches to examine the role of the WHO in health governance, focusing on the SARS epidemics.

These authors, however, do not go further to propose a theoretical framework to explain outcomes of global health diplomacy. What are the variables or conditions that explain the decision of states (or non-state actors) to collaborate? What factors influence whether an issue gets on the global health agenda? What variable can influence implementation of a negotiated agreement on global health? While papers report some insights into these questions, they do not provide a theory with causal relationships and then set out to test the hypotheses proposed by this theory. For example, Lee et al. (2010) [publication number 14] identified key determinants of effective GHD in the case of Brazil's engagement with the Framework Convention on Tobacco Control (FCTC) negotiations:

- Clear and unified national position, endorsed by all relevant ministries and stakeholders;
- Building regional consensus with informal meetings before negotiations;
- Diplomatic skills to engage developing countries counterparts in the negotiation; and
- Normative leadership and opinion-shaping instruments.

Once the interviews and documentary review were conducted these variables were identified through an inductive process, with a case study in Brazil, rather than through a deductive process using existing knowledge and theory to set and test a hypothesis.

Similarly, in their conclusion on the negotiations of the WHO Code on International Recruitment of Health Personnel, Taylor et al. (2011) [publication number 34] identify four main factors to explain successful GHD: political leadership; appropriate sequencing of the negotiation process; capacity building for developing countries' negotiators; and the role of non-governmental organisations. These factors, however, were not presented or discussed as variables with explanatory power in the earlier part of the paper by Taylor et al (2011).

When a field is new, research using an inductive approach is necessary to generate hypotheses that can be further tested and refined. GHD is a facet of international relations. It tends to have a strong theoretical basis in terms of studying why states and non-state actors cooperate and under what conditions they can successfully negotiate agreements. Therefore, we may expect that research on global health policy and diplomacy would base more of its investigations on this existing body of theoretical knowledge. One reason why this is not apparent may be that few scholars from mainstream international relations have examined global health, as they tend to focus on issues related to security and economic cooperation.

4. Conceptual frameworks for research on global health diplomacy

The review of the literature in 2012 suggested that scholars writing on GHD do not regularly adopt an explicit conceptual framework to guide their research.

> *Frameworks organise inquiry by identifying elements and relationships among elements that need to be considered for theory generation. They do not, by themselves, explain or predict behaviour or outcomes. The best-known public policy framework is the stages heuristic. It divides the public policy process into four stages: agenda-setting, formulation, implementation, evaluation."*(Walt et al. 2008:310)

In the first version of this paper, it was noted that the heuristic framework would be useful in the EQUINET programme of research into global health diplomacy as a conceptual approach to understanding the phases of negotiated global collective actions. Policy analysis frameworks could be applied to these different stages to identify features of the context, processes, actors and content that influence the outcomes of negotiations. In the course of the case study work conducted by the

three research teams the heuristic framework was indeed utilized and provided an appropriate conceptual approach. At the inception of the project, a team meeting was held to discuss the conceptual framework that would be used. A common framework was established for content analysis of the qualitative evidence garnered from the case studies:

1. On organization of the policy development: viz context, actors, policy content, policy process, that explores the institutions, processes, and traditions that determine how power is exercised, how decisions are taken, and how citizens have their say.
2. On key roles at phases of the policy process: viz agenda-setting; policy development; policy selection and policy implementation
3. On the processes and actors for knowledge to policy translation and policy change, drawing on Kingdon's conjuncture of political, policy, institutional and knowledge / problem streams. Kingdon's model helps to elucidate major policy shifts, such as in the Clinton administration's position regarding pharmaceutical intellectual property rights and access to essential medicines. Work on social learning is useful to understand the contribution of learning within interest groups and policy makers, and work on incrementalism to explain how and why changes arise out of the successes and failures of previous measures. We sought to integrate such approaches as relevant *within* Kingdon's model so that what takes place *within* policy, political and problem streams will be given as much attention as the nature and determinants of their confluence.

The case studies used issues already identified as important for improving health systems in the ESA region. While the EQUINET work sought to focus on explanatory inquiries that would add to the body of GHD literature, this was a challenge for the research teams. The case study reports provided some indication of analytic frameworks used, particularly in relation to their content areas. They made less explicit and consistent reference, however, to the theoretical frameworks on the diplomacy process itself, and their work often related more strongly to one or two specific stages. The research on performance based funding and health governance stood out among the three areas of inquiry in its application of a theoretical framework. In the literature review, the team comprehensively addressed and critiqued the theoretical frameworks within their field of inquiry (Brown et al (2013).

The lack of a well-defined protocol and agreement on which theoretical frameworks best suits inquiries on GHD is a particular challenge for less experienced researchers, and can lead researchers to fall back on a more descriptive approach. Particularly for the medicines case study, it proved to be challenging to situate it within an existing framework and the team faced a challenge in identifying the most suitable framework for their research.

The review conducted in 2012 for the first version of this paper also found that few publications explicitly stated which stage of the policy process they were focusing on in their work. Where this was made clear it is noted in the tabulated annotated bibliography, although in most cases, the authors did not state it. Most publications did not include a section presenting their conceptual framework. In some cases, an implicit analytical framework was based on the concepts or variables around which the narrative description of the case study or the discussion is organised.

For instance, the case studies included in the book edited by Bliss (2010) [publication number 35] were structured by research questions that could be used to build an implicit conceptual framework to analyse state's engagements in global health diplomacy:

1. What is the history of the country's global health engagement?
2. What are the motivations for global health engagement?
3. What is the relationship between domestic health condition and global health engagement?
4. Which legislations and bureaucracies are supporting global health engagement?
5. What are the most relevant forums and partners for that country?

The editor of the book did not explicitly set out a conceptual framework, did not explain the reason or theoretical foundation for the choice of the questions and not all of the case studies followed the framework implicitly set by the questions.

In other cases, the authors introduce one or several key concepts structuring their inquiry. For instance, Hwenda et al. (2011) [publication number 9] used the concepts of global health security and human security to structure their argument and provide some references regarding these concepts. Almeida (2010) [publication number 41] referred to the concept of structural co-operation in health and Lee et al. (2010) [publication number 14] to the concept of soft power to base their demonstration.

In the publications reviewed the variables explored were also often not explicitly stated. In the annotated bibliography those relevant to the policy analysis framework are indicated, but this information had to be 'extracted' from the text, as the variables were not explicitly identified as such.

Taking note of these issues, the EQUINET project used a step-wise process to help the research teams develop their research questions, co-ordinated by TARSC and CPTL. The first step was a review of policy documents and published papers on the area. Subsequently, discussions were held within the regional policy forum to help identify the priority areas for case studies. The questions were then further developed through engagement with technical and policy actors, with input from a policy review group and co-ordination through TARSC and CPTL across the three areas of work. The third step involved conducting literature reviews and stakeholder analysis for each of the 3 case studies. These documents served as invaluable input for the qualitative work conducted. Finally, drafts, as well as final report were reviewed by TARSC, CPTL and external policy and technical reviewers to further reflect on the findings, and also to engage technical and policy actors in the work. In the course of the process, questions were refined, there was engagement between research teams and key stakeholders and there were natural points for discussion and review of the on-going work. This approach, while time intensive on co-ordination, helped the design, and also the management of the project.

5. Research strategies on global health diplomacy

5.1 Research design and methods

Few publications included a systematic presentation of the research strategy or methods. This has also been found in a review of literature on health policy in developing countries (Walt et al. 2008). This was particularly the case for those using analytical essays, literature reviews or case studies. Lencucha et al. (2010) [publication number 15] in their study provide a more positive example. They explicitly state that they are undertaking a grounded theory study and provide explanations and references on this type of research strategy.

Many studies on global health diplomacy, as for health policy analysis, used case studies to explore the research questions, whether or not this is made explicit (Gilson et al, 2007). Of the 57 papers in the annotated bibliography, more than a third were based on case studies. The EQUINET project made use of case studies as one the main tools for collecting information, complemented by reviews of published literature and policy dialogue forums on related themes. The case study work in the three areas were all also supported and supplemented by other research strategies, including literature reviews, stakeholder analysis and direct engagement with policy makers on the areas of the case studies. In part because the research teams had met to discuss research methods prior to initiating their work, each team was clear about the combination of research tools they would use, as well as the need to be explicit about which tools were used in written outputs. TARSC and external

reviewers also peer reviewed the methods prior to inception of the work. This attention to research methods at the beginning of the project was valuable.

The review conducted for the first version of this paper demonstrated that, none of the papers found in 2012 included a discussion of the case selection process. What were the criteria to choose this case? What is unique about it? They do not discuss whether the case offers the type of variation required by the research problem; for instance, a policy outcome (the dependent variable) not predicted by theory. It is argued that a systematic selection of cases has to be informed by a strong conceptual and theoretical foundation, which has been found lacking in many cases (George et al. 2005). In a few instances that were not case studies, authors clearly specified other research strategies, including: content analysis (1), grounded theory study (1), legal analysis (1), compliance study (1), chronological narrative approach (1), and review of the literature (3).
The EQUINET project took steps to address this weakness, and, for example, Barnes et al. (2014), working on African participation and partnership in performance based financing, clearly set out a rationale for the use of case studies as part of their approach to the material. They further set out why each of the selected cases was selected. (Barnes et al, 2014)

5.2 Tools used to collect information

Most of the publications in the 2012 review were based on reviews of existing published literature, including official documents from international organisations or governments, news reporting or press releases. There was much less empirical investigation of the international negotiation processes in global health based on observation, interview or analysis of new evidence. The EQUINET work relied on literature reviews, with the research team working on medicines production and the review of diplomacy in Africa both observing that much of the literature is 'grey' and not readily available through online searches. (Loewenson et al 2104; SEATINI, CEHURD, 2014) While the research teams were able to access some of this grey literature, this is a significant challenge for researchers focussed on building African knowledge. The case studies thus also focused on gathering new data for analysis, primarily through accessing grey literature in country and through stakeholder interviews.

Few of the authors in the published literature indicated how they conducted their documentary search. In part this may be because it is not yet common practice in social sciences to do so. One example of good practice is Feldbaum et al. (2010) [publication number 5] who noted the electronic indexes that were used to find the publications and mentioned the criteria used to select them, i.e.: articles that dealt with "one or more of the theoretical perspectives, looking at the four components of foreign policy: aid, trade, diplomacy and national security." In an example of content analysis of official documents, Gagnon et al. (2011) provided a detailed list of the foreign policy statements that they included in their content analysis [publication number 8].

Some researchers on GHD have conducted interviews to supplement documentary information. However, they do not all provide the same level of information about these interviews. How many were conducted? With what type of informants? How were they selected? For instance, Gagnon et al. (2011) conducted interviews with key informants in four countries, but do not say how many interviews were conducted. Similarly, Lee et al. (2010) [publication number 14] inform the readers that they "carried out key informant interviews with Brazilian policy makers, diplomats, and public health advocates on the country's role in FCTC negotiations from December 2008 through January 2009" but do not specify how many key informants were met or the weighting of responses from different informants. In another case focusing on Brazil, Bliss (2010) [publication number 36] only refers to the interviews in footnotes. There is not an explicit presentation of the methodology to undertake these interviews.

Significant attention was given in the EQUINET programme to provide specific information related to the interviews and the rationale for selecting stakeholders was made explicit in all three case studies. As the case study work unfolded, securing enough high quality interviews from key informants proved to be challenging, particularly in the work on the Code and the work examining medicines production (SEATINI, CEHURD 2014).

There were several reasons noted for the difficulty in establishing interviews, chiefly the difficulty in coordinating times to conduct the interviews with stakeholders. The authors point out that this failure to secure enough interviews was addressed by engaging directly with senior officials from countries when they attended regional processes. They also relied on desk research to a higher degree than anticipated. (SEATINI, CEHURD 2014). The research team working in Kenya found that there were frequent requests for off the record statements only. The team working on performance based financing also encountered challenges in terms of securing interviews with stakeholders in government ministries, the World Bank as well as at local implementation sites (Barnes et al. 2014). The authors note that although the reasons for this reluctance was not explicitly discussed or explained, there was a degree of sensitivity around the topic, despite ministry authorities having been obtained (Barnes et al. 2014). While such practical challenges are not unique to the African context, they help to understand why it is difficult to build empirical work on GHD. The lesson that might be taken from this is that in designing the research and conducting stakeholder mapping exercises, significant attention has to be paid to identifying interviewees and key stakeholders, but also to gauging how accessible those identified will be, and to what degree they will be able to give on-the record interviews. Attention also needs to be given to contacts the interviewer has with key stakeholders. What became clear through the project is that researchers also need to be prepared to be flexible and patient in the face of delays.

In the 2012 review, we also found only one instance where the authors gave detail on the methods for interview analysis. Lencucha et al (2010) [publication number 15] briefly discuss the practice of 'thick description' where detailed quotes from interviews and documents are presented throughout the findings section to contribute to the 'trustworthiness of the research'. The three EQUINET case studies all used this approach.

Over the course of the EQUINET project, there were thus lessons learnt related to the frameworks and methods for research on GHD:

- As other researchers have found before them, the research teams were challenged by the fact that there isn't always a conceptual approach that works, and that research on GHD does not always work with unambiguous or clear relationships, time frames or actors. This raises a challenge to define a conceptual framework that is right for the work under focus, to avoid falling back on a more descriptive approach. It also raises the need to use GHD research to interrogate and improve conceptual frameworks.
- Having an inception meeting, an agreed conceptual and methodological approach, frequent peer review and feedback helped guide the research and ensure that analysis could be conducted across the 3 case studies.
- A step-wise approach to refining the research question was a useful tool. Research teams conducted literature reviews, stakeholder analysis and engaged directly with policy makers through, for example, "fast-talk" exchanges.
- Securing interviews with key stakeholders was sometimes challenging, as was the access to unpublished, or grey literature. While practical challenges such as those above are not unique to the African context, they go some way in explaining why it is difficult to build a robust body of literature from empirical research on GHD in Africa, as in other regions.

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7. Annotated bibliography

7.1 General and relevant to global health governance

Publication number 1	Blouin C and Dubé L (2010) 'Global health diplomacy for obesity prevention: Lessons from tobacco control,' *Journal of Public Health Policy* 31: 244-255.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	Analytical framework identifying five variables: (1) the specific problem requiring cross-border collective action, (2) the key actors, (3) their interests and 'stake' in this problem, (4) the potential forum or process for negotiations and (5) the potential scenarios for collective action.	Fidler, D (2008) 'Navigating the Global Health Terrain: Preliminary Considerations on Mapping Global Health Diplomacy,' *Globalization, Trade,* ***and Health Working Paper Series,*** **World Health Organization**
Phase of GHD	agenda-setting / policy development / policy selection	
Variables		
i. Context		
ii. Process	Consultations before negotiations	
iii. Actors	CSOs, political leaders,	
iv. Content		
v. Outcomes	FCTC	
vi. Other		
Research strategy	Review of the secondary literature	
Tools used	Document review	
Key findings	The authors identified the following variables as most important to explain effective GHD in the case of the FCTC: political leadership, global mobilization and advocacy of civil society groups, the engagement of developing countries in the negotiations, the importance of the process to prepare negotiations (ex: consultations with CSO and experts, dialogue with industry). It is not clear from their review whether the forum and instrument selected (WHO and Framework Convention) were per se important variables to determine effectiveness.	
Other comments		

Publication number 2	Chan LH, Chen L and Xu J (2010) 'China's engagement with global health diplomacy: Was SARS a watershed?' *PLoS Medicine* 7(4).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Not stated agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study (stated as such)	No
Tools used	Literature reviews of Chinese sources, personal	No

	experience and informal interviews with Chinese health officials.	
Key findings	• Realization among the political leadership that external threats such as infectious disease, constitute a non-traditional security threat domestically. Public health now features high on China's foreign policy agenda; • External pressure from abroad and from the WHO. A political aspiration to be a responsible state and the fear of "loss of face"; • Although still very state-centric, China now pro-actively engages in global health governance, as evident by their role in the WHO and a range of UN agencies as well as regional partners. • China is using public health as a means to strengthen its diplomatic relations with other countries.	
Other comments	Similar to an essay, given the absence of conceptual framework	

Publication number 3	D'Errico NC, Wake CM and Wake RM (2010) 'Healing Africa? Reflections on the peace-building role of a health-based Non Governmental Organization operating in Eastern Democratic Republic of Congo,' *Medicine, Conflict and Survival* 26(2):145-159	
	In the paper	**Reference(s) cited in paper**
Theory	The authors make use of a peace through health lens. Conflict is conceptualized as a pathogen and efforts made to reduce risk factors, treat and rehabilitate	Vass A (2001) 'Peace through health,' *British Medical Journal* 323:1020.
Conceptual framework	None stated. The authors use a peace through health lens to consider the efforts of HEAL in Congo DRC (North Kivu).	
Phase of GHD	Implementation	
Variables		
i. Context	Health in conflict setting	
ii. Process	Role of Health NGO in Peace-building	
iii. Actors	NGO (HEAL)	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case Study	
Tools used	Semi structured interviews, secondary sources	
Key findings	HEAL has had an impact in terms of peace building in the region. Policy makers need to consider the potential of health actors in terms of contributing to peace building.	
Other comments		

Publication number 4	Feldbaum H and Michaud J (2010) 'Health Diplomacy and the Enduring Relevance of Foreign Policy Interests,' *PLoS Medicine* 7(4).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	Not stated explicitly, but framed by objective to challenge the literature which states that GHD is driven by the normative goal of using foreign policy to improve global health	Horton R (2007) 'Health as an instrument of foreign policy,' *The Lancet* 369:806–807. Kickbusch I, Silberschmidt G and Buss P (2007) 'Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health,' *World*

		Health Organization 85:230–232.
Phase of GHD	Not stated, but does cover agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Analytical essay	
Tools used	While not made explicit, the authors rely on a combination of official documents and secondary literature.	
Key findings	The over-arching conclusion is that foreign policy remains the major driver guiding GHD, and that it is the tension between GHD and foreign policy objectives that will continue to define the future of GHD.	
Other comments		

Publication number 5	Feldbaum H, Lee K and Michaud J (2010) 'Global health and foreign policy,' *Epidemiologic Reviews* 32(1):82-92.	
	In the paper	**Reference(s) cited in paper**
Theory	The authors use 3 theoretical perspectives offered by David Fidler to guide their work: (1)the first interpretation argues that health has become an important policy objective in itself, (2) Health as a tool to reach other foreign policy objectives, and (3) 'Fidler's final perspective sees the relationship between foreign policy and global health as ever evolving and dynamic, where influence can go in both directions.	Fidler DP (2005) 'Health as foreign policy: between principle and power,' *Whitehead J Diplomacy & International Relations* 6(2):179-194 Drager N, Kickbusch I, Novotny TE et al (2007) 'Global health diplomacy: training across disciplines," *Bulletin of the World Health Organization* 85(12):971-973.
Conceptual framework	To examine the relationship between foreign policy and global health, the authors examine the role of health across four components of foreign policy: aid, trade, diplomacy and national security.	Fidler DP (2006) 'Health as foreign policy: harnessing globalization for health,' *Health Promotion International* 21:51-58.
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Review of the literature, analytical essay	
Tools used	The authors review available literature using PubMed, MEDLINE,Social science citation index, JSTORE, EconLit and Science Direct. They selected articles that dealt with one or more of the theoretical perspectives, looking at the four components of foreign policy: aid, trade, diplomacy and national security.	

Key findings	Evidence on the linkages between global health, aid, trade, diplomacy, and national security indicates that state action on health is often motivated by foreign-policy interests rather than a desire to promote health equity or achieve humanitarian benefits. These ulterior interests can be economic (protecting trade), diplomatic (preventing epidemics), strategic (preventing bioterrorism), or (often) combinations of these interests and are salient even in this new era of rising development aid for health and groundbreaking global health treaties. Conversely, little evidence supports the notion that "foreign policy is now being substantially driven by health"
Other comments	The authors recognize the paper is not a comprehensive assessment of literature in the area, but rather key literature that 'illuminates the relationship and tensions between global health and the aid, trade, diplomacy, and national security aspects of foreign policy.'

Publication number 6	Fidler D (2010) 'Negotiating equitable access to influenza vaccines: Global health diplomacy and the controversies surrounding avian influenza H5N1 and pandemic influenza H1N1,' *PLoS Medicine* 7(5).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	The author focuses on the limitations on effective GHD created by the existing international legal regimes on global health, more specifically created by the fact that the default rules of international law rely on the principle of sovereignty	Brownlie I (2008) 'Principles of public international law, 7th Ed.' Oxford: Oxford University Press.
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	GHD is framed by international law norms and standards such as national sovereignty	
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	The author does not explicitly present its methodology. The article takes the form of a narrative account of the policy events around the negotiations on access to flu vaccines and the legal analysis of the international law obstacles.	
Tools used	Official documents, news reporting, scientific publications	
Key findings	The manner in which access to vaccine for 2009-H1N1 played out highlights why the interests of developed and developing countries diverge in this context, and the reasons behind this divergence deserve deeper study. Existing international legal regimes on global health provide no templates for negotiating the new global access framework that WHO and others perceive is necessary. Similarly, negotiations for equitable access to resources, or the benefits of their exploitation, have generally failed in other areas of international relations, dimming prospects that precedents for a global access framework for pandemic influenza vaccines can be found outside the global health context. The default rules for allocating resources in international law rely on the principle of sovereignty, and these rules hold in the context of virus samples and vaccine supplies, as demonstrated with HPAI-H5N1 and 2009-H1N1.	
Other comments		

Publication number 7	Fidler D (2008) 'Influenza virus samples, international law, and global health diplomacy,' *Emerging Infectious Diseases* 14(1):88-94.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	The author analyses the role and importance of international law in GHD, including the principle of sovereignty.	Brownlie I (1998) 'Principles of public international law, 5th Ed.' Oxford: Clarendon Press.
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	International legal principle of sovereignty and its appeal to rules on the protection of biological and genetic resources found in the Convention on Biological Diversity, application of the International Health Regulations 2005	
ii. Process		
iii. Actors		
iv. Content	sharing of influenza viruses and promoting access to vaccines in connection to pandemic influenza preparedness	
v. Outcomes		
vi. Other		
Research strategy	Legal analysis	
Tools used	The author does not provide an explicit description of its methodology but he uses a combination of primary (news report, official document) and secondary sources for the research.	
Key findings	Divergent treaty interpretations means that actors have to negotiate agreements and cannot rely on international law to prescribe policy response.	
Other comments		

Publication number 8	Gagnon M and Labonté R (2011) 'Human rights in global health diplomacy: A critical assessment,' *Journal of Human Rights* 10(2):189-213.	
	In the paper	**Reference(s) cited in the paper**
Theory	None cited	
Conceptual framework	The authors define global health diplomacy as the process by which government, multilateral, and civil society actors attempt to position health higher in foreign policy. They seek to identify the arguments used to justify why health should be a prominent foreign policy concern, i.e. security, development and human rights arguments.	Bustreo F and Doebbler C (2010) 'Making health an imperative of foreign policy: The value of a human rights approach.' *Health and Human Rights: An International Journal* 12(1):47–59.
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		

Research strategy	Content analysis	
Tools used	content analysis the global health policy statements or governmental commentaries from the United Kingdom, Switzerland, Sweden, Norway, and Brazil and interviews with key informants from all of these countries apart from Sweden.	
Key findings	They conclude that grounding global health diplomacy in a human rights approach is the most effective way to ensure effective ghd (to improve health equity).	
Other comments		

Publication number 9	Hwenda L, Mahlathi P and Maphanga T (2011) 'Why African countries need to participate in global health security discourse,' *Global Health Governance* 4(2).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	The authors focus their work around the concept of 'global health security'. They emphasise that the current global health security agenda is narrowly focused on a few infectious diseases and bio-terrorism, and does not currently reflect the interests of the Southern African Development Community (SADC). They propose that the concept of human security would be more useful.	William A (2008) 'Health Security as a Public Health Concept: A Critical Analysis,' *Health Policy Plan* 23:369-375. Obijiofor A (2005) 'Globalisation of Health Insecurity: The World Health Organisation and the New International Health Regulations,' *Journal of Medicine and Law* 25:663-72. Heymann D (2006) 'SARS and Emerging Diseases: A Challenge to Place Global Solidarity Above National Sovereignty,' *Annals of the Academy of Medicine* 35(5):350-353. King G and Murray C (2001) 'Rethinking Human Security,' *Political Science Quarterly* 116(4):2001-2002.
Phase of GHD	agenda-setting (what it considered health security, how it is framed)	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Not stated, but review of literature	
Tools used	Not explicit. primary documentation as well as secondary literature.	
Key findings	The current global health security agenda is too narrow to represent African global health interests. Effective engagement from African governments and actors would ensure that issues such as access to medicines and the migration of health workers might be included in the global health security agenda.	
Other comments		

Publication number	Irwin R (2010) 'Indonesia, H5N1, and global health diplomacy,' *Global Health*

10	*Governance* 3(2).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	Not explicit The paper examines how to have effective GHD, how to change global health governance and the role of WHO in this architecture as well the role of the WHO in global health diplomacy and promotion of global health security.	
Phase of GHD	Policy selection (negotiations)	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study of Indonesia's withdrawal from the Global Influenza Surveillance Network (GISN)	
Tools used	While not made explicit, the author relies on secondary literature, supported by some primary official documents.	
Key findings	The conclusions are that the WHO was at a point where there was a trust deficit, and that the WHO is in need of reform. The author does not venture into how the WHO should be reformed, but notes that issues of equity, transparency, partnerships and access must be addressed. Moreover, effective global health diplomacy includes not only negotiation and conflict resolution, but also linking health to other sectors.	
Other comments	The argument of the article is hard to follow, not well structured. **References that may be relevant** 1. Lee K (2009) *The World Health Organization (WHO)*. Routledge: Abingdon 2. Fidler D (1998) 'The future of the World Health Organization: What role for international law?' *Vanderbilt Journal of Transnational Law* Volume 31 3. Kickbusch, I (2003) 'The contribution of the World Health Organization to a new public health and health promotion', *American Journal of Public Health* Volume 93 4. Brown T, Cueto M and Fee E (2006) 'The World Health Organization and the transition from international to global public health', *American Journal of Public Health* 96:62-72 5. Matzopoulos R and Lerer L (2001) 'The worst of both worlds: The management reform of the World Health Organization', *International Journal of Health Services* 31(2):415-438	

Publication number 11	Kaufmann J and Feldbaum H (2009) 'Diplomacy and the polio immunization boycott in northern Nigeria,' *Health Affairs* 28(4).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited.	
Conceptual framework	None cited.	
Phase of GHD		
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		

v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	"This case study is based on a literature review, examination of previously unavailable Global Polio Eradication Initiative (GPEI) and U.S. government documents, and thirteen in-depth interviews with people involved in the crisis. Interviews were used to go beyond published accounts of the crisis and to illuminate the experiences, perspectives, and interests of both policymakers and institutions."	
Key findings	The authors examine the diplomatic response to the polio boycott in Nigeria (2003). lessons for GHD: (1) Diplomacy is a useful global health tool, especially when the challenge to global health is political in nature. (2) Operationalizing GHD is a complex undertaking, due to the many, and often non-traditional actors involved. (3) It is critical to engage governments. (4) Using scientific evidence can be helpful, as is the flexibility to address political perceptions of the situation.	
Other comments		

Publication number 12	Kickbusch I (2011) 'Global health diplomacy: how foreign policy can influence health,' *British Medical Journal* 342(7811).	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	No
Conceptual framework	None cited, but the paper identifies and is structured around four ways in which foreign policy and health can interact. • Foreign policy can endanger health when diplomacy breaks down or when trade considerations trump health • Health can be used as an instrument of foreign policy in order to achieve other goals • Health can be an integral part of foreign policy • Foreign policy can be used to promote health goals	
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Analytical essay	
Tools used	Not explicit.	
Key findings	Health is an integral part of the global agenda. The author argues that diplomats have a central role to play in GHD and that public health experts must work with diplomats.	
Other comments		

Publication number 13	Kirton J and Guebert J (2009) 'Canada's G8 global health diplomacy: Lessons for 2010,' *Canadian Foreign Policy Journal* 15(3):85-105.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	Compliance to international health commitments can be predicted by certain variables (catalysts)	Kirton J and Kokotsis E (2007) 'Keeping faith with Africa's health: Catalyzing G8 Compliance', in A Cooper, John Kirton & Ted Schrecker (eds) *Governing global health: Challenge, response, innovation.* Ashgate: Aldershot. Kirton J, Roudev N and Sunderland L (2007) 'Making major powers deliver: Explaining compliance with G8 health commitments, 1996-2006.' *Bulletin of the World Health Organization* 85:192-199.
Phase of GHD	Implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Compliance study/evaluation study	Analytical Studies: Background on Compliance Assessments. *G8 Information Centre*, http://www.g8.utoronto.ca/evaluations/methodology/g7c2.htm
Tools used		
Key findings	The compliance rate to health commitments made at the G8 is generally high, and can be improved by broad participation and multiple catalysts for compliance.Research shows that catalysts such as deadline can have a positive impact on compliance, as does a prominent placement of a commitment in the communiqué. In order for Canada to better reach health goals through the G8, the authors recommends that G8 leaders should craft forward-looking commitments, and seek WHO help for implementation.	
Other comments		

Publication number 14	Lee K, Chagas L and Novotny T (2010) 'Brazil and the Framework Convention on Tobacco Control: Global health diplomacy as soft power,' *PLoS Medicine* 7(4).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual	The authors use the concept of "soft power" as	Nye JS (1990) 'Soft

framework	the key concept to structure the research. Soft power" is a diplomatic approach to obtain an objective through persuasion and collaboration, rather than through economic influence or political domination.	Power', *Foreign Policy* 80:153–171.
Phase of GHD		
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	The authors carried out key informant interviews with Brazilian policy makers, diplomats, and public health advocates on the country's role in FCTC negotiations from December 2008 through January 2009. Triangulation of reported perceptions was achieved through a literature review of primary and secondary sources including government reports and Web sites, industry documents, reports by nongovernmental organizations, and unpublished research dissertations.	
Key findings	The authors found that the effective use of soft power is key in Brazil's growing international influence and that the case study is a good example of how global health has become a focus of soft power. The authors identified the following variables as key determinants of effective GHD in the case of Brazil engagement with the FCTC negotiations: - Clear and unified national position, endorsed by all relevant ministries and stakeholders - Building regional consensus with informal meetings before negotiations - Diplomatic skills to engage developing countries counterparts in the negotiations - Normative leadership and opinion-shaping instruments (Brazil being a leader on tobacco control at the domestic level)	Nunn A, Da Fonseca E and Gruskin S (2009) 'Changing global essential medicines norms to improve access to AIDS treatment: Lessons from Brazil' *Global Public Health* 4:131–149.
Other comments		

Publication number 15	Lencucha R, Kothari A, and Labonté R (2010) 'The role of non-governmental organizations in global health diplomacy: negotiating the Framework Convention on Tobacco Control,' *Health Policy Plan* 26(5):405-12.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	NGO as key actor of diplomacy and international relations	Cooper AF and Hocking B (2000) 'Governments, non-governmental organizations and the re-calibration of diplomacy', *Global Society* 14:361–76. Betsill M and Corell E (eds) (2008) *NGO Diplomacy: The Influence of Nongovernmental Organizations in International Environmental*

		Negotiations. The MIT Press: Cambridge. Snow C (2006) 'Public diplomacy practitioners: a changing cast of Characters', *Journal of Business Strategy* 27:18–21.
Conceptual framework	(1) content of the FCTC; (2) global activity of the tobacco industry; (3) tobacco industry activity during the negotiation meetings; and (4) the positions of delegations during the International Negotiating Body (INB) meetings.	
Phase of GHD	Agenda setting, policy development and selection	
Variables		
i. Context		
ii. Process		
iii. Actors	NGOS	
iv. Content		
v. Outcomes	FCTC	
vi. Other		
Research strategy	Grounded theory study	Lencucha R (2009) 'A theory of institutional gaps. Health and Rehabilitation Sciences, PhD thesis.' University of Western Ontario: London. Charmaz K (2006) C*onstructing Grounded Theory: A Practical Guide through Qualitative Analysis.* Sage Publications Ltd: Thousand Oaks.
Tools used	Qualitative data were collected from 34 public documents and 18 in-depth interviews with participants from the Canadian government and Canadian NGOs." A 'thick description' of both participant and document quotes is presented throughout the findings section to contribute to the trustworthiness of the research. The authors also use secondary sources to support and give context to their findings.	Geertz C (1973) 'Thick description: toward an interpretive theory of Culture', in C Geertz (ed) *Interpretation of Cultures: Selected Essays.* Basic Books: New York.
Key findings	The main findings with an impact on GHD: (1) Contrary to the traditional international relations perspective that sees governments as the principle diplomats on the global stage, non-governmental organizations (NGOs) now find themselves serving a diplomatic role during international health negotiations as evidenced by the negotiation of the Framework Convention on Tobacco Control. (2) This study suggests that the traditional role of NGOs as advocates for civic interests is a pertinent but insufficient characteristic of their role in global health diplomacy. (3) Canadian NGOs played important roles in the development of the FCTC by way of fostering inclusion of developing countries, discussing tobacco-related content with other country representatives at the negotiating forums, providing expertise based on previous domestic policy-making successes due to extensive negotiations, lobbying for an effective FCTC and monitoring content and various actors during meetings.	
Other		

Publication number 16	HM Mamudu, HM and Hammond R (2011) 'International trade versus public health during the FCTC negotiations, 1999-2003,' *Tobacco Control* 20(1).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited.	
Conceptual framework	None cited.	
Phase of GHD	Agenda-setting, policy development, negotiation	
Variables		
i. Context	During the negotiation of the FCTC, there was friction between trade and public health interests, resulting in silence on the issue in the resulting FCTC	
ii. Process	Negotiation	
iii. Actors	States, industry, civil society	
iv. Content	Relationship between trade and public health in the context of regulating tobacco.	
v. Outcomes	FCTC	
vi. Other		
Research strategy	Case study	
Tools used	Triangulated interviews and tobacco industry and FCTC documents for the analysis. Authors interviewed 54 people from 26 countries (July 2006 and May 2009), including officials, experts, and civil society representatives. They searched industry documents at http://www.legacy.library.ucsf.edu and http://www.tobaccodocuments.org beginning with 'trade and FCTC', 'health and FCTC' and 'trade and public health' and conducted follow-up searches using Bates numbers of documents and named individuals and organisations between May and December 2008, yielding 300 relevant documents. We also searched FCTC negotiation documents and advocacy materials from Framework Convention Alliance (FCA) and news reports.	
Key findings	The "failure to include an explicit trade provision in the FCTC suggests that the public health community should become more involved in trade and health issues at all levels of governance and press the FCTC Conference of the Parties for clarification of this critical issue."	
Other comments	Useful references on methods O'Donoghue T and Punch K (2003) *Qualitative research in action: doing and reflecting*. Routledge: London. Altrichter H, Posch P and Somekh B (2006) *Teachers investigate their work: an introduction to the methods of action research, 2nd Ed.* Routledge: London. Cohen L and Manion L (2000) *Research methods in education, 5th Ed.* Routledge: London.	

Publication number 17	Smith RD and Hanson K (2012) *Global health diplomacy: the 'missing pillar' of health system strengthening.* Oxford: Oxford University Press	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited.	
Phase of GHD	Agenda-setting, policy development, Negotiation	
Variables		
i. Context	Health systems strengthening, and, more	

	specifically the importance of diplomacy to HSS.	
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	None stated	
Tools used	None stated, but the authors appear to rely on secondary sources to support their research question.	
Key findings	GHD is an essential part of HHS and is often missing from discussion of HHS.	
Other comments		

Publication number 18	Ullrich H (2009) 'Global Health Governance and Multi-Level Policy Coherence: Can the G8 Provide a Cure?' CIGI Working Paper No 35	
	In the paper	**Reference(s) cited in paper**
Theory	None stated	
Conceptual framework	Not made explicit	
Phase of GHD	Policy development/policy selection/policy implementation	
Variables		
i. Context	Trade, health, access to medicines, TRIPS, policy coherence	
ii. Process	Trade, health and development; policy coherence in the US being undermine by FTAs	
iii. Actors	States, Multilateral organizations, domestic US actors, G 8	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Historical overview and case study	
Tools used	Narrative of the trade and health; secondary and primary sources and analysis of FTAs.	
Key findings	Three unique governance mechanisms of the G8 make the group a potentially powerful catalyst to bring about the necessary innovation in global health governance, counter-acting the potentially negative impact of FTAs: 1. Mutual accountability 2. Delegation of follow-up activities to other organizations 3. 'Ratchet' effect: several international meetings organized around the same time to build momentum. A paradigm shift is required to achieve coherency.	
Other comments		

Publication number 19	Sridhar D, Khagram, S and Pang, T (2008) 'Are existing governance structures equipped to deal with today's global health challenges-towards systematic coherence in scaling up' *Global Health Governance* 2(2).	
	In the paper	**Reference(s) cited in paper**
Theory	"unstructured plurality"	Fidler D (2007) 'Architecture amidst anarchy: global health's quest for governance,' *Global Health*

		Governance 1(1):1-17. Walt G (2009) 'Personal communication and seminar', Oxford University, Feb 13 2009.
Conceptual framework	None stated, but the authors consider global action networks (GANs) as one mode of global health governance involving authoritative negotiationsbetween state and non-state players which have interests and capacities to influence and shape outcomes in specific issue areas."	Sanjeev K (2006) 'Possible Future Architectures of Global Governance: A Transnational Prospective/Perspective,' *Global Governance* 12(1):97-117.
Phase of GHD	Agenda-setting/policy development and selection/policy implementation	
Variables		
i. Context	Global health governance	
ii. Process		
iii. Actors	State, multilateral organizations, civil society, private sector	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Not made explicit	
Tools used	Not made explicit. Review of secondary sources. Overview of current global health landscape.	
Key findings	The authors propose a "Global Health Governance (GHG) partnership framework model which is based on a multi-level, multi-purpose and multi-stakeholder perspective where the different layers perform distinct but mutually supportive functions is proposed. […]The layers can be envisaged as performing several key functions, including "summitry"-advocacy-coherence, governance-accountability, and technical-operational, and is based on a set of shared values of inclusiveness, democracy, solidarity and equity.[…] At the technical-operational level, the most appropriate conceptual framework are the GANs due to their flexibility, their focus on building social relationships, their inherent iterative learning capacity, and their potential for catalyzing needed change." A Committee 'C' at the WHA is also seen as a tool for effective GHG**.**	
Other comments		
Publication number 20	Wallace S 'The Domestic Roots of Reagan's Global Gag Rule: A Case Study in Global Health Diplomacy,' Centre for the Study of the Presidency and Congress.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	The paper presents a theoretical framework for analyzing the domestic roots of the Gag Rule using two paradigms: rational choice and symbolic politics	Munger M (2000) *Analyzing Policy: Choices, Conflicts, and Practices.* W.W. Norton: New York. Burke, Kenneth and Gusfield J (1989) *On Symbols and Society.* University of Chicago Press: Chicago. Stone, D (1988) *Policy paradox and political reason.* Harper Collins: New York.
Conceptual framework	Rational Choice and Symbolic politics are used to assess the main research question of how domestic politics influenced President Reagan when he implemented the so-called Gag Rule. From this analysis, the author infer that a number of domestic factors can have an	

	impact on global health policy	
Phase of GHD	Policy implementation	
Variables		
i. Context	Family planning, domestic US politics	
ii. Process		
iii. Actors	US President, not for profit interest groups	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	For the rational choice paradigm, the elements examined are the interests, issues, rules, and power dynamics included in the Mexico City conference specifically and the abortion debate generally. Special attention **was** paid to the cohesiveness and influence of the special interests involved and the policy position of the median voter. The mode of analysis for this paradigm **is** primarily negotiation analytic. For the symbolic politics paradigm, the elements examined are the symbolic narratives being called upon by pro-life and pro-choice groups in 1984. The text of their narratives is interpreted, and evidence of Reagan's preference of story will be presented using information from his diaries.	
Key findings	President Reagan did not view the international community as stakeholders, and the announced policy was met with criticism and the US delegation was seen to be motivated by ideology and failing to take leadership. This shift caused loss of credibility on the part of the US. Special interest groups were highly able to affect global health policy. The health and well-being of women in the developing world were not the main consideration in implementing the policy. Science was not granted much consideration. "A very important issue that therefore must be dealt with by future administrations is the ethics of using international forums to further domestic policy goals." "The tumultuous history of the Gag Rule, which has flip-flopped its way through three presidential administrations, illustrates how global health has become an arena where presidents can express hasty, short-term goals with little consequences. Unfortunately, it also suggests that unless presidents are somehow held accountable for their actions on the international stage, stability in US global health policy will always be difficult to attain."	
Other comments	Other references: Finkle, J and Crane B (1985) 'Ideology and Politics at Mexico City: The United States at the 1984 International Conference on Population', *Population and Development Review* 11(1):1-28. Helms Amendment (1973) Section 104(f) of the Foreign Assistance	

Publication number 21	Wang K al (2011) 'The experience of Chinese physicians in the national health diplomacy programme deployed to Sudan,' Global Public Health 7(2):196-211.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Implementation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Not stated, but case study	
Tools used	A review of Chinese literature and governmental websites to describe the history and	

	current distribution of Chinese Medical Teams around the world. In addition, interviews of members of a 36- member Chinese Medical Team deployed to Sudan (primarily about their motivations to join the programme and the challenges and benefits they face)	
Key findings	The authors focus their research on the concept of deploying medical teams as a tool of health diplomacy. The research questions are centred on the performance of the medical teams in Sudan. To ensure continued success of using this tool for diplomatic purposes, the authors identify that China has to maintain its level of commitment to the program. Second: success depends on the selection of highly qualified staff and finally, the effectiveness depends on the welcome of the recipient country.	
Other comments	Detailed description of the conduct of the interviews	

Publication number 22	Brown G (2010) 'Safeguarding deliberative global governance: The case of the Global Fund to Fight AIDS, Tuberculosis and Malaria,' *Review of International Studies* 36(2):511-530.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	Deliberative theory, broadly defined as an approach that argues that public decisions should be taken through an active and collective process of debate, broadening the "processes of public reason and enlarging the scope for collective decision making,"	Smith W and Brassett J (2008) 'Deliberation and Global Governance: Liberal, Cosmopolitan and Critical Perspectives', *Ethics and International Affairs* 22(1):69–92 Many references to deliberative theory
Conceptual framework	theoretical arguments for deliberative constitutional safeguards	
Phase of GHD	Agenda-setting, policy development, selection and implementation	
Variables		
i. Context		
ii. Process	Deliberative process	
iii. Actors		
iv. Content		
v. Outcomes	Global Fund	
vi. Other		
Research strategy	Case study	
Tools used	In addition to a review of secondary sources, the study relied on primary research. "The material used in this article was part of the GID Global Fund study that took place between 2002 and 2006. This research involved semi-structured elite interviews with Global Fund Board members, key members of the Global Fund Secretariat, 17 elite interviews in Russia, 36 elite interviews in the Republic of South Africa as well as 50 stakeholder interviews throughout the provinces of South Africa and Lesotho."	
Key findings	The multisectoralism practiced by the Global Fund continues to suffer from a deliberative deficit and that it has not safeguarded equal stakeholder participation, equal deliberation between stakeholders or alleviate the asymmetric power relationships which are representative of current forms of multilateral governance."	
Other comments		

Publication number	Low-Beer D (2011) Intoduction and..The Healthy diplomacy of Diversity in Low-Beer D (eds) (2011)	*There are several chapters in this collected volume that have

23	*Innovative health partnerships: The Diplomacy of Diversity*. World Scientific Publishing Company. http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	been reviewed, however, given time constrains, others have not. This does not mean they are not relevant and important.
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework		
Phase of GHD		
i. Context	Diversity of partnerships for health.	
ii. Process		
iii. Actors	Private foundations, NGOs, private individuals, companies	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Review of the rich diversity of partnerships, assess how partners work together globally.	
Tools used	Case studies	
Key findings	A new era of partnerships has brought challenges including effectiveness, coordination, health systems and the need to show results.	
Other comments	This is the introductory chapter	

Publication number 24	Onzivu W (2012) 'Regionalism and the reinvigoration of global health diplomacy: lessons from Africa,' Asian Journal of WTO& international health law and policy, vol. 7, no 1: 49-77.	
	In the paper	**Reference(s) cited in paper**
Theory	Regionalism	
Conceptual framework	The author offers that 'African regionalism is evolving as an important frameworks for promoting health diplomacy."	
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	Regionalism in GHD, regional integration in the context of increased trade liberalization. The author offers an examination of the drivers of GHD and the extent to which regional entities have fostered or hindered health through diplomacy. The author considers WHO law: FCTC, IHR (2005)	
ii. Process	Regionalism as an important tool to promote global health diplomacy.	
iii. Actors	States, regional organizations (The African Union, the East African community, the economic community of west Africa and the common market of eastern and Southern Africa)	
iv. Content	Regional and sub-regional economic organizations are active players in GHD	
v. Outcomes		

vi. Other		
Research strategy	Review of secondary literature, analysis of regional approaches to GHD.	
Tools used	Document review, analysis, case study of regional organizations' approach to GHD, considering approaches to WHO law.	
Key findings	Frequently regional organizations are focused on economic development, and political independence, this has resulted in fragmented political positions on other areas, including GHD. Also, public interests risk being squeezed out as external interests (industry interests) lobby governments. The voices of civil society are still limited in many parts of Africa, and many states are faced with governance challenges.	
Other comments		

Publication number 25	Aginam O (2005) Global Health Governance: international law and public health in a divided world. Toronto: University of Toronto Press	
	In the paper/book	**Reference(s) cited in paper/book (as relevant)**
Theory	Fairness discourse (Franck), Human world order (Falk) and theory of justice (Rawls). The author also coins and uses the term communitarian globalism	Falk RA (1995) On humane governance: towards a new world politics. College Park: Pennsylvania State University Press Falk RA (1999) Predatory Globalization: a critique.Oxford: Blackwell Publishers Franck TM. (1995) Fairness in International Law and Institutions. Oxford: Claredon Press. Rawls J.(1990) A Theory of Justice. Cambridge: Harvard University Press
Conceptual framework	The study uses the vulnerability of multilateralism to deconstruct contemporary health globalism and communitarian globalism to reconstruct and reconfigure the contours of global health governance**.**	
Phase of GHD	agenda-setting / policy development / policy selection	
Variables		
i. Context	An exploration of vulnerabilities of multilateralism can help underscore shortcomings in multilateral efforts on globalized public health. The study is multidisciplinary, but anchored in international law, and written from a Third World perspective	
ii. Process		
iii. Actors	States, multilateral organizations	
iv. Content	Globalization has shattered the traditional distinction between national and international health, yet, there is a weakness in international normative order on public health.	
v. Outcomes		
vi. Other		
Research strategy	Analytical, critical and descriptive analysis of multidisciplinary literature as well as policy	Fidler DP (1999) International law and Infectious disease. Oxford:

	documents. Case study	Claredon Press
Tools used	Review of literature, qualitative interviews for the case study on the effectiveness of global malaria control strategies of the WHO	
Key findings	International law cannot remain on the margins of the work of multilateral health institutions, such as the WHO. Reform of the current public health multilateralism is required. Various disciplines of study must cross-fertilize to inform each other to understand the system, which is too complex for one theory.	
Other comments	The author notes that the study is multidisciplinary approach, therefor combining various research tools and methods.	

Publication number 26	Cooper F, Kirton J and Steveson M A. (2009) 'Critical Cases in Global health Innovation' and Kirton JJ and Cooper AF 'Innovation in Global Health Governance' in Innovation in Global Health Governance: critical cases. Cooper A F and Kirton JJ (eds). Ashgate/CIGI	*****There are several chapters in this collected volume that have been reviewed, however, given time constrains, others have not. This does not mean they are not relevant and important.
	In the paper/book	**Reference(s) cited**
Theory (	Neo-vulnerability arises in an era of globalization "where many threats from many unconscious, uncaring sources attack and overwhelm the standard repertoire of national and intergovernmental policy responses and call for multiple sources and forms of innovation within multilevel governance instead" New sovereignty	Kirton, JJ (1993) 'The seven powere Summits as a new security institution' in Dewitt, D, Haglund, D and Kirton, JJ eds, Building a new Global order: emerging trends in international Security, pp. 335-357. Toronto: Oxford University press Fidler, DP (2007) 'Architecture amidst anarchy:global health's quest for governance' Global Health Governance, vol. 1, no 1. Fidler, DP (2008) "A theory of open-source anarchy" Indiana journal of global legal studies, vol 15, n 1, pp. 259-284
Conceptual framework	The analytical framework used in this volume builds on a general framework for global health governance. The framework used in the case studies in the volume has three main components: physical challenges to health, governance responses to these challenges and innovation needed in the face of challenges when old responses fail. In the book, the Challenge-response-innovation framework traces the process of action in each of the three components, then it causally links the components by identifying the responsiveness, appropriateness, and effectiveness with which the challenges evoke response and innovation. It finally charts the transformation brought about by new non-state controlled vulnerabilities.	Cooper AF, Kirton JJ and Schrecker T, eds (2007) Governing Global Health: Challenges, Responses and Innovation. Aldershot: Ashgate Kirton, JJ (2009) Global Health. Aldershot: Ashgate.
Phase of GHD	agenda-setting / policy development / policy selection	
Variables		
i. Context	In the light of multiple public health challenges, there is an inadequate governance response.	

	The old formulas of Westphalian governance have failed, and new vulnerabilities provide a strong driver for innovation. Despite the strong the strong drive for innovation, "a new world of institutionalized innovativeness and multi-centred sovereignty has yet to replace the Westphalian order of the old"	
ii. Process		
iii. Actors	States, international organizations (WHO and other), non-state actors	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	**Review of secondary sources, setting out a framework for analysis**	
Tools used	Case studies	
Key findings	See entries 43-45 The case studies in the volume confirm that new vulnerabilities dominate. The physical challenges to health remain great. The response is yet too fragmented and un-coordinated. New actors still behave in old ways. The process of response seldom shows high degrees of comprehensivenss, communication, cooperation, coordination, coherence, compliance and capacity. Sovereignty as the defining principle of global health governance is eroding, yet it is unclear where the transformation away from sovereignty will end.	
Other comments	The introductory and concluding chapters that set out the framework that is applied in this book of case studies. The authors stress that the contributions in the volume draw on a range of disciplines and theories, not to test them to crown a winner, but to mobilize a range of insights that could contribute to improving the understanding of global health governance. Many of the contributions are thus explicitly normative.	

Publication number 27	Besada, H (2009)'Coming to terms with Southern Africa's HIV/AIDS Epidemic in Governance' in Innovation in Global Health Governance: critical cases. Cooper A F and Kirton JJ (eds). Ashgate/CIGI	
	In the paper	**Reference(s) cited in paper**
Theory	None cited, but linked to publication number 42	
Conceptual framework	The analytical framework used in this volume builds on a general framework for global health governance. The framework used in the case studies in the volume has three main components: physical challenges to health, governance responses to these challenges and innovation needed in the face of challenges when old responses fail. In the book, the Challenge-response-innovation framework traces the process of action in each of the three components, then it causally links the components by identifying the responsiveness, appropriateness, and effectiveness with which the challenges evoke response and innovation. It finally charts the transformation brought about by new non-state controlled vulnerabilities.	Cooper AF, Kirton JJ and Schrecker T, eds (2007) Governing Global Health: Challenges, Responses and Innovation. Aldershot: Ashgate Kirton, JJ (2009) Global Health. Aldershot: Ashgate.
Phase of GHD	agenda-setting / policy development / policy selection/policy implementation	
Variables		

i. Context	HIV/AIDS epidemic in Southern Africa	
ii. Process		
iii. Actors	State, international community	
iv. Content		
v. Outcomes	The author provides recommendations for a better way to tackle the HIV/AIDS crisis in Southern Africa.	
vi. Other		
Research strategy	Case study, descriptive.	
Tools used	Not made explicit, but appears to reply on review of primary and secondary sources	
Key findings	One of the key findings is that better coordination is required for effective global health governance. The recommendations what have an implication for more effective GHD include that donors should work not only with local and national governmental bodies, but also with local networks that are working on the ground. Strong links with communities are required to foster trust and credibility. The international community needs to pay greater attention to the brain drain that is occurring, reducing the ability of poor countries to retain their skilled workers. A focus on dignity and human rights is required to tackle the stigma that exists.	
Other comments	Largely a narrative, with one section applying the framework set out in publication number 26	

Publication number 28	Kamradt-Scott A (2009) "The WHO and SARS: The Challenge of Innovative Responses to Global Health Security" in Innovation in Global Health Governance: critical cases. Cooper A F and Kirton JJ (eds). Ashgate/CIGI http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited in paper**
Theory	Post-Westphalian health governance; independent power. Principal-agent theory Constructivist approaches	Fidler (2004) SARS: Governance and the Globalization of Disease. New York: Palgrave Macmillan Cortell A and Patterson S (2006) "Dutiful Agents, Rogue Agents, or Both? Staffing, Voting Rules, and Slack in the WHO and WTO" In Hawkins DG, Lake DA and Nielson DL et al, eds, Delegation and Agency in International Organizations. Cambridge: Cambridge University Press Hawkins et al. (2006) "Delegation under Anarchy: States, International organizations, and Principal-Agent Theory in In Hawkins DG, Lake DA and Nielson DL et al, eds, Delegation and Agency in International Organizations. Cambridge: Cambridge University Press
Conceptual framework	None outlined, but the chapter is structured around an evaluation of the claim that "the WHO engaged in agency slack or independent power in containing SARS by taking unauthorised, unprecedented, and undesired actions."	

Phase of GHD		
Variables		
i. Context	The role of international organization; pandemics; the role of the WHO in global health governance	
ii. Process	Responding to global pandemic threats	
iii. Actors	WHO	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	Secondary and primary literature review, interviews	
Key findings	The WHO plays a key role in global health governance, and did not exceed its mandate or engage in unauthorised actions in dealing with the SARS crisis. The behaviour of international organizations must be monitored, and discussions about how much authority we are willing to give international organizations are important, especially when these organizations deal with threats such as pandemics.	
Other comments		

Publication number 29	Buse K, Drager N, Hein W, Dal B and Lee K (2009) "Global Health Governanc" the Emerging Agenda in Buse K, Hein W and Drager N, eds. (2009) Making Sense of Global Health Governance: A policy perspective. Palgrave macmillan http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	*There are several chapters in this collected volume that have been reviewed, however, given time constrains, others have not. This does not mean they are not relevant and important.
	In the paper	**Reference(s) cited in paper**
Theory	Broadly speaking, globalization is a trigger for change, in terms of the determinants and burden of ill-health as well as policy and institutional responses required.	
Conceptual framework	None cited	
Phase of GHD	agenda-setting, policy development, policy selection, policy implementation	
i. Context	In the past 15 years there has been a tremendous transformation of institutional responses, problems, ideas, norms and activities in the area of global health. The authors consider how priorities are set, funds raised and allocated, disputes settled and how this has an impact on health outcomes. How is global health governed?	
ii. Process	Globalization, on-going changes and challenges in the area of global health governance	
iii. Actors	State, non-state, multilateral organizations, especially the WHO is being challenged in playing a leading role in health governance.	
iv. Content		
v. Outcomes		

vi. Other		
Research strategy	Historical overview of the emergence and recent transformation of global health governance	
Tools used	Secondary literature, review of sources	
Key findings	The authors identify a number of foundations for progressive global health governance: New multilateralism concerned with global health governance. Countries are building networks (BRICS, the Oslo Group). Innovative governance mechanisms, such as for example civil society representatives on the GAVI and Global Fund boards. Global rules exist around tobacco and infectious disease. Ministers of health need to be able to deliver joint-up, coherent and evidence informed policy. There is need for research and capacity building to ensure effective governance. There is also need to tackle the more difficult issues on the global health governance agenda, such as climate change and bilateral trade regimes.	
Other comments	This is the introductory chapter to an edited volume. There are some very instructive charts in the chapter.	

Publication number 30	McCoy D and Hilson M (2009) Civil Society, its Organizations, and Global Health Governance. in Buse K, Hein W and Drager N, eds. (2009) Making Sense of Global Health Governance: A policy perspective. Palgrave macmillan http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.htmlhttp://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited**
Theory	Globalization	See publication 47
Conceptual framework	None cited	
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
Variables		
i. Context	The role of civil society in global health governance (GHG)	
ii. Process	Influence of civil society organizations	
iii. Actors	Civil Society Organizations (CSOs)	
iv. Content	CSOs play a role in GHG. The potential/ risks for this must be recognized.	
v. Outcomes		
Research strategy	Not stated. The author relies on providing an overview of issues related to CSO engagement.	
Tools used	Secondary sources, case studies to illustrate the role of CSOs in global health governance.	
Key findings	There is a need to recognize the importance of CSOs in promoting global health. They have played a critical role in advancing many international health issues, and promote wider representation and accountability and the principle of the universality of heath. CSOs are not unified, but a diverse and complex grouping, often blurring lines between CSO, business and government. Many CSOs have vested interests.	
Other		

Publication number 31	Owen JW, Lister G and Stansfield S (2009) The Role of Foundations in Global Health Governance for Health.in Buse K, Hein W and Drager N, eds. (2009) Making Sense of Global Health Governance: A policy perspective. Palgrave macmillan http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited in paper**
Theory	Global Governance	Rosenau J (1995)"Global Governance in the Twenty-First Century" Global Governance 1 (1): 13-43.
Conceptual framework	None cited	
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
i. Context	An examination of the past, present and potential role of foundations in global health governance.	
ii. Process	Engagement of foundations	
iii. Actors	Foundations	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Overview of issues	
Tools used	Review of secondary and primary sources	
Key findings	'foundations and other leaders of civil society organizations should build collaboration, leveraging their resources when necessary to create new joint ventures, caralyzing new resources or cross-sector collaboration and, above all, encourageing the creation of a forum for all parties to work cooperatively in shaping the future of global governance for health."	
Other comments		

Publication number 32	Buse K and Harmer A. Global Health Partnerships: the Mosh Pit of Global health Governance. in Buse K, Hein W and Drager N, eds. (2009) Making Sense of Global Health Governance: A policy perspective. Palgrave Macmillanhttp://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited, but the analysis in the chapter is focused on seven areas for reform: "stronger commitment to the Paris agenda for aid effectiveness; further improvements in representation of stakeholders; adoption of standard operating procedures across all partnerships; improved GHP oversight; assigning greater value to the 'invisible P' of partnership-people; ensuring that GHP's have adequate resources; and, finally, maintaining 'critical space' for continued assessment of the prevailing partnership paradigm."	
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
Variables		
i. Context	Rise of global health partnerships has been "meteoric" and are a part of mainstream global health discourse. Global health partnerships can also be controversial, especially in relation to governance functions.	

ii. Process		
iii. Actors	Global Health Partnerships	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Analytical overview and assessment, case studies	
Tools used	Primary and secondary sources, personal communications, literature review	
Key findings	If one accepts that global governance is about creating order, the global health partnerships have laid an important foundation for this to happen. There is room for improvement in the seven areas set out above.	
Other comments		

7.2 Relevant to the International code on health worker recruitment

Publication number 33	Connell J and Buchan J (2011) 'The impossible dream? Codes of practice and the international migration of skilled health workers,' *World Medical & Health Policy* 3(3).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Implementation	
Variables		
i. Context		
ii. Process		
iii. Actors	Diversity of stakeholders required for effective implementation	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	The piece relies on a global overview of a wide range of existing instruments rather than one specific case study.	
Tools used	The authors rely on secondary literature, as well as a few primary sources, such as the WHO Global Code of Practice.	
Key findings	A common trend among instruments is that both implementation and monitoring, while critical, has been weak. Implementation of such codes/MoUs is difficult due to the wide range of stakeholders involved, ranging from private to public sector and requiring the engagement of several government sectors (health, education, labour, immigration and international development).	Buchan J, McPake B, Mensah K and Rae G (2009) 'Does a code make a difference - assessing the English code of practice on international recruitment', *Human Resources for Health* 7(33):1-8.
Other comments	The authors acknowledge that their initial evaluation is constrained by the lack of a good data base.	

Publication number 34	Taylor A and Dhillon I (2011) 'The WHO Global Code of Practice on the International Recruitment of Health Personnel: The evolution of global health diplomacy,' *Global Health Governance* 5(1).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	Not explicit	
Phase of GHD	Agenda setting, policy development and selection	
Variables		
i. Context		
ii. Process	Appropriate sequencing of the negotiations process	
iii. Actors	Capacity of negotiators, leaderships from political actors, NGOs	
iv. Content		
v. Outcomes	Importance of non-binding instruments in international law	
vi. Other		
Research strategy	Not stated	
Tools used	Not stated. References in footnotes to official documents.	
Key findings	The authors examine the negotiating process that led to the adoption of the WHO Global Code, as well as a comparison between it and the negotiation of the Framework convention on Tobacco Control. In conclusion, the authors emphasize the following variables for successful GHD: political leadership, appropriate sequencing of the negotiation process (introduction of simple draft text), capacity building for developing countries negotiators and the role of non-governmental organizations.	
Other comments	Very detailed description of the negotiation process but not clear how information was gathered	

7.3 Relevant to south – south diplomacy on medicines

Publication number 35	Bliss K (ed) (2010) *Key players in Global Health: How Brazil, Russia, India, China, and South Africa are influencing the game.* Centre for Strategic and International Studies: Washington.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited Refers to emergent (BRICS) power and wealth a lever in global health policy	
Conceptual framework	None cited but identifies 6 research questions, which could be seen as conceptual framework 1-What is the history of the country's global health engagement 2- What are the motivations for engagement 3- What is the relationship between domestic health condition and global engagement? 4- What are the legislations and bureaucracies supporting global health engagement? 5- What are the most relevant forum and partners for that country? 6- What implications for the United States?	
Phase of GHD	agenda-setting, policy development, policy selection, policy implementation	
Variables examined to understand global health diplomacy		
i. Context	Motivations for health outreach and co-operation;	

	Laws supporting Global health work Existing/ emerging role and power	
ii. Process	Relationships between domestic and international work	
iii. Actors	Bureaucracies supporting global health work; Multilateral, regional and international partnerships	
iv. Content	Development co-operation, health policy Aid for health; Technical innovation Access to medicines	
v. Outcomes	Effectiveness– regional and multilateral engagement, exchange of lessons, clarity of policy guidance; Coherence/ fragmentation of efforts Co-ordination across actors Strategic niche/ issue focus	
vi. Other		
Research strategy	Case studies	
Tools used	While not made explicit, the authors employ a combination of examining existing literature and a limited number of interviews.	
Key findings	Effectiveness in GHD linked to i. recognition of WHO as a venue for engagement; ii.active engagement with Global Fund iii. scientific cooperation and innovation, especially in medicines.	
Other comments	Not systematic in presenting methodology	

Publication Number 36	Bliss K (2010) 'Health in all policies: Brazil's approach to global health within foreign policy and development cooperation initiatives', in K Bliss (ed) *Key players in Global Health: How Brazil, Russia, India, China, and South Africa are influencing the game.* Centre for Strategic and International Studies: Washington.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited, but research questions as indicated above in the introduction of the book	
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	Motivations of Brazilian global health engagement: right to health, industrial development, expression of solidarity	
ii. Process	Relationship between domestic programs, especially on HIV\AIDS and immunization, and global engagement	
iii. Actors	Inter-agency International cooperation thematic group, Ministry of Foreign Affairs, Ministry of Health; WHO, Global Fund, G20, UNASUR	
iv. Content	International cooperation, development assistance	
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	Official document, secondary literature and interviews	
Key findings	As long as economic growth continues and no domestic opposition, Brazil will continue to increase its global health engagement. Not focusing on health security but on solidarity,	

	rights and access**.** Brazil's effective voice in GHD can be linked to its active engagement regionally and multilaterally in the UN system, in the Global Fund. It is an observer to the OECD and works with a range of political groupings, including BRICs and IBSA. It has achieved domestic successes, and it has a policy to share lessons learnt and experiences through South-South collaboration	
Other comments	No systematic presentation of methodology (refers to some interviews in foot note but no information on selection of interviewees, how many etc)	
Publication number 37	Cooke JG (2010) 'South Africa and Global Health: minding the home front first' in K Bliss (ed) *Key players in Global Health: How Brazil, Russia, India, China, and South Africa are influencing the game*. Centre for Strategic and International Studies: Washington.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited.	
Conceptual framework	None cited.	
Phase of GHD		
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	Not explicit, but in footnotes refers to interviews and primary sources	
Key findings	South Africa has a limited engagement in GHD. In the case of South Africa, the government is inward focused, and domestic developments (coming to grips with HIV/AIDS especially) will drive engagement internationally. Thus far, SA has not taken a regional leadership role that might be expected. There is potential for more effective GHD through the following factors: SA's most visible foreign policy strategy has been commercial diplomacy with BRICs and also within Africa, which might ultimately be an entry point for engagement on other issues, including health. Actors outside the government might also push for government to more actively engage in GHD. It is SA's approach to HIV/AIDS which might position it for engagement internationally, with, for example a more important relationship with the Global Fund; and engagement in the push for universal and equitable access to medicines.	
Other comments		

Publication number 38	Freeman CW III and Boynton XL (2010) 'A Bare (but powerfully soft) footprint: China's global health diplomacy' in K Bliss (ed) *Key players in Global Health: How Brazil, Russia, India, China, and South Africa are influencing the game.* Centre for Strategic and International Studies: Washington.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited, but research questions as indicated above in the introduction of the book are structuring the chapter	
Phase of GHD	agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	Motivations: China's current efforts related to GHD	

	are linked to bolstering its 'soft power' by combatting non-traditional security threats such as health crisis abroad, and re-enforcing international stability and thereby protecting domestic interests and economic growth. Health diplomacy is viewed as a convenient way of building up goodwill, acting as an instrument for achieving strategic objectives such as continued access to natural resources in Africa.	
ii. Process	Links to domestic issues: SARS highlighted importance of global health engagement but domestic health needs limits health cooperation.	
iii. Actors	China has increased its regional presence (ASEAN, APEC), and its engagement multilaterally, taking on a more active role at the WHO. It engages with the BRICs and has become a donor to the Global Fund. No Chinese aid agency, State Council (cabinet) is key.	
iv. Content	Health cooperation, assistance	
v. Outcomes		
Research strategy	Case study	
Tools used	Not explicit, but based official documents and news reporting and secondary literature	
Key findings	Successful GHD engagement affected by engagement being framed in terms of South-South collaboration, and China's principle of non-interference in domestic affairs. (By others this is seen as a threat as it might stand in the way of real change). The author concludes that while China will continue to pursue its global health engagement, there are a number of limitations. Efforts remain fragmented and crisis driven and there is a lack of coordination between China and other external funders.	
Other comments	Other sources: Yanzhong Huang (2009) 'China's new health diplomacy in China's capacity to manage infectious diseases: Global Implications,' CSIS: Washington DC.	

Publication number 39	Jing X, Peilong L and Yan G (2011) 'Health diplomacy in China,' *Global Health governance* 4(2).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD		
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
Research strategy	Not stated	
Tools used	Not stated, but from references it appears that the research relies most heavily on secondary literature, with some analysis of data from the Department for International Cooperation in the Ministry of Health, China.	
Key	The work is a narrative of the history of health diplomacy in China. There are two main	

findings	components, a chronologically presented overview up to 2004 then an examination of the history after 2004. The authors outlines China's relationship with the WHO, Other International Organizations, regional organizations, the EU, bilateral cooperation with both developing and developed countries and non-governmental actors in a chronological and narrative manner.
Other comments	From the Reference list: Thompson D (2005) 'China's soft power in Africa: From the 'Beijing Consensus' to health diplomacy', *China Brief* Volume 21 (available through the Jamestown Foundation: CSIS)

Publication number 40	Aginam O (2010) 'Global health governance, intellectual property and access to essential medicines: Opportunities and impediments for south-south cooperation,' *Global Health Governance* 4(1).	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	"The "intellectual property versus access" discourse seems to have shifted from a trade-off between intellectual property and access towards "**innovation-plus-access**" - a more holistic framework championed and advocated by civil society and developing countries aimed at generating health-driven research and development."	Ellen 't Hoen (2009) *The Global Politics of Pharmaceutical Monopoly Power: Drug Patents, Access, Innovation and the Application of the WTO Doha Declaration on TRIPS and Public Health*. AMB Publishers: Diemen.
Phase of GHD	Agenda-setting, policy development, selection, implementation	
Variables		
i. Context		
ii. Process	Role of discourse, framework to structure the global debate	
iii. Actors	BRICS, CSOs	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Review of the literature	
Tools used	Analysis of relevant academic literature, policy frameworks of international organizations, and research and information generated by civil society groups.	
Key findings	Beyond local production of pharmaceuticals, as exemplified by the Cipla- Uganda joint venture, there exists considerable South-South collaboration on the larger intellectual property and access to medicines policy issues. Such collaboration includes the formation of political alliances between governments and civil society to push for shared interests in global policymaking arenas such as WHO, WTO and WIPO, and direct civil society-to-civil society networks that share information, strategies, and other resources across national boundaries to push for greater policy space in implementing TRIPS.	Pimenta M, Reis R and Terto V (2009) 'Intellectual Property Rights and Access to ARV medicines: Civil Society Resistance in the Global South,' *Brazilian Interdisciplinary AIDS Association*, Brazil. Yu P (2008) 'Access to Medicines, BRICS Alliances, and Collective Action,' *American Journal of Law and Medicine* 34:345-394
Other comments	Author states that interviews would strengthen the research. Useful references Aginam O (2010) 'Health or Trade? A Critique of Contemporary Approaches to Global Health Diplomacy,' Asian Journal of WTO & International Health Law and Policy 5(2):355-380 Labonte R and Gagnon L (2010) 'Framing Health and Foreign Policy: Lessons for	

	Global Health Diplomacy,' *Globalization and Health* 6:1-19 Fidler D (2010) 'The Challenges of Global Health Governance,' Working Paper for the Council on Foreign Relations (May). Joseph S (2003) 'Pharmaceutical Corporations and Access to Drugs: The "Fourth Wave" of Corporate Human Rights Scrutiny,' *Human Rights Quarterly* 25:425-452 Thomas C (2002) 'Trade Policy and the Politics of Access to Drugs,' *Third World Quarterly* 23:251-264 Sell S, 'The Quest for Global Governance in Intellectual Property and Public Health.' Prepared for International Studies Association Conference in Montreal, Canada (March 17-20, 2004).

Publication number 41	Almeida C et al (2010) 'Brazil's conception of South-South "structural cooperation" in health,' *RECIIS* 4(1):23-32.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited.	
Conceptual framework	The article uses the concept of structural cooperation in health.	
Phase of GHD	Not stated	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	The authors present a historical review of Brazil's conception of South-South "structural cooperation" in health followed by an analysis of how this Brazilian proposal has played out over the past decade.	
Tools used	A combination of primary documents and secondary sources	
Key findings	While the authors find it is too early to evaluate the impact of the effectiveness of structural cooperation, they suggest that it has to be implemented with the following political and technical considerations (a) priority for horizontal cooperation, also known as technical cooperation between developing countries; (b) focus on developing health capabilities; (c) coordinated initiatives in the regional context; (d) strong involvement of health ministers in building strategic and political consensus; and (e) encouraging partnership between ministries of health and foreign relations.	
Other comments		

Publication number 42	Balachandra A and Kravkova M (2012) 'Case II—Negotiating Access to HIV/AIDS Medicines: A Study of the Strategies Adopted by Brazil' in Fairman et al *Negotiating Public Health in a Globalized World: Global Health Diplomacy in Action.* SpringerBriefs in Public Health.	
	In the paper	**Reference(s) cited**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Negotiation, policy development	
Variables		
i. Context	Access to medicines and trade, bilateral relationship with the United States.	
ii. Process		

iii. Actors	The Brazilian government, the U.S. government (represented by the USTR) and PhRMA.	
iv. Content	The paper considers the negotiation strategies of the weaker power (Brazil)and the strategies used by Brazil. These include the effective use of high profile fora (UNGA)and coalition building.	
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	Not made explicit, but the authors appear to rely on a review of secondary literature and some interviews.	
Key findings	The authors find that Brazil's strategies where mostly successful, despite the fact that they are the weaker party in comparison with the US. Brazil has made AIDS medications more affordable for their citizens, and established itself as an important player in global health diplomacy. The authors conclude that Brazil has to continue to adapt to new circumstances and challenges, which, they argue, Brazil seems likely to be able to do.	
Other comments		

Publication number 43	Drahos P (2007) 'Four lessons for developing countries from the trade negotiations over access to medicines,' *Liverpool Law Review* 28:11–39	
	In the paper	**Reference(s) cited in paper**
Theory	Networked governance approach	Braithwaite Jand Drahos P (2000) *Global Business Regulation*. Cambridge University Press, Cambridge. Braithwaite J (2006) 'Responsive Regulation and Developing Economies' *World Development* 34:884- 892.
Conceptual framework	None cited	
Phase of GHD	Agenda-setting, policy development, negotiation..	
Variables		
i. Context	Access to medicines, negotiations around access to medicines at the WTO.	
ii. Process	Negotiation	
iii. Actors	State actors	
iv. Content	Access to medicine, trade and health	
v. Outcomes		
vi. Other		
Research strategy	Case study of trade negotiations at the WTO over access to medicine issues	
Tools used	Review of documents, analysis of negotiations	
Key findings	In a situation where a coalition of weak bargainers obtains a negotiating gain there has to be a strategy that is aimed at the realization of that gain. Weak actors have to be alert to the dangers of negotiating fatigue. Where a coalition of weak bargainers obtains a negotiating gain that requires high levels of rule complexity to implement, it reduces its chances of successfully realizing that gain. Where a coalition of weak bargainers obtains a negotiating gain it must have a strategy for countering forum shifting by a powerful losing state that is aimed at recapturing that gain.	

Other comments		

Publication number 44	Ngoasong MZ (2009) 'The emergence of global health partnerships as facilitators of access to medication in Africa: a narrative policy analysis,' *Social Science and Medicine* 68(5)	
	In the paper	**Reference(s) cited in paper**
Theory	Narrative Policy Analysis	See entries below table
Conceptual framework	"Over the last decade global health partnerships (GHPs) have been formed to provide a better policy response to Africa's health problems. GHPs are collaborative relationships among pharmaceutical companies in partnership with UN-based organizations, developing country governments and public and private foundations to ensure efficient product development, healthcare delivery and technical support for the implementation of national disease programs."	Buse K and Harmer A (2007) 'Seven habits of highly effective global public-private health partnerships: practice and potential', *Social Science & Medicine* 64(2):259–271 Buse K and Walt G (2000) 'Global public–private partnerships: part I – a new development in health?' *Bulletin of the World Health Organization* 78
Phase of GHD	Policy analysis	
Variables		
i. Context	Access to medication	
ii. Process		
iii. Actors	State actors, multilateral organization, civil society, industry and patient groups	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study: GHG and access to medication, Roll Back Malaria (RBM)partnership and the Accelerating Access Initiative (AAI)	
Tools used	Historical narrative, narrative policy analysis	
Key findings	The authors "demonstrate that to better evaluate the impact of GHPs in African countries, it is important to understand the historical context in which different narratives emerge leading to the formulation of global health policies for specific GHPs." In RBM, the relative values of malaria control tools are not adequately defined in relation to the country-specific context. In addition, inter-sectoral and multi-sectoral collaboration highlighted by RBM is hardly implemented. In the AAI, scaling up access to HIV/AIDS medication appears to overshadow the requirements to strengthen the national health systems as both are treated as competing priorities. These challenges are reflected in the narrative of events from different actors at global and national levels. The poorest and most vulnerable population was hardest hit. The under-representation of African partners in decision making makes it hard to understand their own narrative strategies through a study of GHP policy documents,	
Other comments	Useful references Kaplan T (1986) 'The narrative structure of policy analysis', *Journal of Policy Analysis and Management*, 5(4):761–778 MacRae D (1980) 'Concepts and methods of policy analysis', *Policy Studies Annual Review*, 4:74–80. McBeth M, Shanahan E, Arnell R and Hathaway P (2007) 'The intersection of narrative policy analysis and policy change theory', *The Policy Studies Journal* 35(1):87–108 Quade E (1975) *Analysis for public decisions*. Elsevier: New York. Zilber B (2007) 'Stories and the discursive dynamics of institutional entrepreneurship: the case of Israeli high-tech after the bubble', *Organization Studies* 28(7):1035–1054	

Publication number 45	Nunn A, Da Fonesca E and Gruskin S (2009) 'Changing global essential medicines norms to improve access to AIDS treatment: Lessons from Brazil,' *Global Public Health* 4(2):131-149.	
	In the paper	**Reference(s) cited in paper**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Agenda setting, policy selection, development and implementation	
Variables		
i. Context		
ii. Process	The importance of norms	
iii. Actors	Brazil	
iv. Content	Access to medicines	
v. Outcomes		
vi. Other		
Research strategy	Chronological narrative approach to explain how and why Brazil has shaped global health, human rights and trade norms related to essential medicines and highlight their evolving implications for global health policy.	
Tools used	This article is grounded in empirical data collected over the last three years, including more than 40 in-depth interviews with key informants; reviews of historical documents related to UNCHR, UNGA and WHA resolutions, as well as WTO agreements from 2000 to 2008; quantitative data about Brazilian and global drug prices; and thousands of newspaper articles.	
Key findings	Brazil's domestic efforts in terms of improving AIDS treatment spurred on engagement globally.	
Other		

Publication number 46	Owoeye O (2011) 'The WTO TRIPS Agreement, the Right to Health and Access to Medicines in Africa,' presented at the 34th AFSAAP Conference, Flinders University 2011	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	The right to health, human rights instruments	
Phase of GHD	Policy development	
Variables		
i. Context	Access to medicines, encourage African states to incorporate TRIPS flexibilities and human rights law into domestic law.	
ii. Process	WTO flexibilities	
iii. Actors	States, multilateral organizations	
iv. Content	Access to medicine, health policy	
v. Outcomes		
vi. Other		
Research strategy	Review of secondary materials	
Tools used	Review of documents	
Key findings	The TRIPS flexibilities and other international human rights law safeguarding the right to health must therefore not only be implemented into domestic law in all African Union countries but must also be put into practical effect.	
Other		

Publication number 47	Wogart JP, Calcagnotto G, Hein W, von Souest C (2008) 'AIDS, Access to Medicines, and the Different Roles of the Brazilian and South African Governments in Global Health Governance' *GIGA Working Paper No. 86*	
	In the paper	**Reference(s) cited**
Theory	The authors refer to the concept of "power types" (Keohane/Martin) and "interfaces" (Norman Long). ""Interfaces" are (following Long 1989) defined as "socio-political spaces of recurrent interactions of collective actors in the handling of transnational and international affairs" (Bartsch et al. 2007: 30). An analytical differentiation is made between four major types of interfaces which are closely related to the different types of power employed, that is, legal, resource-based, organizational, and discoursive" "we differentiate between four types of power: • Decision-making power (refers to the actors' ability to be involved in decision making and in formal norm setting) • Legal power (the ability to exert power based on legal structures and laws) • Resource-based power (refers to the actors´ material resources (for example, money, funding) and immaterial resources (knowledge, information) and their ability to provide these resources) • Discursive power (the ability to frame and influence discourses)	
Conceptual framework	Using the concepts above, the "authors examine the conflicts among major GHG actors that have arisen surrounding the limited access to medicines for fighting HIV/AIDS basically as a result of the Agreement on Trade Related Intellectual Property Rights (TRIPS), in force since 1995."	
Phase of GHD		
Variables		
i. Context	Access to medicines, trade and health	
ii. Process		
iii. Actors	Brazil and South African policy makers	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Review of theory and context, case study	
Tools used	Review of secondary sources	
Key findings	The authors present four finding which they feel could have future policy implications: First, the seemingly all-powerful transnational corporations were forced to negotiate and retreat vis-à-vis two developing countries in view of a global health crisis. Second, these accomplishments were achieved through the artful use of different interfaces, the combination of which made the change possible. Third, it is impossible to clearly separate the various interfaces utilized during the protracted conflict, but each played a prominent part at some stage of the multiple negotiations between 1995 and 2008. Fourth, the rapid response of the TNPCs represents a move into a new round of confrontation which will challenge the participants to further engage in multiple interfaces. Renewed "forum shifting" by major Northern countries away from the multilateral stage and increased attention to bilateral trade treaties containing TRIPs+ clauses has been answered by the South's introduction of a "development agenda" within WIPO and its proposal for a "Global Framework on Essential Health Research and Development" at the World Health Assembly of May 2006.	
Other comments	Useful references Bas A (2003) 'Non-State Actors in Global Governance—Three Faces of Power', Working Paper, Max-Planck-Projektgruppe Recht der Gemeinschaftsgüter, www.mpp-rdg.mpg.de/pdf_dat/2003_4.pdf (accessed on May 5, 2006). Barnett M and Duvall R (2005) 'Power in Global Governance', in M Barnett, R Duvall (eds) *Power in Global Governance*.	

	Bartsch S and Kohlmorgen L (2005) 'Nichtregierungsorganisationen als Akteure der Global Health Governance – Interaktion zwischen Kooperation und Konflikt', in J Betz, S Bartsch, W Hein, L Kohlmorgen (eds) *Interfaces: a Concept for the Analysis of Global Health Governance*. Hein W (ed) *Neues Jahrbuch Dritte Welt*. Zivilgesellschaft: Wiesbaden. Keohane R and Martin L (1999) 'Institutional Theory, Endogeneity, and Delegation,' www.people.fas.harvard.edu/~llmartin/LAKPAP.html (accessed on August 15, 2006). Long, N (1989) *Encounters at the Interface*. Wageningen. Long, N (2001) *Development Sociology. Actor Perspectives.* Routledge Chapman and Hall: London.

Publication number 48	Yu P (2008) 'Access to medicines, BRICS alliances and collective action,' *American Journal of Law & Medicine* 34:345-394.	
	In the paper	**Reference(s) cited**
Theory (	Not stated.	
Conceptual framework	Not stated, but bring forward ¨the hypothesis that "if BRICS countries are willing to join together to form a coalition, it is very likely that the resulting coalition will precipitate a negotiation deadlock.	
Phase of GHD	Not explicit. Policy development, selection, implemantation	
Variables		
i. Context		
ii. Process		
iii. Actors		
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Not stated	
Tools used	While not made explicit, the author relies mostly on secondary sources, with additional consideration of primary documentation.	
Key findings	Discusses four coordination strategies through which less developed countries can work together to strengthen their collective bargaining position, influence negotiation outcomes, and promote effective and democratic decision-making in the international intellectual property regime.These strategies include (1) the initiation of South-South alliances; (2) the facilitation of North-South cooperation; (3) joint participation in the WTO dispute settlement process; and (4) the development of regional or pro-development fora.	
Other comments		

Publication number 49	Cohen-Kohler, JC (2009) The Renovation of Institutions to Support Drug Access: is it enough? in Innovation in Global Health Governance: critical cases. Cooper A F and Kirton JJ (eds). Ashgate/CIGI http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited**
Theory	Globalization	Saul, J R (2005) The Collapse of Globalism and the Reinvention of the World. Toronto: Viking Canada
Conceptual	None stated in chapter, but linked to entry 42	

framework		
Phase of GHD	**Agenda-setting/ policy development/policy selection/policy implementation**	
i. Context	The domination of commercial interests is being challenged by social interests. The TRIPS Agreement contains provisions that protect health, but this has been given little weight.	
ii. Process		
iii. Actors	State actors	
iv. Content	Analysis of TRIPS Agreement/Access to medicine	
v. Outcomes	Health is emerging as a value in international trade law	
vi. Other		
Research strategy	Case study	
Tools used	Document analysis, including an analysis on the TRIPS Agreement, international statements and other relevant documents.	
Key findings	Since the creation of the WTO as well as international statements (The Declaration on the TRIPS Agreement and Public Health) it has been emphasised that health is a value that must be protected. However, commercial interests are strong and can challenge the focus on health.	
Other comments		

Publication number 50	Foreman L (2009) Global Health Governance from Below: Access to Medicines, International Human Rights Law and Social Movements Innovation in Global Health Governance: critical cases. Cooper A F and Kirton JJ (eds). Ashgate/CIGI http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited**
Theory	International human rights law/right to health	
Conceptual framework	None stated	See references listed below
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
i. Context	Access to HIV/AIDS medicines/TRIPS Agreement	
ii. Process		
iii. Actors	Social Movements	
iv. Content		
v. Outcomes		
vi. Other		
Research strategy	Case study	
Tools used	Not stated, appears to rely on secondary sources, and some primary sources.	
Key findings	International human rights law offers global health governance a normative framework. Actors responds not only to shock, as argued by the stimulus-response-innovation model. The AIDS medicines experience suggests the potential of the rights based social movement to achieve global health goals in the face of it conflicting with commercial interests.	
Other comments	O'Manique C (2007)'Global Health and the Universality of Human Rights: the case for G8 accountability In Cooper AF, Kirton JJ and Schrecker T, eds (2007) Governing Global Health: Challenges, Responses and Innovation. Aldershot: Ashgate Santos B d S (2002) "Toward a new legal common sense: law, globalization and emancipation" London: Butterworths Lexis Nexis	

	Otto D (1997)"Rethinking Universals: opening transformative possibilities in international human rights law" Australian Yearbook of International Law, vol 41, pp. 397-433 Shelton D (2007) "An introduction to the history of international human rights law" Public Law and Legal Theory Working Paper No 346. George Washington University Law School. Foreman L (2008) "Justice and Justiciability: advancing solidarity and justice through South Africa's right to health Jurisprudence." Journal of Medicine and Law, vol 27, no 3, pp. 661-683. Carrozza PG (2003) "From Conquest to Constitution: Retrieving a Latin American Tradition of the Idea of Human Rights" Human Rights Quarterly, vol 25, no 2, pp 281-313.

Publication number 51	Wogart, JP, Calcagnotto G, Hein W and von Soest C (2009) Aids and Access to medicines: Brazil and South Africa and Global Health Governance in Buse K, Hein W and Drager N, eds. (2009) Making Sense of Global Health Governance: A policy perspective. Palgrave macmillan http://www.palgrave-journals.com/jphp/journal/v31/n2/full/jphp20104a.html	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	Game theory mentioned but not cited.	
Conceptual framework	The chapter is structured around four different types of interfaces between actors. The interfaces are linked to different types of power: legal, resource-based, organizational and discursive. An analysis of the interfaces/power structures helps shed light on national and global health governance.	Bartsch S and Kohlmorgen L. (2005) Nichtregierungsorganisanisatio nen also Akteuren der Global Health Governance – Interaktionen zwichen Kooperation und Konflikt" in Betz J and Heins W, eds. Neues Jahrbuch Dritte Welt 2005. Zivilgesellschaft, pp. 57-87 ; Long N (1989) Encounters at the Interface. Wageningen: Wageningen Studies in Sociology
Phase of GHD	Agenda-setting/ policy development/policy selection/policy implementation	
i. Context	The conflict around the TRIPS Agreement and access to medicine related to IPR, involving the interests of pharmaceutical companies and their impact on government policies in developing countries; the type of power relationships/interactions in the case of access to antiretroviral drugs in Brazil and South Africa.	
ii. Process	Interfaces between actors shape the access to medicine debate	
iii. Actors	States, multilateral organization and non-state actors	
iv. Content	Access to medicines/trade/IPR	
v. Outcomes	Development of policy; flexibilities in trade regimes; influence of non-state actors	
vi. Other		
Research strategy	Historic overview and case study	

Tools used	Not made explicit, but review of secondary sources; primary source analysis, interviews
Key findings	Improved access to medicines in South Africa and Brazil was linked to an active civil society and the emergence of strong national health governance. Different interfaces were used by the two countries, which explains major divergences in approach (ie Brazil responded much earlier and worked closely with donors/diplomatic channels for change); Importance of global engagement and negotiations of TRIPS/access to medicines; role of non-state actors is greater now in terms of pushing legal norms.
Other comments	

7.4 Selected publications from the EQUINET research project on GHD

Publication number 52	Brown GW, A Barnes, S Harman, M Gruia and A Papamichail (2013) 'Annotated literature review: African actors, global health governance and performance-based funding', EQUINET Discussion paper 98 EQUINET: Harare.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	None cited	.
Phase of GHD	Agenda setting, negotiation, implementation	
Variables		
i. Context	Performance-based funding (PBF) has become increasingly popular in global health financing. It is defined essentially as the transfer of resources (money, material goods) for health on condition that measurable action will be taken to achieve predefined health system performance targets such as particular health outcomes, the delivery of effective interventions (such as HIV prophylaxis), utilisation of services (like HIV counselling and testing), or quality care. Due to the apparent incentives that tailored resource transfers offer, PBF is increasingly promoted by leading global actors as a way to efficiently and effectively reform the way health systems are planned, financed, co-ordinated and steered, particularly in low- and middle-income countries. Importantly, key funding agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World Bank also argue that PBF will promote reform in a way that is locally owned and accountable, given that performance targets and indicators will be developed through *active participation* of local actors from the bottom up, rather than being set by global agencies from the top down.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	Literature review of sources relevant to PBF health worker migration, negotiation of the Code.	
v. Outcomes	The authors provide a comprehensive overview of resources related to the PBF	
vi. Other		

Research strategy	Literature review	
Tools used	Review and analysis of documents (official documents, policies and published materials)	
Key findings	Tthere is limited systematic research evidence to confirm that PBF is (or is not) an effective strategy for reforming health system governance in a participatory, universally equitable and sustainable way.	
Other comments		

Publication number 53	Barnes A, Brown G, Harman S, Papamichail A, Banda P, Hayes R, Muliamba C (2014) 'African participation and partnership in performance-based financing: A case study in global health policy', *EQUINET Discussion Paper 102*, EQUINET: Harare.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	This study examines how African actors can participate in three levels of PBF policy (design, implementation and accountability), at what levels (global, regional and national) and with what affect in terms of quality of participation. The study considers the relationships between actors, and stages of policy development.	
Phase of GHD	Agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	This specific case study focuses on the participation of African actors in global health governance. In an attempt to better understand the spaces and places within which participation can occur, considering Performance-based financing in particular.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	Participation, governance, equity, spaces for GHD	
v. Outcomes	The authors provide a set of recommendations on how to claim a space for participation, improving and PBF. The recommendations are aimed at African actors.	
vi. Other		
Research strategy	Qualitative methods, case studies	
Tools used	Review of documents, policy analysis, semi-structured interviews, participant observations and stakeholder analysis.	
Key findings	The authors present a number of findings. Key among these, "despite PBF being largely driven and led by external funders, there is considerable space for greater African agency in driving the PBF agenda. PBF is also applied to the operations of external funders, and to the brokerage role played by UN agencies and international consultants. African agents – governments, civil servants, and civil society organisations – can thus hold development partners to account for their own activities. Countries that have said no to external funders have enhanced rather than reduced their agency."	
Other comments	This case study is part of a broader project, and should be read in conjunction with Brown GW, A Barnes, S Harman, M Gruia and A Papamichail (2013) 'Annotated literature review: African actors, global health	

	governance and performance based funding', EQUINET Discussion paper 98 EQUINET: Harare. The literature review sets out the rationale, conceptual framework and methods in more detail. The literature formed an essential part of the resulting case study.	

Publication number 54	Dambisya YM, Kadama P, Matinhure S, Malema N, Dulo C (2013) Literature review on codes of practice on international recruitment of health professionals in global health diplomacy, EQUINET Discussion paper 97, EQUINET, Harare	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	The organisation of evidence from the review was broadly guided by the policy analysis triangle of Walt and Gilson (1994), with attention paid to the context, content and process for each initiative identified, and the actors involved. The actors may be individuals, organisations or groups, and these may operate at national or international level (Walt and Gilson, 1994). We adopted the analytical framework for policy analysis for the review of the literature, given our interest in the changing context that determined the direction of the developments, the content of the policy options and the process(es) through which the various options were developed.	Walt G and L Gilson (1994) 'Reforming the health sector in the developing world: The central role of policy analysis', *Health policy and planning* 9:353-70.
Phase of GHD	Agenda setting, negotiation, implementation	
Variables		
i. Context	Global Code of Practice on the International Recruitment of Health Personnel (hereinafter called the "Code") adopted by the World Health Assembly (WHA) in May 2010 was the culmination of efforts by many different actors to address the maldistribution and shortages of health workers globally. African stakeholders influenced the development of the Code, but two years after its adoption only four African countries had designated national authorities, and only one had submitted a report to the WHO Secretariat.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	Literature review of sources relevant to the Code, health worker migration, negotiation of the Code.	
v. Outcomes	The authors provide a comprehensive overview of resources related to the Code.	
vi. Other		
Research strategy	Literature review	
Tools used	Review and analysis of documents (official documents, policies and published materials)	
Key findings	There are many possible reasons for the relative lull in reporting and implementation observed in 2012/3. Some argue that it reflects that migration did not have the level of negative impacts as portrayed. It may reflect the range of initiatives already in place to alleviate the crisis in the most hard-hit countries. There may be disillusionment in the weaker formulation on mutuality of benefits, compensation and its voluntary and non-	

	binding nature. The reasons will need to be obtained through follow-up study and interviews. The extent to which the final Code as adopted represents the expectations of African countries, the factors affecting its implementation and the usefulness of the current monitoring and reporting process to raise and address impacts of health worker migration on health systems will be explored in the next phase of the work.	
Other comments		

Publication number 55	Dambisya YM, N Malema, C Dulo, S Matinhure, P Kadama (2013) 'The engagement of east and southern African countries on the WHO Code of Practice on the International Recruitment of Health Personnel and its implementation', EQUINET Discussion paper 103, EQUINET, Harare.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	The organisation of evidence from the review was broadly guided by the policy analysis triangle of Walt and Gilson (1994), with attention paid to the context, content and process for each initiative identified and the actors involved.	Walt G and L Gilson (1994) 'Reforming the health sector in the developing world: The central role of policy analysis', *Health policy and planning* 9:353-70.
Phase of GHD	Agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	This study seeks to address how the policy interests of African countries informed the Code, and how the Code has been used, implemented and monitored in countries in the ESA region, particularly in relation to the concerns that motivated the Code.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	The Code, health personnel migration, negotiation, health diplomacy	
v. Outcomes	The authors provide a set of recommendation to ensure take-up and implementation of the Code, as this is currently lagging behind. They suggest there is a role for states, but also for regional organizations and the WHO	
vi. Other		
Research strategy	Case studies	
Tools used	Review and analysis of documents, policy analysis, interviews, and stakeholder analysis.	
Key findings	Despite the prominent role of African stakeholders during the negotiation phase, the research finds that countries in the ESA region have not made much progress in implementing and monitoring the Code, or using it in their engagement in global health diplomacy, and that the Code remains largely unknown in the region. The major barriers to implementation of the Code included lack of preparedness, poor mobilisation at country level, overburdened HR departments, and lack of national champions to drive Code implementation and reporting. Much of that inertia would appear to be due to lack of a focal person or due to overwhelmed HR departments that have not found the space or time to undertake Code implementation processes such as dissemination of the Code. The lack of progress in this regard suggests waning political will on issues of HRH migration within the region.	

Other comments	This case study is part of a broader project, and should be read in conjunction with Dambisya et (2013) Literature review on codes of practice on international recruitment of health professionals in global health diplomacy that sets out the rationale, conceptual framework and methods in more detail. The literature formed an essential part of the resulting case study.	

Publication number 56	SEATINI, CEHURD (2013) 'Literature review on co-operation in essential medicines production and procurement between Eastern and Southern Africa (ESA) and Brazil, India and China', EQUINET Discussion paper 96, TARSC, CPTL, EQUINET Harare	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	None cited	
Phase of GHD	Not stated explicitly	
Variables		
i. Context	Access to medicines is one of the key requirements for achieving equitable health systems. The paper literature related to south-south collaboration in local pharmaceutical production in the ESA region.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	Access to medicines, south-south collaboration, local production of medicines.	
v. Outcomes	The literature reviewed points to a number of bottlenecks and challenges to local production, undermining implementation of the policy intention to pursue it. However, there is some evidence of emerging south–south public and private sector partnerships and policy options for regional level production agreements that can address some of these bottlenecks. Regional agreements and co-operation can widen markets and generate economies of scale, making better use of installed capacities, enhancing feasibility of local supply of active ingredients and other raw materials, strengthening negotiating positions on prices and quality control.	
Research strategy	Literature review	
Tools used	Review and analysis of documents (official documents, policies and published materials)	
Key findings	While there is great potential for south-south collaboration and local pharmaceutical production, many bottlenecks remain in advancing a policy goal of local production, despite the intentions in the AU and regional plans. The bottlenecks include lack of adequate infrastructure, resources, capacities, markets and research and development needed to establish and sustain local production. The authors call for co-operation among local manufacturers, technical and research institutions, personnel and training institutions and governments within countries.	
Other		

Publication number 57	SEATINI, CEHURD (2014) Medicines production and procurement in east and southern Africa and the role of south-south co-operation, EQUINET Discussion paper 104, EQUINET: Harare.	
	In the paper	**Reference(s) cited in paper (as relevant)**
Theory	None cited	
Conceptual framework	Not stated, but does focus on the phases of GHD in relation to medicines production and access to medicines and notes the relationships between actors.	
Phase of GHD	Not stated explicitly, but does cover agenda-setting / policy development / policy selection / policy implementation	
Variables		
i. Context	Access to medicines is one of the key requirements for achieving equitable health systems. The paper considers if south-south collaboration and local production of medicines might help address the lack of access experiences in east and southern Africa. The authors identify opportunities and bottlenecks.	
ii. Process	Agenda-setting, policy development, implementation	
iii. Actors	States, multilateral organizations, regional organizations.	
iv. Content	Access to medicines, south-south collaboration, local production of medicines.	
v. Outcomes	The authors provide a set of recommendations to address bottlenecks to local pharmaceutical production in ESA countries.	
vi. Other		
Research strategy	Case studies	
Tools used	Review and analysis of documents (official documents, policies and published materials), policy analysis, interviews, and stakeholder analysis.	
Key findings	While there is great potential for south-south collaboration and local pharmaceutical production, many bottlenecks remain in advancing a policy goal of local production, despite the intentions in the AU and regional plans. The bottlenecks include lack of adequate infrastructure, resources, capacities, markets and research and development needed to establish and sustain local production. The authors call for co-operation among local manufacturers, technical and research institutions, personnel and training institutions and governments within countries.	
Other comments	This case study is part of a broader project, and should be read in conjunction with SEATINI, CEHURD (2013) 'Literature review on co-operation in essential medicines production and procurement between Eastern and Southern Africa (ESA) and Brazil, India and China', EQUINET Discussion paper 96, TARSC, CPTL, EQUINET Harare.	

Appendix 1: Key words and results of the key word search

The key word searches aimed to find research on health diplomacy involving the GHD and also specifically global codes, south-south collaboration in GHD and global funds. With this objective in mind, key word searches included: global health diplomacy (482 results); health diplomacy (17, 800 results); medical diplomacy (17, 300 results); health diplomacy + global code (19 results); health diplomacy + south-south (105 results); health diplomacy + global fund (202 results). Searches performed using these criteria retrieved a vast amount of published material; however, much of this material did not meet the guidelines of the project. For example, a significant proportion of the literature came in the form of editorials and commentaries, rather than peer-reviewed articles and academic reports. In addition, individual searches often duplicated results (ie. a single article would appear multiple times in a single search, thereby inflating the number of sources 'found,' artificially).

To ensure that relevant articles had not been missed, others sets of key word searches were performed

i. The term 'global health governance' was used instead of 'health diplomacy' and covered the combined time period of the two previous searches (1998-2012). Key words for this search included: global health governance + global code (24 results); global health governance + south-south (78 results); global health governance + global fund (530 results).
ii. A search was performed for articles directly relevant to the three case studies for 2005-2012 using alternative key words, ie: africa + brain drain (15, 500 results); africa + global code (638 results); africa + china + health diplomacy (379 results); africa + brazil + health diplomacy (273 results); africa + india + health diplomacy (346 results); BRICs + essential medicines (198 results); africa + global fund (10, 500 results); africa + who (806, 000 results); africa + aids governance (19, 000 results). The term 'brain drain' was used because of a tendency in the literature to refer to health worker migration using this colloquialism.
iii. We added the following searches for 2005-2012 for : Africa+negotiation in health+case study (10,700 results); Africa+south-south negotiation in health (703 results for the period 2011-2012, 3640 for 2005-2010); International health negotiation +access to medicines (3020 results, with the added phrase case study, the number of results dropped to 2590); Africa+health diplomacy+international negotiation+case study+brain drain produced some 8000 entries as did the search Africa+ negotiation in health+global fund. The time period for these additional searches was 2005-2012. As with the previous results, we emphasized peer-reviewed pieces and academic commentary. Where the volume of results was high (Africa+negotiation in health+case study; Africa+health diplomacy+international negotiation+case study+brain drain and Africa+ negotiation in health+global fund), the review of the results was abandoned after 600 entries, when the results were no longer relevant and the rate of repetition was high.

The second stage of research was conducted using key word searches on Google Books and PAIS International - these databases were selected because of the limited number of databases to include books and monographs. To maintain continuity with research conducted through Google Scholar, similar key word searches were performed, and a timeframe of 1998-2012 was used to limit selections. Of the two databases, Google Books retrieved significantly more results. Like Google Scholar however, a significant amount of repetition occurred because of duplication in the results (see above).

Searches using Google Books retrieved the following: global health diplomacy (786 results); health diplomacy (1520 results); medical diplomacy (1,160 results); health diplomacy+africa (427 results); health diplomacy+global code (1 result); health diplomacy+south-south (4 results); health diplomacy+global fund (60 results); africa+global code (703 results); africa+brain drain (113,000 results); africa+china+health diplomacy (189 results); africa+brazil+health diplomacy (105 results); africa+india+health diplomacy (111 results); brics+essential medicines (49 results); africa+global fund (28, 300 results); africa+aids governance (252 results); africa+world health organization (797,000 results); global health governance+global code (2 results); global health

governance+south-south (6 results); global health governance+global fund+case study (4 results); global health negotiations (3 results).

By contrast, searches conducted through PAIS International did not render any duplication; and results were far fewer. Through an advanced search limited to books and book chapters, searches rendered the following results: global health diplomacy (1 result); health diplomacy (2 results); medical diplomacy (5 results); health diplomacy+africa (0 results); health diplomacy+global code (0 result); health diplomacy+south-south (0 results); health diplomacy+global fund (0 results); africa+global code (0 results); africa+brain drain (9 results); africa+china+health diplomacy (0 results); africa+brazil+health diplomacy (0 results); africa+india+health diplomacy (0 results); brics+essential medicines (0 results); africa+global fund (3 results); africa+aids governance (0 results); africa+world health organization (20 results); global health governance+global code (0 results); global health governance+south-south (0 results); global health governance+global fund+case study (0 results); global health negotiations (0 results).

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

EQUINET implements work in a number of areas identified as central to health equity in east and southern Africa

- Protecting health in economic and trade policy
- Building universal, primary health care oriented health systems
- Equitable, health systems strengthening responses to HIV and AIDS
- Fair Financing of health systems
- Valuing and retaining health workers
- Organising participatory, people centred health systems
- Social empowerment and action for health
- Monitoring progress through country and regional equity watches

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET from the following institutions: TARSC, Zimbabwe; CWGH, Zimbabwe; University of Cape Town (UCT), South Africa; Health Economics Unit, Cape Town, South Africa; MHEN Malawi; HEPS and CEHURD Uganda, University of Limpopo, South Africa, University of Namibia; University of Western Cape, SEATINI, Zimbabwe; REACH Trust Malawi; Min of Health Mozambique; Ifakara Health Institute, Tanzania, Kenya Health Equity Network; and SEAPACOH

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Series Editor: Rene Loewenson
Issue Editor: R Loewenson and V Tyson on the 2012 original paper