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Turkey's Health Diplomacy

Türkiye'nin Sağlık Diplomasisi

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ÖZ

Bu çalışmada, sağlık alanının ülkelerin dış politikasında araçlaştırılması yumuşak güç kavramı çerçevesinde incelenmiştir. Çalışmanın aktüalitenin ötesinde akademik düzeyde tartışmaya açılması için "Sağlık Diplomasisi" kavramı İngiliz Okulu'nun Uluslararası Toplum kavramı bağlamında ele alınmıştır. Makalede sağlık diplomasisinin kavramsal olarak gelişimi ve devletlerin ve Türkiye'nin dış politikada yaygın bir biçimde kullanılabilir hâle gelmesi tarihsel akış içerisinde incelenmiştir. Sağlık diplomasisi kavramının İnsani ve Sosyal, Ekonomik ve Ticari yönleri dikkate alınarak günümüz şartlarında sağlık yardımı faaliyetleri, sağlığa yönelik mesleki eğitim ve yardım faaliyetleri, sağlık turizmi ve sağlık ürünleri ticareti olmak üzere dört başlık altında incelenmiştir. Sayısal veriler eşliğinde Türkiye özelinde bu araçların kullanımı incelenmiştir. Bu makalenin Covid 19 pandemisinden önceye yazılmaya başlanması sağlık diplomasisi kavramını dağa değerli kılmış olup, bu duruma makalenin sonuç kısmında yer verilmiştir.

ABSTRACT

This article discusses the instrumentalization of the field of health in foreign politics by countries for building a positive image in the international society. After the 1970s, health diplomacy emerged as one of the tools to gain influence using soft power. The author explains the concept of health diplomacy, its development, and widespread use with the historical background. The British School of International Relations gave the theory of 'International Society', which has been elaborated in the current context. A comprehensive rationalization of the concept of health diplomacy in light of the 'International Society' approach provided in the present article may help policymakers to exploit this field fully. Subsequently, the 4 tools of health diplomacy, namely health assistance activities, health-professionals training programs and relief activities, health tourism, and trade of health care products in present-day conditions, are discussed and examined, with practical examples from Turkey's efforts at using health activities for achieving diplomatic goals. Eventually, the need to revolutionize foreign policy tools in the context of the current COVID-19 pandemic has been discussed, based on data relevant to Turkey's foreign policy goals.

1. Introduction

The phenomenon of recognizing health as a potential subject matter, and even a tool, in the foreign policy of states began with the internationalization of health matters, the first example of which was seen in Europe. In 1831, the European states decided to pressurize the Ottoman state politically to take sanitary measures to check the spread of diseases originating in Bengal and spreading to Europe through pilgrims (Kuneralp,1989). This was followed by the

first sanitary conference held in Paris which recognized the influence of health matters on other political and trade relations. Setting a more concrete paradigm for the internationalization of health affairs, the Paris conference held on July 23, 1851, witnessed the participation of several countries to discuss the contemporary epidemics in Europe and their impact on international trade (WHO, 2011a). Considering the state of affairs at that time, it may be presumed that the primary purpose of this first international

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conference was to guarantee international trade rather than improvement in international health. However, in 1892, the International Hygiene/Sanitary Conference held in Venice was one of the foremost international initiatives across borders that acknowledged health as an essential discipline in international relations. Subsequently, the watershed events that substantiated the international dimension to health were the establishment of the health office under the League of Nations in Geneva in 1919, and the eventual formation of the World Health Organization (WHO) in 1948 after World War II (WHO, 2011b).

According to the frequently used definition, foreign policy encompasses the principal determinants and values in a country's relationship with other countries, while diplomacy refers to the manner in which these values are practiced (Lee & Smith, 2011). Over the years, diplomacy has evolved significantly with the introduction of globalization, as have the magnitude of regional and global problems that require collective solutions, and hence, the importance of novel instruments of interaction and international relations (Comfort, 2007). Eventually, with the increasing influence of independent actors in foreign policy in addition to classical diplomacy, which broadly involves appointed government representatives to work with other states, many non-governmental actors have emerged as good, alternative, soft-power tools in foreign policy. The Modern Diplomacy Handbook prepared by the Oxford University coined the term 'modern diplomacy' to describe this trend, also referred to as 'new diplomacy' by other sources (Fidler, 2013). Hence, health diplomacy may be defined as the use of the salient elements of a country's healthcare as a 'soft-power' tool and the mobilization of these elements consistent with the foreign policy agenda of the country. However, the country exercising this power must ensure that the relevant elements/resources are adequately recruited to ascertain the intended purpose of their use (Sancak, 2016).

The concept of using health as an instrument of 'soft power' in the international relations of a country arose in the 2000s, with emphasis on addressing these concerns during regular times, not only during pandemics or epidemics. Thereafter, many authors like Ilona Kickbusch, who is one of the leading academicians in this field, began exploring the arena of health diplomacy and acknowledged that health diplomacy is a political process. Besides other significant contributions to conceptualize health diplomacy, Kickbusch also defined health diplomacy, describing it as a means to enable the realization of foreign policy goals, economic interests, and ethical values, that is, meeting the interests of nations through health-related issues (Ivanova, 2013).

2. The Concept of Health Diplomacy and Its Relationship with International Relations

Long before the incorporation of health into diplomacy in its current inclusive form, many countries began instrumentalizing health issues in their foreign policy agenda. Peter Bourne, advisor to the former US President, Jimmy Carter, recommended in the late 1970s that the US

should utilize the 'field of health' in the foreground to achieve its foreign policy goals, calling it as 'Medical Diplomacy' (Bourne, 1978). This suggestion was one of the primary attempts that significantly conceived the concept of health diplomacy. However, despite this notable attempt, widespread and substantial discussion about health diplomacy appeared in the literature only after the conceptualization of 'soft power in international relations' by Joseph Nye in the early 1990s (Nye, 2017).

Over the years and with the advent of globalization, the need to use softer and diverse means to further the diplomatic interests of a country has considerably increased, with nations employing all possible elements of soft power to gain dominion and influence in their international community. And thence, the instrumentalization of health diplomacy as an important tool in foreign policy. Nevertheless, utilizing a field currently being used in practice is different from the conceptualization of that field to be positioned as a foreign policy tool. While the former can often be a subject of actuality, the latter is more appropriate for being a subject of academia and political intellectuality. Therefore, amalgamating the concept of health with the theories of international relations and diplomacy will enable a deeper understanding of the concept of health diplomacy academically.

In this regard, the English School gave their 'International Society' approach (also known as the British Institutionalists or the International Society school) which is one of the scientific theories of international relations that guides the relationship between health diplomacy and international relations. The 'British School' emerged in the political conjuncture of the 1950s-60s as an alternative to realism and liberalism, which were thought to be insufficient in explaining the international order. Often referred to as constructivism, the concept held a theoretical position in between these two approaches and purported that cooperation and conflict could coexist in relations between states (Bull, 1977a) The British School proposed five elements that ensure the sustainability of world order.

- (i). Balance of Powers
- (ii). Great Powers
- (iii). War
- (iv). Diplomacy
- (v). International Law (Bull, 1977b)

They also tried to elucidate on the order of international relations in three levels of analysis that realism and liberalism could not fully explain. It describes:

- the balance of power between states through the concept of 'International System',
- the agreements, conventions, common values, and international organizations through the concept of 'International Society',
- the citizens of the countries, i.e., the individuals, individual contracts, and non-state organizations through the concept of 'World Community' (Buzan, 2014).

Although the concept of British School identifies the states as the main actors in the 'International Society' system, several non-state actors have significantly influenced the operations of this 'International Society' since the mid-twentieth century (Youde, 2017). Additionally, the British School gives precedence to diplomacy in achieving foreign policy goals through a balance between the great powers and limiting their use of power, thereby increasing the value of diplomacy (Rebecca Adler-Nissen, 2016). The new international stability that began to shape after the IInd World War limited the opportunities of states to pursue their interests in international relations using hard power. In this evolving international system, states have sought newer facets and measures that offer opportunities to cooperate both with the state and non-state actors in regions where they yearn for influence and a positive image. These developments have been valuable in introducing many sub-fields of political science and international relations as themes of diplomacy.

Therefore, health diplomacy seamlessly fits as one of these fields. Although some health advocates oppose the use of health as an instrument of foreign policy and diplomacy, it is noteworthy that even the Scandinavian countries, which are generally attributed with great ethical values, carry out their international health-aid endeavors aligned with their foreign policies (Kickbusch, 2013).

3. Tools of Health Diplomacy

After a brief discussion of the attempts at conceptualizing health diplomacy within the realm of international relations, the following section will deal with the areas where health diplomacy can be put into foreign policy practice. Given the conditions by the end of the 1970s, Peter Bourne tried to characterize the elements of this field (Bourne, 1974). Likewise, Dr. Anthony Fauci, the Director of the US National Institute of Allergy and Infectious Diseases (NIAID), identified the tools of health diplomacy as providing health services, experience, and personnel support to the target countries (Fauci, 2007). Consequently, the undertakings in health diplomacy are generally carried out via bilateral diplomacy between states (Fidler, 2013). In other words, countries regularly provide health-related financial aid, tools, and equipment not through international organizations, but directly to the target country.

This study examines the relationship of health diplomacy with the British School and its 'International Society' perspective, along with the contribution of mobilizing the health-related elements of soft power by countries in their efforts to build a positive image in the 'International Society'. The author believes that the study will be a valuable contribution to the existing literature in terms of substantially identifying the tools of health diplomacy. Countries should deliberate on the sub-elements that make up the health field from this perspective in dealing with healthcare as an important discipline of diplomacy given the present-day circumstances. It is important to bear in mind the significance of these sub-fields along with their potential

to contribute to a country's international image. The sub-elements making up the health field of a country can be broadly classified under the following headings:

- Healthcare system,
- Healthcare tools and equipment,
- Healthcare-related human resources,
- Healthcare facilities,
- Healthcare industry.

The instruments of diplomacy that can be created using these elements of healthcare, and their classification according to their characteristics are described as follows.

1. Human and Social Tools of Health Diplomacy
 - 1.1 Health aid activities
 - 1.2 Health-related vocational assistance and training activities for another country
2. Commercial Tools of Health Diplomacy
 - 2.1 Health tourism activities
 - 2.2 Trade of health products

The above classification will enable countries to categorize their health sector into sub-units and recruit the potentially stronger sub-units as a diplomacy tool in their foreign policies.

4. Historical development of the health field and health diplomacy activities in Turkey

The following information on the evolution of Turkey's health sector will be useful to understand the current state of affairs. The description presented henceforth is a brief, but comprehensive account of the relevant history, while the priority of this study is the interaction between international relations and the field of health.

Epidemics have ensued throughout human history, and with the development of the concept of a 'nation-state', socio-economic implications of such epidemics were common and variable in different geographical regions of these states. As nations began to identify themselves as sovereign states, healthcare also became a part of their international relations. One of the primary examples of this was the European states exerting their political pressure on the Ottoman state to take necessary measures to check the spread of the fatal cholera epidemic which started in Bengal in 1831 and spread to the Hejaz killing about 20,000 pilgrims. Subsequently, as a result of the pressure from the European states, the International Health Congress was held in İstanbul in February 1866 (Panzac, 2018). Following which the 'Hejaz Ottoman Health Administration' was established to carry out health inspections on pilgrims coming from various parts of the world and avert the spread of epidemic diseases to the European countries (Kuneralp, 1989). This was one of the first instances where the field of health became the central point in international relations as officials from Austria, England, Greece, Belgium, Iran, Portugal, Prussia, Russia, Switzerland, Denmark, France, the Netherlands, and even the Pope attended some sessions of the meeting (Kuneralp, 1989).

In light of the aforementioned accomplishments in the history of the Republic of Turkey's work on health diplomacy, the efforts of the young Republic to replicate its experience with westernization are noteworthy. Turkey dispatched delegations of experts including physicians to Afghanistan in 1926 (Akbaba, 2018). The Aliabad Sanatorium, which was built by the Republic of Turkey in 1932, is an example of the country's health-aid activities, which went on to become Afghanistan's first medical school (Cakir, 2013).

However, the healthcare services in Turkey were seen as a liability of the state between 1923 and 1982. It is noteworthy that similar approaches were being adopted by the European states during this period. Later on, policy changes brought about by the liberalization movement became evident in every field in the 1990s. Under the influence of these developments, the field of health became a potential market sector in Turkey. The proportion of public service in this field shrunk and the health sector transformed with the involvement of insurance companies. For example, evolving from 1982 to 1990, health insurance became a separate subdivision in the insurance companies. During this period, the influence of the liberal economic policies in Turkey could be seen as the state government revealed its foreign policy. Turkey started using aid activities harmonized with its foreign policy from 1985. A ten-million-dollar aid package was sent by the Turkish government to support African countries (Guinea, Sudan, Senegal, Mauritania, Guinea-Bissau, and Somalia) (T.C Dis Isleri Bakanligi, 2021). The Turkish Hospital, which was planned to be opened in Sudan by 1985 within the scope of this package, could only be opened in 1993 due to insufficient resources. This package was among the first health diplomacy activities undertaken by the Turkish government (Ayyildiz, 2007).

Table 1. Numbers of Private Hospitals and Private Health Insurance Holders in Turkey between 2003 and 2018

Year	Number of Private Hospitals	Number of Private Health Insurance
2003	274	*
2004	278	*
2005	293	*
2006	331	*
2007	365	*
2008	400	524,386
2009	450	738,868
2010	489	1,240,718
2011	503	2,354,083
2012	541	2,438,294
2013	550	2,871,844
2014	556	2,190,598
2015	562	2,799,798
2016	565	3,275,905
2017	571	3,777,502
2018	577	3,758,899
2019	577	3,712,958

Source: (Türkiye Cumhuriyeti Sağlık Bakanlığı, 2018; Sigorta

Bilgi ve Gözetim Merkezi, 2013; Sigorta Bilgi ve Gözetim Merkezi, 2019). *no clear data available. By the 2000s, the field of health started to become a growing sector in Turkey.

For instance, the number of private hospitals increased from 101 in 1982 to 274 in 2003, which further rose from 274 in 2003 to 577 in 2019 (Table 1). Likewise, the number of private health insurance holders increased five times between 2008 and 2019 (3,712,958) (Table 1). Fig. 1 illustrates the increase in the number of private hospitals by 44% between 2008 and 2019 and a rise in the number of private health insurance holders by 700% in the same period.

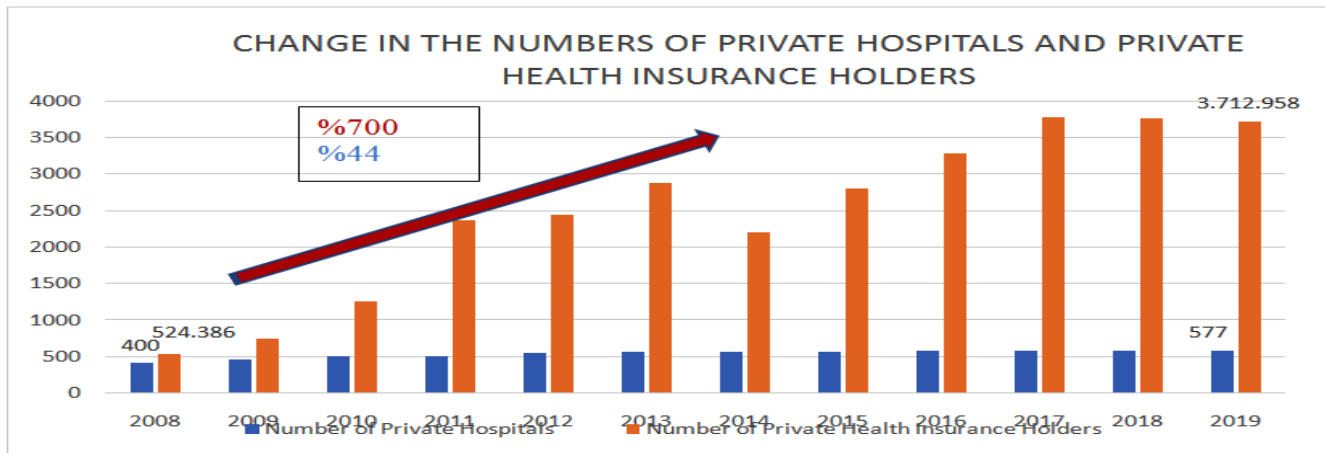
These developments, as evident from the shift to private hospitals and private health insurance businesses, have also contributed to the internationalization of the health sector in Turkey. Because of these interactions in the health sector, the quality of the healthcare services in Turkey improved enormously, along with the investments in new private healthcare facilities, the renewal of health equipment, the improvement in the quality and quantity of the health-related human resources, and finally the creation of a health-industry ecosystem. As the scale of these qualitative and quantitative developments in the healthcare sector of Turkey expanded, the field of health evolved into an element of soft power in foreign policy, and a potential means to be instrumentalized in foreign policy that creates a positive image of the country.

After using foreign aid as a policy tool in foreign policy in 1895, Turkey started to look for other ways of using not only foreign aids but also instrumentalize other tools to strengthen its stance globally. At this point, Turkey dedicated huge sums of its revenues to official development aids, i.e., from 63 million USD in 2003, it exceeded the Organisation for Economic Co-operation and Development (OECD) threshold of 100 million USD in 2004 (Cankaya and Akant 2004). In the later 2000s, Turkey tried to move from a security-oriented foreign policy approach to one aimed at generating soft power. The establishment of the Coordinating Office of Public Diplomacy in 2010 was done to support this transition. At this stage, the concept that these aid activities are a complementary tool to the public diplomacy activities of Turkey had been established. During this period, Turkey tried to leverage foreign aids as an effective tool in its foreign policy by coordinating the activities of various non-governmental organizations and official institutions. These activities are commonly organized by the Turkish Cooperation and Coordination Agency (TIKA) (TIKA, 2005). Turkey, which provided relatively limited amounts of international humanitarian aid between 2002 and 2011, became more visible in its quest to increase its effectiveness in foreign policy with the start of the Arab Spring. For example, as evident from Figure 2, it is worth noting that the number of foreign representatives of Turkey continued to increase rapidly during these developments. The number of Turkey's foreign representative offices increased from 179 in 2009 to 210 in 2011. Another important indicator was that after 2010, the

year when the Arab Spring broke out, Turkey began to use foreign aid more intensively as a policy tool in its foreign

policy (Fig. 3).

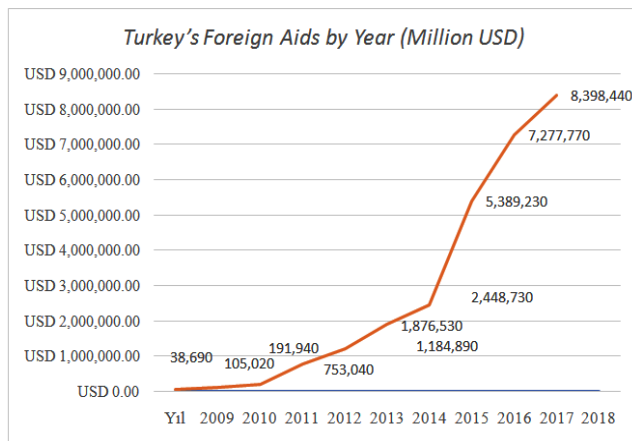
Figure 1.



Source: Sigorta Bilgi ve Gözetim Merkezi (2012), Sigorta Bilgi ve Gözetim Merkezi (2018), Sigorta Bilgi ve Gözetim Merkezi (2019), Türkiye Cumhuriyeti Sağlık Bakanlığı (2017)

However, when gaging the expansion of Turkey's foreign policy tools during this period (with the initiation of the Arab Spring), it is important to understand that the country's actions and goals were consistent with the contemporary general philosophy of foreign policy and diplomacy employed by other nations. When liberal values were on the rise during this period, nations needed to allocate their resources as elements of soft power to gain influence and seek dominion in international relations. The Turkish government's goals were in agreement with this common objective of the rest of the nations, and hence the elements of the field of health were employed extensively in foreign policy to improve the country's image globally, and especially among the Arabs.

Figure 2.



Source: T.R. Ministry of Foreign Affairs (2014, 2019)

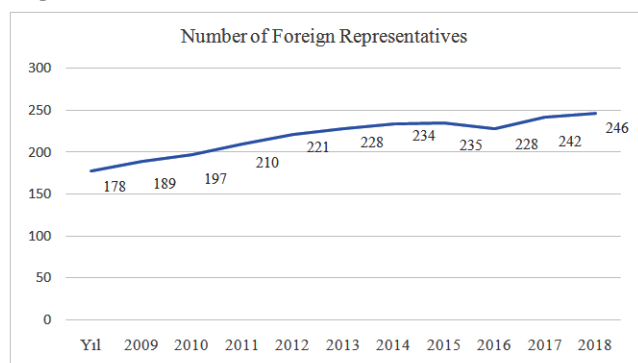
During the years from 2010 to 2018, it was seen that Turkey tried to improve its relations with other countries through different fields as a quest for diversity in foreign policy tools. Even in 2004, when health diplomacy was not used extensively on a global scale, Turkey's foreign health aids to

other countries as a health diplomacy activity amounted to 2.3 million USD (Çankaya and Candan, 2004). In nutshell, the health field also began to be seen as an element of soft power due to the need for a variety of tools of foreign policy, and this trend became more obvious after 2010.

5. Assessment of Turkey's health diplomacy tools

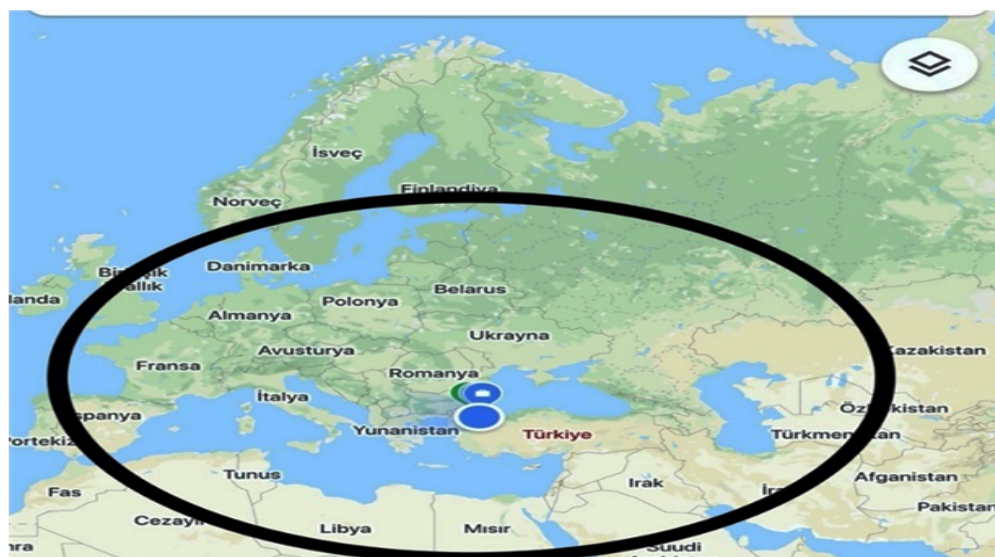
Turkey lies on an important transit route owing to its geographical location, which places the country at a position of advantage in terms of the ability to employ its resources for health diplomacy. Figure 4 shows a map of this region depicting the countries located within a four-hour flight distance from Turkey. This area is home to almost one and a half billion people (highlighted within the map). This geographical advantage offers ease of access in the dissemination of Turkey's various elements of healthcare to its neighboring countries. So, this area within the four-hour flight distance of Turkey may be regarded as the sphere of influence for Turkey's health diplomacy. Table 2 presents the data for the population, number of physicians, nurses, and hospital beds per 1,000 people of the countries that lie within a four-hour flight distance from Turkey.

Figure 3.



Source: OECD (2019)

Figure 4



Source: Google Maps

On weighted average, the mean number of doctors, nurses, and hospital beds per 1,000 people in the aforementioned countries are 3.7, 4.7, and 6, respectively (Table 2).

Table 2. The population of Turkey and other countries and the number of physicians and patient beds per 1,000 people (the latest data)

	Population (Million)	Physicians Per 1,000 People	Patient Beds Per 1,000 People	Nurses Per 1,000 People
Turkey	82.3	1.7	2.7	2.6
Uzbekistan	33	2.3	4	12.1
Uzbekistan	18.2	3.2	6.7	8.4
Turkmenistan	5.8	2.2	7.4	4.6
Russia	144.4	4	8.2	8.6
Azerbaijan	9.9	3.4	4.7	6.9
Georgia	3.7	5	2.6	4
Armenia	2.9	2.9	4.2	5.6
Iran	81.8	1.4	1.5	1.9
Iraq	38.4	0.8	1.4	1.7
Syria	16.9	1.2	1.5	1.4
Saudi Arabia	34	2.5	2.7	5.7
Israel/Palestine	8.8	3.2	3.1	5.2
Lebanon	6.8	2.2	2.9	2.6
Tunisia	11.5	1.2	2.3	2.6
Libya	6.6	2.1	3.7	6.7
Algeria	42.2	1.8	1.9	2.2
Egypt	98.4	0.79	1.6	1.4
Greece	10.7	6	4.3	3.3
Bulgaria	7	3.9	6.8	5.3
Bosnia And Herzegovina	3.3	2	3.5	6.2
North Macedonia	2	2.8	4.4	3.7
Albania	2.8	1.2	2.9	3.6
Kosovo	1.8			
European Union	513	3.5	5.6	8.6

Source: (World Bank, 2019)

Standard deviation values respectively 1.31, 1.95, 2.75 for the aforementioned countries (Table 2). Meanwhile, on

average, the number of doctors, nurses, and hospital beds per 1,000 people in Turkey are 1.7, 2.6, and 2.7, respectively. This means that Turkey stands below the regional average within its sphere of influence for health diplomacy (as shown in Fig. 3).

Table 3. The Most Important Health Tourism Countries

United States of America	Singapore
India	Thailand
Costa Rica	Taiwan
Malaysia	Turkey
Mexico	

Source: Dalen and Alpert (2019, 9)

Interestingly, Table 3 shows that Turkey is a renowned and important health tourism destination in the world. By evaluating these data, it can be assumed that Turkey's healthcare facilities and resources yield results that are better and efficient than its neighboring states, thereby ensuring a significant position for their country on the list of health tourism. Fig. 5 presents a map of the frequency of annual organ transplant operations in the different countries of the world, which supports the presumption of the superior standards and quality of health-related human resources and facilities in Turkey. As evident from this map, an average of 50-75 organ transplants per million were performed in Turkey in 2018. Although this number is less than Western Europe and North America, it is still better than many comparable developing countries. This also reaffirms Turkey's stance on being one of the few health tourism destinations despite the below regional-average per-person availability of health resources.

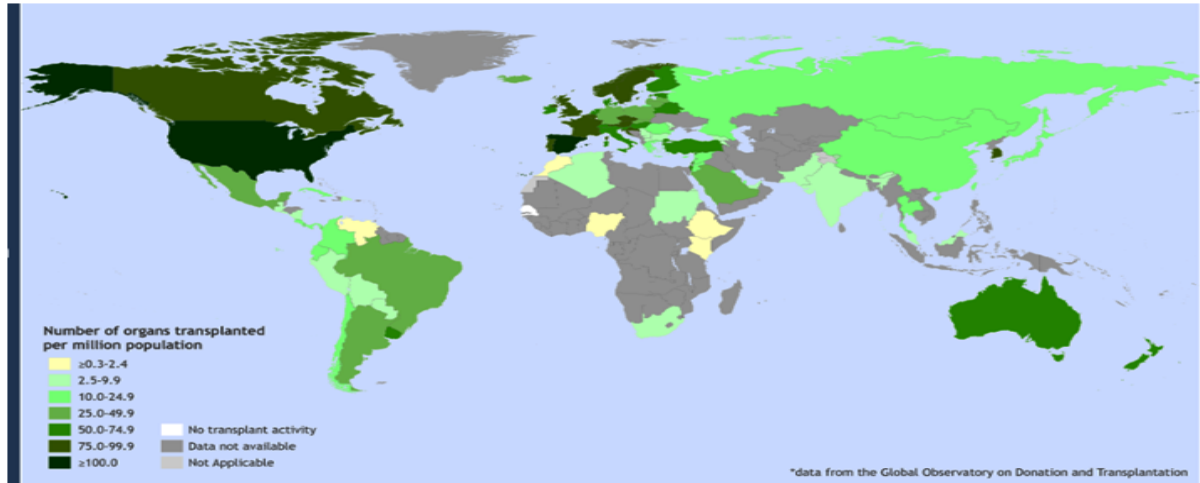
Turkey has been apportioning funds for different health projects in the target countries since 2006 through health-aid activities, a key component of health diplomacy. Turkey's official development assistance (ODA) and the proportion of budget dedicated to health increased from 2004 to 2012. However, these funds were allocated for humanitarian aid

sent to resettle the civilians dislodged during the waves of migration caused by the Syrian Civil War, and consequently, the health assistance provided by TİKA (Turkish Cooperation and Coordination Agency) to other countries decreased after 2013 (Fig. 6 and Table 4).

As one of the global repercussions of the Syrian Civil War, liberal values have been pushed to the background all over the world, with the elements of sharp power that undermine democratic values taking the central stage. These developments in the adjacent regions elevated security

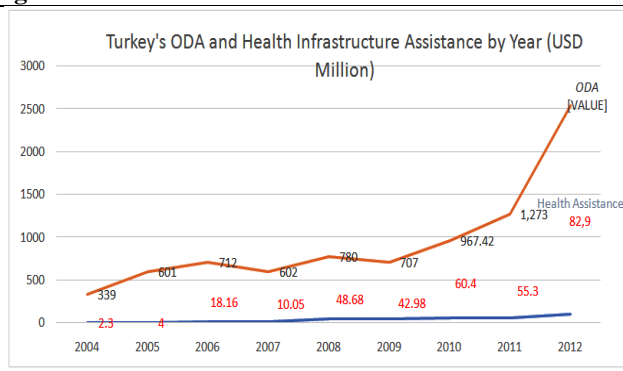
stakes in Turkey, which progressively led to the shift to a security-oriented foreign policy, rather than utilizing health aid activities as a means for soft power. However, despite the reduction in hard cash as financial aid during this period, Turkey upheld its dedication to instrumentalize health diplomacy through health-related human resources, one of the most important elements of this field and carried out health-related vocational training and assistance activities. The number of foreign medical personnel trained by Turkey was sustained at a certain level despite these fluctuations (Table 5).

Figure 5.



Source: GODT (2018)

Figure 6.



Source: TİKA Reports 2004-2012

Table 4: 2013-2018 Turkey's International Health Assistance between 2013 and 2018 (USD Million)

2013	118.8
2014	48.3
2015	82.5
2016	56.16
2017	77.04
2018	78.9

Source: TİKA Development Reports 2013-2017

At this point, the author presents a distinct example to elucidate on the outcomes of the health assistance, vocational training, and assistance activities as a part of health diplomacy delivered by Turkey to the target countries

and regions through its foreign policy. Since 2006, Turkey has been engaged in visa-free travel or travel-with-ID agreements with Moldova, Ukraine, and Georgia, where it assists with such health diplomacy activities. Although it cannot be claimed that the health-related aids alone can pave the way for visa-free travel/travel with ID agreements and convergence in bilateral relations, it is believed that they make definite contributions to the realization of foreign policy goals. In the 2017 report of the Georgian Institute of Politics, it was acknowledged that despite the different expectations of both countries from each other and the groups opposing Turkey's influence, the assistance provided to Georgia through TİKA created a strong positive perception in the public (Matevosyan and Terr, 2017).

Table 5: Number of Foreign Medical Personnel Trained by Turkey Between 2014 and 2019

Vocational Training Activities	Medical Training/Person	Personnel
2014		860
2015		685
2016		471
2017		959
2018		1.104
2019		604

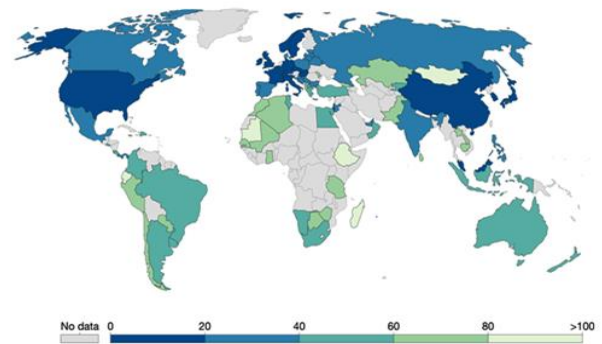
Source: TİKA Development Reports 2014-2019

Then again, 'trade of health products' and 'health tourism' discussed in this article as tools of health diplomacy is yet to

be deemed as crucial instruments of foreign policy by Turkey's foreign policymakers in the present-day conditions. Still, most developing countries consider these areas as economic channels providing foreign exchange resources. Therefore, it can be assumed that the field of health is still at an early stage for being instrumentalized in Turkey's foreign policy. On the other hand, developed countries carry out health diplomacy activities by capitalizing on the trade of their health products in their foreign policy through national branding. Developed countries foster relations with underdeveloped/developing countries mostly through these brands who trade in health products long before foreign policy efforts. This profits the developed countries economically as well as offering them the opportunity to advance their relations with these countries. Turkey's total health products exports (one of the chief constituents of the health industry and elements of health diplomacy) in 2018 to the Central Asian countries, one of the key regions for Turkey's foreign policy through soft power elements, were less than \$121 million, equivalent to the amount of Germany's health products exports to Kazakhstan alone in the same year (United Nations, 2020). However, because of its infrastructure facilities, Turkey is potentially an effective supplier country for crowded geography within a four-hour flight distance, which is a key component to create the sphere of influence for 'Health Diplomacy'. To explain this, Figure 7 presents a map prepared according to the Economic Complexity Index data which shows the increase in production skills from gray.

This indicates that the trade of health products is not exactly at the desired level to serve as a source of economic return.

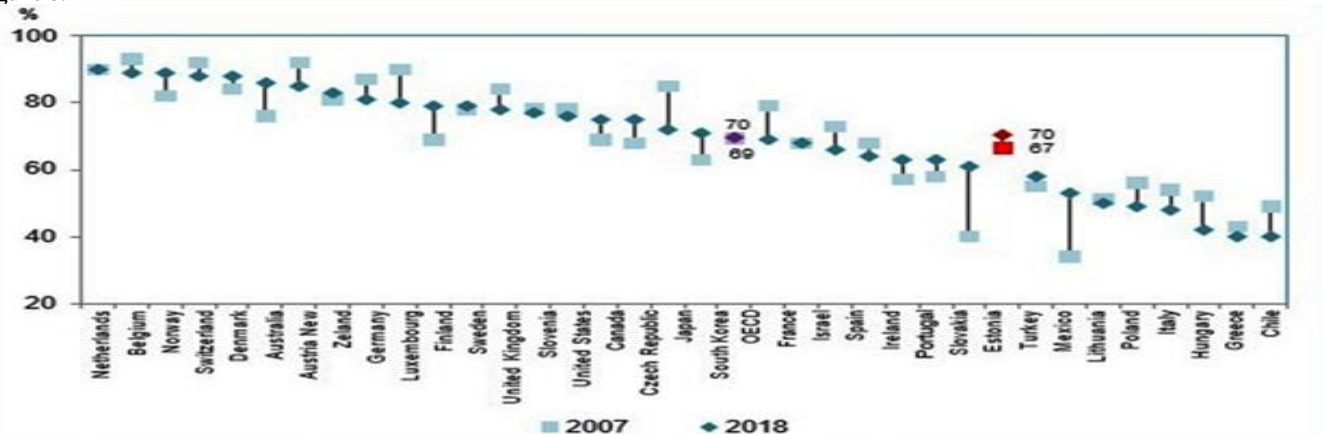
Figure 7.



Source: United Nations (2020)

Although Turkey does not use health tourism deliberately as a tool in its foreign policy (Fig. 10), it is believed that the quality of healthcare services offered in the Organisation for Economic Co-operation and Development (OECD) has contributed positively to Turkey's image in the international community through health tourism. Table 6 presents the data for the number of health tourists who came to Turkey for treatment over the years. However, Turkey's Ministry of Health has not published detailed data on health tourism since 2013, limiting the opportunity to conduct academic analysis on this field and develop tools in foreign policy.

Figure 8.



Source: Turkey Ministry of Health, "Health Statics 2018 Year Book."

Table 6: Number of Foreigners Who Came to Turkey for Treatment Between 2014 and 2019

Health tourism activities	Number of Health Tourists	Health tourism activities	Number of Health Tourists
2014	414,658	2017	433,292
2015	360,180	2018	551,748
2016	377,384	2019	662,087

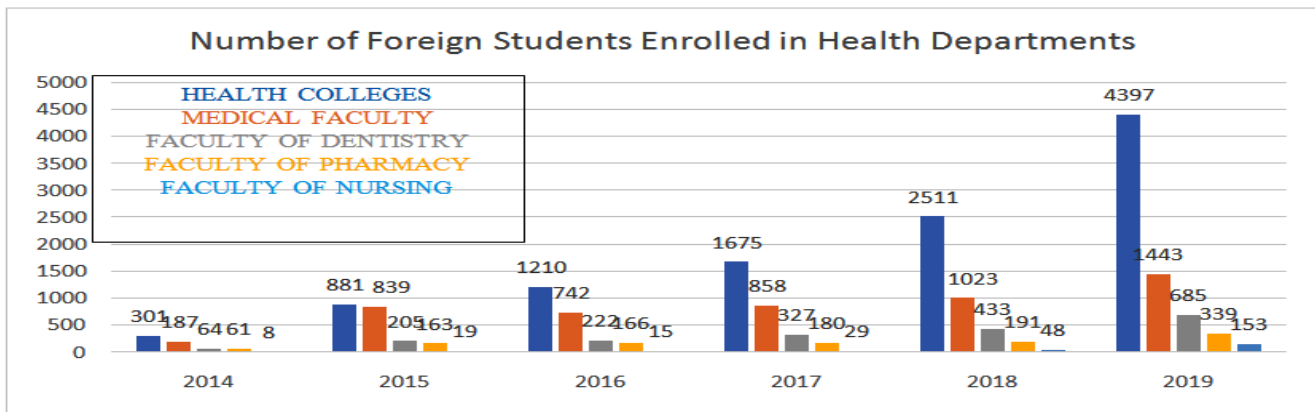
Source: TÜİK (2020)

6. An analytical Case Study on Turkey's health diplomacy activities and their results

A systematic assessment of Turkey's health diplomacy activities may add value to our discussion so far. The number of foreign students enrolled in the health-related associate degree, undergraduate, and master's degree programs of the state universities in Turkey was examined. Fig. 9 was prepared using the data from the Council of Higher Education (CoHE). As evident from this graph, the number of foreign students enrolled in health-related departments of state universities in Turkey has increased

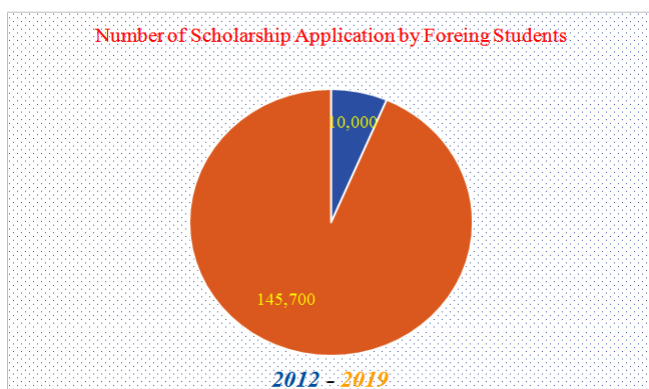
rapidly over the years, from 621 in 2014 to 7,017 in 2019. From 2014 to 2019, the number of medical students enrolled in state universities increased by 7.7 times, dental students by 10.7 times, pharmacy students by 5.5 times, nursing students by 19 times, and allied health personnel by 14.6 times.

Figure 9.



Source: CoHE Foreign Student Statistics (2014-2019)

Figure 10.



Source: Presidency for Turks Abroad and Related Communities (2020).

A sharp rise was observed in the number of foreign students coming to Turkey for health education. One of the important reasons for this is Turkey's efforts to expand its diplomatic activities, which is supported by the expansion of Turkey's diplomatic missions abroad. Hence, it can be assumed that as a result of Turkey's health facilities combined with the qualitative superiority offered by these health-related human resources, the people benefitting from these provisions are satisfied, which contributes to image-building for the country.

7. Conclusion

The COVID-19 pandemic has led to the discovery that the field of health can be a potential subject of international relations at the highest level. The pandemic, which

These foreign students studied at state universities on the scholarship provided by Turkey. This can be observed from the data of the Presidency for Turks Abroad and Related Communities (YTB), which shows that 10,000 foreign students applied for a scholarship to Turkey in 2012, and this number reached 145,700 in 2019 (Fig. 10) (Yurtdisi Turkler ve Akraha Topluluklar Başkanlığı, 2020).

continues to affect lives in 2021 as well, has shown that the international community can both cooperate and diverge on the subject of health. Yet, this is consistent with the British School's notion that international cooperation and conflict can coexist in international relations. Therefore, when considering the concept of health diplomacy within the realm of international relations, it would be fitting to use the British school's theoretical framework and its concept 'international community'.

This study elaborates on health diplomacy not only as a concept but also provides real-time examples from its application in Turkey's foreign policy. However, it can be presumed that there is a lack of deep insights into the concepts of foreign policy in Turkey. When introducing a concept in foreign policy, along with identifying the tools of application it is important to benefit from the richness of various theories of international relations to take the concept beyond actuality and reveal its purposes. In this study, the concept of health diplomacy was discussed in terms of the fields that can be used in foreign policy that is applicable for all countries. The purpose of health diplomacy was evaluated in light of the British institutionalists' school of thought and its international community approach. It can be deduced that the purpose of these activities is to improve the country's image in the eyes of the international community or to create a sphere of influence in the target regions using health-related soft power elements. Supplying practical evidence to support this finding is an important contribution of this study.

According to the definition of sphere of influence of health diplomacy, first introduced in this study, Turkey has qualitative advantages in terms of the elements of healthcare compared to its neighbouring countries. Therefore, it can be asserted that health diplomacy is a potential component of

Turkey's foreign policy. However, the policymakers are yet to exploit the tools of health diplomacy to their full extent.

Turkey has instrumentalized the humanitarian and social tools of health diplomacy more than other countries. It uses its health-related human resources within the context of foreign policy mostly because they cost less than other tools. Additionally, some of the medical personnel needs of other countries are met by the academic education provided by Turkey as scholarships to foreign students. It is expected that a positive image towards Turkey will be created in the eyes of other countries through these students in the long term. It is appropriate to expand short-term activities such as patient treatment and health screening with such educational activities to have a more lasting influence through health diplomacy. Such long-term health diplomacy activities will offer an opportunity for Turkey to develop deep and multi-dimensional relations with target countries and regions. However, the officials from authorized institutions interviewed during the writing of the article expressed that they faced some problems in measuring the results of health screening activities carried out by Turkey in other countries.

Health-aid activities by the Turkish government are consistent with the country's economic and foreign policy. However, health tourism and the trade of health products, which are proposed as commercial tools of health diplomacy, are yet to be exploited fully. Rather, they are perceived as economic fields affected by the consequences of Turkey's practices in foreign policy. It would not be wrong to state that this is more evident especially for the trade of healthcare products. Still, they contribute significantly to Turkey's image in the eyes of the international community as elements of soft power. Consequently, there has been a significant increase in the number of students studying in the health-related departments in Turkey which may be attributed to the satisfaction expressed by the health tourists coming to Turkey and recommending these departments for higher studies. The assessments made in this study highlight the need to handle health tourism in a planned manner by Turkey's foreign policymakers.

With the consequences of the COVID-19 pandemic apparent across the world, it is believed that the field of health will be exploited more as a subject of international relations. It is expected that the number of academic studies on health diplomacy and its tools will increase consequently, and this article may contribute significantly to Turkey's state-of-affairs. This study provides substantial examples to describe the relationship between foreign policy and health diplomacy using quantitative data. Furthermore, analyses based on data obtained from the field of international relations, which is a social science, will contribute to the diversity and quality of such studies in the future. However, a lack of regularly published data on health tourism by the Ministry of Health since 2013, and the difficulty in accessing new data are considerable impediments to study the role of healthcare in international relations.

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