



InsSciDE Work Package 5:

Health Diplomacy as a Tool for a Strengthened and Innovative Europe

Case Study n°5.1	Designing a European Health Diplomacy: A Comprehensive Approach
Author	Céline Paillette
Consortium Partner n°1	Centre National de Recherche Scientifique (CNRS)
Additional author affiliation	UMR Sirice, Université de Paris 1 Panthéon-Sorbonne

Introduction

This InsSciDE case study will generate a comprehensive historical account of international cooperation in and beyond European health diplomacy, in the field of epidemics and crises management during the first stage of the contemporary globalization from the mid 19th to the 1920s. We will analyze three case studies. First, we will study the management of a global epidemic in Europe at a local scale by analysing the diplomatic and consular services, dealing with the Plague in Porto at the turn of the 19th century. The second analysis will address the cholera epidemic in Italy in the decade following 1910, during which Europe experimented with a new scale of Health Diplomacy. Finally, we will examine the diplomatic efforts during the Spanish flu epidemic which occurred between 1918-1923 – a period of war and peace making.

Our analysis will focus on the different spaces, moments and practices of negotiation dealing with epidemic crises. This historical and comparative approach will fulfill the following three objectives. Firstly, it will question the conceptual definition of health diplomacy, beyond the “face-to-face diplomacy” which commonly opposes “state health diplomacy” and “global health diplomacy”. From one case study to another, we will progressively investigate how the diplomatic actor categories of physicians and formal diplomats were conventionally defined. Secondly and consequently, we will explore the importance of the wide range of actors involved in health diplomacy and map its plural networks. We will place particular focus on economic actors, such as world trade and telecommunications stakeholders, who have been strongly interested in dealing with epidemics and disaster management related to epidemics since the 19th century. Lastly, we will suggest a typology of the new actors emerging in health diplomacy, highlighting in particular the growing impact of civil society in the framing of both European and public health diplomacy.

Actors

The core of our research will be to provide an effective and useful map of all kinds of actors involved in or impacted by health, sanitary, and epidemics issues. Our analysis will discern for each historic case who controlled and managed the negotiations, and whether actors' objectives have been to regulate public health at European level or to deal with an epidemic in, or outside, Europe.

We will shed light on negotiation practices relative to different moments of health diplomacy: negotiations with a long-term perspective, but also those undertaken during health crises or epidemics disasters, or in the goal of managing threats of epidemic. Here the main objective is to identify the skills that have been used, and are needed in different health diplomacy situations. Humanitarian situations, crises management and global health cooperation require that both practitioners and diplomatic agents on the field or in conferences have expert knowledge in timing negotiations.



Networks and communication

We will furthermore seek to reveal how networks of experts, diplomats and economic stakeholders interacted in the past to manage epidemic hazards and deal with epidemic disasters. Here, information – understood in its broadest sense – and communication play an essential role in diplomatic negotiations and epidemic management. Moreover, networks of information and telecommunication are some of the most important tools available to protect the population from epidemics and to allow controlled economic exchanges in times of epidemic hazards. So, we aim to show the place of data collection and classification (regarding public health and population, or epidemics) in shaping the European influence on an international stage.

Mastering communication and telecommunications is essential to a powerful and innovative Europe in the field of health diplomacy. To understand the crossover between public diplomacy and European health diplomacy, we may attempt to answer how the European actor network communicated about epidemic crises during the first stage of globalization. We also aim to capture the trends that will help us understand the degree to which European health diplomacy can be framed as public diplomacy targeting public opinion in and outside Europe.

Disciplinary/methodological approach

We will consult information from different disciplines such as science diplomacy, health diplomacy, medicine, economics and epidemics management. Technology, sciences and medicine are entwined at all stages of the cases we study. We will borrow tools from the history of international relations, especially from the new diplomatic history and from the global history of medicine. We will conduct research in national and international material archives: those of the French Ministry of Foreign Affairs, La Courneuve and Centre des archives diplomatiques de Nantes (CADN) ; UK National Archives, Kew; and the League of Nations Archives, Geneva, We will utilize other printed material as well.

Essential bibliography

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InsSciDE Work Package 5: Health Diplomacy as a Tool for a Strengthened and Innovative Europe	
Case Study n°5.2	Biodiversity and natural resources as Global Public Goods for Global Health: how do European actors negotiate, succeed or fail?
Author	Muriel Le Roux
Consortium Partner n°1	Centre National de Recherche Scientifique (CNRS)
Additional author affiliation	CNRS – Institut d’histoire moderne et contemporaine, École Normale Supérieure – Paris 1 Université

Abstract

This case study will examine the notion of collective ownership in the area of biodiversity and its consequences for science diplomacy. We will assess past attempts to frame biodiversity as a global public good and explore the possible lessons for strengthening European science diplomacy. To understand the current EU position on the collective nature of biodiversity resources, which has become central to diplomacy at today's critical juncture, we will ask how diplomats have acquired and drawn on shared knowledge about these resources. We will also investigate how exchanges of natural botanic substances are co-constructed by European diplomats and scientists as matters of health and science diplomacy with countries outside Europe.

We will attempt to trace how, in the past 60 years, scientists at the French National Centre for Scientific Research (CNRS) Institute of Chemistry of Natural Substances (ICSN) moved from a sampling logic to one of transnational cooperation in the management of plants and of training through research. We will show how at the same time, in cooperation with the French Institute of Research for Development and the French Ministry of Foreign Affairs these scientists expanded their interactions beyond basic and applied research to propose methods to protect biodiversity.

We will then explore the extent to which these scientists may have contributed to the emergence of a more virtuous diplomacy by taking into account the sustainability of resources beyond immediate national interests. We will focus on the case of ICSN chemists and botanists who inventoried Malagasy plants, thereby facilitating the development of Navelbine (an anti-cancer drug prescribed for the treatment of breast cancer). We will try to determine whether this sequence led in part to the French and European cooperation seen in the development of the Malagasy environmental protection program.

This research will help us identify ways to reinforce the relations between European scientists and diplomats at a time when European-level scientific policy is being strengthened. We will investigate how diplomatic staff are trained to take into account data provided by European scientists, data whose specific agendas and temporalities are often far removed from those of political diplomacy. Additionally, we will investigate what kind of training, if any, diplomats receive that allows them to use scientific information effectively, and conversely. Finally, we will delve into whether divergent international agendas are reconciled: political agendas, but also, the protection of natural resources, the facilitation of scientific cooperation, and the assurance that natural substances remain available for the future manufacture of therapeutics.

Actors

The main actors for this analysis include academic chemists and botanists, industrial chemists, French diplomats who were in charge of academic or economic cooperation, and EU experts/diplomats in charge of international cooperation with countries producing natural substances.



Fields and disciplines, interfaces with technology

For our study, we will utilize information derived from transnational history, history of science, history of natural substances (chemistry), history of science diplomacy and business history.

Disciplinary/methodological approach

Based on interviews with chemists we will reconstruct the paths they followed to obtain access to natural species (plants) in territories beyond continental France. Actors' testimony will be cross-referenced with archival materials. We will analyze this history with the help of the concept 'compagnonnage'¹, which we used (2017) to tell the story of the discovery of two molecules used to develop major anti-cancer pharmaceuticals.

Essential bibliography

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¹ 'Compagnonnage' traditionally is the trade guild practice of apprenticeship and fellowship, through work-shadowing and mentoring.



InsSciDE Work Package 5:	
Health Diplomacy as a Tool for a Strengthened and Innovative Europe	
Case Study n°5.3	EU Health policy at different levels: Infectious Diseases, Blood Safety, and Science Diplomacy
Author	Katerina Vlantoni
Consortium Partner n°7	National Technical University of Athens (NTUA)
Additional author affiliation	Postdoctoral researcher, Department of History and Philosophy of Science, National and Kapodistrian University of Athens / National Technical University of Athens (NTUA)

Abstract

Blood safety is a crucial public health issue. In the last thirty years, advancing blood safety became a central goal in response to the HIV/AIDS² epidemic and other pandemics and crises. The related efforts to enhance blood safety involved intense collaboration among European Union (EU) Member States and at an international level. This InsSciDE case study explores the past and future importance of science diplomacy at various levels of the policy: cooperation among EU member states and other European countries; cooperation among the EU and other developed countries; the global leadership role of the EU in addressing blood safety.

Responding to the transmission of infectious disease through blood products, the European Medicines Agency (EMA, now EMA) developed and promoted new policies to ensure the safety of patients. EMA, in cooperation with the United States Food and Drug Administration (US FDA) and the World Health Organisation (WHO), promoted the use of new diagnostic practices to handle the possibility of the transmission of infectious diseases. Similar policies were adopted to improve the safety of blood transfusions. The organization of the national blood transfusion services, following recent EU directives, was set under common standards to ensure a minimal degree of blood safety throughout the EU area.

At the same time, knowledge and resource sharing permitted East European and Balkan countries to develop and modernize their infrastructure. At a global level, following calls by WHO, the EU and diplomacy for science have both played a crucial and continuing role in assisting developing countries to achieve the targets of blood availability and safety. The case study will focus on the use of diagnostic technologies for blood screening as a means of enhancing blood safety, in relation to the overall blood safety initiatives at European and global scale. Through this case study, we will attempt to understand the role of European health diplomacy in promoting blood safety both in the European area and in response to global challenges.

Introduction

In the post-HIV era, enhancing blood safety became a principal goal in high-income countries and worldwide. The governance of the blood systems reached this goal through their transformation of risk management institutions. Intense collaboration among EU Member States and at international level resulted in the adoption of a series of measures targeting the reduction of the risk of transfusion-transmitted infections for patients. The EU policy efforts led to setting standards to ensure a minimal common degree of blood safety throughout the EU area. Knowledge and resource sharing permitted East European and Balkan countries to develop and modernize their blood collection, storage and transfusion infrastructure. At the same time numerous efforts

² Human immunodeficiency virus/Acquired immune deficiency syndrome



at global level assisted middle- and low-income countries to achieve the targets of blood availability and safety.

Our case study directs attention to policies and practices adopted to improve blood safety. It explores the technology-driven policies that since the late 1990s seek to reduce the risk of transfusion-transmitted infections through the use of molecular diagnostic technologies for blood screening. Our study furthermore reveals responses to such policies: for instance transfusion medicine professionals have shown concern that the adoption of molecular diagnostics widens the gap between high-income and middle/low-income countries with regard to access to safe blood, and they also have reconsidered the approaches implemented in some programs assisting low-income countries to improve blood transfusion services. The study aims to locate notions of health diplomacy in the efforts to secure widespread blood availability and blood safety.

The case study will contribute to the InsSciDE objective of a broader understanding of science-based health diplomacy. Studying a wide range of actors and practices, we will locate and highlight European and global joint actions in health policy and health diplomacy processes.

Actors

The case study will produce a detailed mapping of the relevant actors. These include (but are not limited to) transfusion medicine professionals; EU national blood transfusion services and the European Blood Alliance (EBA); the Directorate-General for Health and Food Safety of the EU; the European Directorate for the Quality of Medicines and Health Care (EDQM) of the Council of Europe; EMA and US FDA; the WHO Blood Transfusion Safety unit; the companies that produce medical diagnostic technologies.

Disciplinary/methodological approach

We will study primary documentary sources, such as: scientific literature on the topic of blood safety; policy documents related to major shifts in blood systems governance and blood safety initiatives; gray literature. Following the analysis of documentary sources and through cross-referencing we shall identify crucial actors to be interviewed. They will include transfusion medicine specialists with long experience of policies for the improvement of blood safety; officials, policymakers and consultants from the Directorate-General for Health and Food Safety of the EU; officials from the WHO Blood Transfusion Safety unit.

Essential bibliography

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InsSciDE Work Package 5:	
Health Diplomacy as a Tool for a Strengthened and Innovative Europe	
Case Study n°5.4	Europeanizing Vaccination Policy: Towards a better understanding of “Health Data Diplomacy” in Europe
Author	Katharina Paul, Anna Pichelstorfer
Consortium Partner n°10	University of Vienna (UNIVIE)
Additional author affiliation	Department of Political Science, University of Vienna (UNIVIE)

Abstract

Infectious diseases are transnational matters, yet the development of the related policies remains largely within the remit of individual countries. Immunization is a case in point (Paul & Loer 2018): financing, definition of target groups, and implementation are not just national, but at times even regional matters. The large variety of delivery systems and vaccination schedules within the EU makes comparison and benchmarking challenging, as well as a potential issue for health and science diplomacy (Lopalco and Santisteve, 2013; Hotez, 2013).

Given increased mobility and technological advances, the relevance and shape of infectious disease control, prevention and monitoring have changed (Davies et al., 2015; Elbe, 2018). In recent years, vaccination has become a foreign policy and security concern. The European Union (EU) has reinforced its efforts to foster collaboration on vaccine-preventable diseases among member states and with global organizations such as the WHO.

Against this background, our InsSciDE case study seeks to shed light on how data production and exchange on vaccination rates are organized and orchestrated, but also resisted in other places. We will provide an analysis of the production and sharing of vaccination data in the European Union (EU) as well as of the different actors and technologies involved. Furthermore, we aim to discuss the numerous challenges to the “Europeanization” of vaccination registries.

Introduction

In recent years, vaccination has become a key concern in EU public health. Data on immunization coverage/rates is of particular importance in a number of areas including early warning systems, consular affairs, aid work, and possibilities to structure bilateral relations, multilateral resolutions and building trust among nation states. Increasing collaboration among EU member states was fostered to enable data exchange on vaccination rates, leading to the establishment of new EU institutions such as the European Centre for Disease Control (ECDC) and to new surveillance technologies in infectious disease control, prevention and monitoring. Key developments in these area range from the introduction of national immunization programs in the late 1990s (DECISION No 2119/98/EC) and different attempts to achieve global standardization and EU-wide harmonization of the systems of surveillance (Kickbusch et al., 2007) to the vision of a European Vaccination Information Sharing (EVIS) system (Council Recommendation on strengthened cooperation against vaccine-preventable diseases 2018). Vaccination seems to move from an issue that needs management and control to become an issue of health security. This ties into a broader shift of securitizing public health and institutionalizing a health security regime within the EU (Bengtsson and Rhinard 2018)

Our case study examines infectious disease control and surveillance in the European Union as an instance of health diplomacy. The overarching objective of the research is to analyse contemporary policy developments at the EU level. The research team at the University of Vienna specifically explores national and international



data exchanges regarding vaccination rates and the possibility of convergence of vaccination guidelines across countries. The case study is firmly rooted in interpretive policy analysis and science and technology studies and focusses on everyday practices of policy officials and administrators but also other actors, such as epidemiologists. It thus complements the historical case studies by exploring contemporary practices of health diplomacy.

Fields and disciplines, interfaces with technology

National immunization programs (NIPs) are divergent and disparate, but we find that niches are created for cross-border strategic collaboration in the form of infrastructures for data exchange. Diverse methods are used to assess vaccination coverage, and through complex “data journeys” (Bates et al., 2016), indicators are made comparable for global, WHO-based, or EU-wide rankings by the European Centre for Disease Control (ECDC). We understand these infrastructures to be sociotechnical tools that connect NIPs and that allow for particular forms of coordination, while they thwart others (Bruun-Jensen and Morita 2015; Larkin 2013).

A number of actors have contributed to the emergence of these infrastructures by pushing for international standards to be shared by member states to improve data quality. Among them were, as our preliminary research indicates, scientists – particularly epidemiologists – who have carved out transnational collaborative niches that can best be understood as a form of “health data diplomacy”. Epidemiologists, we propose, play a key role in facilitating cross-border coordination – if not Europeanization. Studying the role of epidemiologists in pushing for further data integration may offer important insights for science and health diplomacy at both national and a shared European level.

As suggested by Osborn (1997: 185) the concern with vaccination uptake (or coverage: proportion of the population having received a required vaccination) has grown in the Western world with the rise of the modern state. As seen in other policy areas, such as economic and labour market policies, a common approach to measuring uptake is to make states comparable by establishing seemingly quantifiable variables. In the case of vaccination, uptake thus becomes an indicator of state performance and success or failure. According to Dew (1999:392) “if vaccination levels are high the state has achieved its target, no matter what relationship this has to actual level of health of protection from disease”. A focus on vaccination rates and data exchange explicated by different attempts to achieve global standardization and EU-wide harmonization of the systems of surveillance (such as the vision of a European Vaccination Information Sharing (EVIS) system) thus allows to investigate the role of sociotechnical infrastructures in health diplomacy.

Actors

To draw a comprehensive map of actors will be one contribution of our case study. After a period of explorative research, we can already state that in addition to the WHO a variety of EU institutions are involved. We aim to particularly focus on the practices of ECDC. Aside from EU institutions, EU member states and national authorities such as the Robert Koch Institute in Germany or the French Institute for Public Health Surveillance (INVS) play a key role in monitoring and collecting data on the deployment of vaccinations. But it is not only bureaucrats and policy officials who play a role but also scientists, in particular epidemiologists, and medical doctors. Last but not least, our study will shed light onto the constitutive roles of technologies, data and infrastructures in health diplomacy: How do they become central in diplomatic practices? How are they entangled with other actors to contribute to public health and what relationships to these technologies invoke between national, supranational, and global actors, and the public at large?

Disciplinary/methodological approach

Drawing on concepts and methods from political science and science and technology studies (STS), the project employs desk research, literature review, and social-scientific expert interviews to investigate the design, use, and potential future use of so-called vaccination registries and disease surveillance systems at the level of the European Union (EU). We understand these databases to form central infrastructures in shaping immunization policy, much as railways historically acted in shaping spatial, economic and other policy areas. We hypothesize that these registries can generate new knowledge but also shape relations between the state, society, and



science. The study is thus not only an innovative social-scientific endeavour, but also of potential benefit to public health.

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