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REVIEW ARTICLE

Medicine Science International Medical Journal

Medicine Science 2025;14(3):954-60

A systematic review the relationship between health diplomacy and health tourism

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Received 10 May 2025; Accepted 25 May 2025
Available online 01 September 2025 with doi: 10.5455/medscience.2025.05.122

Abstract

Diplomacy, which is also regarded as an art, is closely associated with communication, representation, and negotiation. The concept of diplomacy emphasized by Henry Kissinger is considered an element of soft power. The effort of states to influence foreign publics rather than official representatives is explained through the concept of public diplomacy. Among public diplomacy practices, health diplomacy has gained increasing importance due to global pandemics and international emergencies. As a component of health governance, health diplomacy essentially involves cooperation on global health issues. Health tourism refers to cross-border travel undertaken for medical or health-related purposes. Health-related tourism intersects with health diplomacy in various ways. This study aims to systematically review the relationship between health diplomacy and health tourism. Additionally, the study aims to identify key points that warrant attention from a health management perspective. For this purpose, the keywords 'health diplomacy' and 'health tourism' were searched in various databases, including Science Direct, Web of Science, Scopus, Medline, PubMed, and Emerald Insight Premier eJournal. The research methodology was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. The findings indicate that health tourism contributes to strengthening health diplomacy. Based on the country examples provided, it was determined that health-related initiatives facilitate international cooperation and, accordingly, positively impact health diplomacy.

Keywords: Global health diplomacy, health tourism; public diplomacy, health policy

Introduction

Diplomacy is the conduct of international relations through negotiation. It refers to the process by which states, governments and international actors manage their relations through dialogue and negotiation [1]. The key concepts of diplomacy are representation and communication. As the same time, it is also expected to serve as a means of maintaining relations. Although diplomacy has a long historical background, the concept gained renewed prominence after World War II, particularly through the influence of United States (US) Secretary of State Henry Kissinger [2].

Conceptualized as a form of soft power, diplomacy entails the capacity to influence and attract others without force or coercion. This form of influence is operationalized through cultural exchange, the promotion of political values, and the strategic deployment of foreign policy instruments [3]. Public diplomacy is an interdisciplinary concept that is closely related to the fields of communication, public relations, and international relations [4]. Public diplomacy involves communicating a nation's goals and ideals to foreign publics. It can be viewed as a shift from traditional, government-to-government diplomacy toward a more transparent and open form of diplomatic engagement. In public diplomacy, governments and citizens can play an active role. The goals of public diplomacy include promoting a state's policies and objectives to foreign publics, engaging in communication within this framework, and fostering dialogue based on mutual trust and understanding [5]. Global health diplomacy supports activities grounded in mutual trust and understanding. For this reason, it is also regarded as a form of public diplomacy [6].

Diplomacy is an integral component of global health governance. The significance of global health diplomacy has become increasingly evident over the past two decades in response to global pandemics and health crises. In foreign policy, health is addressed alongside social justice, security, development, trade, and human rights issues. On this common ground, making collective decisions regarding global health issues is essential.

CITATION
Cinar S. A systematic review the relationship between health diplomacy and health tourism. Med Science. 2025;14(3):954-60.

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DOI: 10.5455/medscience.2025.05.122

In this context, the dimensions of global health diplomacy are defined as the promotion of health, the establishment of governance structures and alliances, the building and strengthening of international relationships, the advancement of peace and security, and the response to public health crises [2].

Health diplomacy can function as a strategic tool for promoting social justice, protecting human rights, and ensuring access to healthcare [7]. In today's context—where global health has gained prominence and substantial financial resources are allocated to achieving and maintaining health—there is a growing recognition of health as both an economic asset and a form of global power [8].

Health tourism involves traveling to improve, restore, or maintain one's health, often combined with leisure, recreation, or educational activities [9]. These activities constitute a multi-billion-dollar and rapidly growing industry [10]. Health tourism involves state and non-state actors working toward shared global health goals. It is also seen as a form of global health diplomacy, building prestige and creating commercial opportunities [11]. For example, South Korea's appealing culture has influenced medical tourism, particularly in beauty and cosmetic surgery, and this is also considered an expression of soft power [12].

Health diplomacy, also an area of practice for public diplomacy known as a form of soft power, can be implemented in various ways. In diplomacy, health diplomacy aims to improve and promote global health. Health tourism activities to improve health can also make meaningful contributions to global health. In this context, this study aims to present the research findings that explore the mutual interaction between health diplomacy and health tourism activities.

1. Are there existing studies that examine the relationship between health diplomacy and health tourism? If so, in which years were they implemented?
2. What research methods are used in studies that address the relationship between health diplomacy and health tourism?
3. What are the research findings of studies examine the relationship between health diplomacy and health tourism?
4. What are the findings of studies examining the relationship between health diplomacy and health tourism from the health management perspective?

Material and Methods: This study used a systematic review methodology to examine health diplomacy and health tourism relationship studies. The systematic review process used a systematic search and review typology. The research process was implemented based on the "Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)" checklist developed by Page et al. [13].

Ethics Committee Permission: Since the study was conducted based on the literature databases, ethics committee permission was not required. This study was conducted within the principles of the Declaration of Helsinki.

Search Strategy: In order to find studies suitable for the research purposes, all types of studies were obtained with the search criterion of ["health tourism " and "health diplomacy"" in "all field"]. The database search was conducted between April 1-10, 2025.

Systematic Reviewing Process: In the database search, the keywords 'health diplomacy' and 'health tourism' were used, identifying 917 studies. A total of 917 studies were identified based on a search strategy designed in line with the aim of the study. The databases and corresponding results were as follows: Science Direct (n=742), of which 466 were retained after excluding book and encyclopedia chapters; Scopus (n=22); Medline (n=1); PubMed (n=5); Web of Science (n=21); and Emerald Insight Premier eJournal (n=640), of which 402 journal articles were included based on the inclusion criteria. In the duplicate analysis, 19 studies identified by the EndNote software (n=19) and the researcher (n=4) were excluded. The remaining 894 studies were evaluated in terms of study name and abstract, and 867 studies unrelated to the study purpose were excluded. The remaining 27 studies were included in the full-text quality assessment. A total of 867 studies were excluded, the full text of which could not be accessed (n=4). After the systematic search, 23 studies were synthesized (Figure 1).

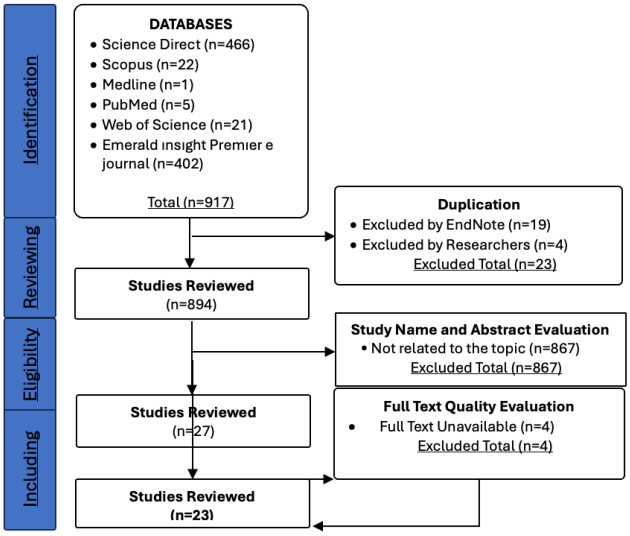

Figure 1. Systematic reviewed of studies on health diplomacy and health tourism

Inclusion and Exclusion Criteria: Criteria for inclusion in the study were as follows: the studies were determined to be conducted in the field of subject, to present findings, results, ideas, or comments regarding health diplomacy and health tourism relationships to be written in English. Exclusion criteria were as follows: studies were out of subject and unrelated to the research topic, unable to access the full text, and not presenting findings, results, ideas, or comments regarding health diplomacy and health tourism relationships.

Synthesis and Presentation of the Findings: A narrative and tabular approach was used to synthesize and present the findings of previous studies.

DOI: 10.5455/medscience.2025.05.122

Clinical and Research Consequences

Results

The research methods of studies addressing the relationship between health diplomacy and health tourism were identified. Accordingly, the majority of studies in this field employed qualitative methods (n=11, 47.83%). The distribution of the remaining research methods is as follows (Table 1). Conceptual/ Policy (n=4, 17.39%), Review (n=3, 13.04%), Quantitative (n=2, 8.7%), Review (n=2, 8.7%), Netnographic (n=1, 4.35%).

Table 1 presents information on the type, methodology, and countries of origin of the studies included in the research.

An examination of the country distribution of the studies included in this research shows that the majority were conducted in a general/global context (n=5, 21.74%), followed by Cuba (n=4, 17.39%) and India (n=2, 8.7%). Other countries represented in the studies include South Africa (n=1, 4.35%), Türkiye (n=1, 4.35%), South Korea (n=1, 4.35%), North America (Canada/U.S./Mexico) (n=1, 4.35%), Europe (Poland/Belgium) (n=1, 4.35%), Iran (n=1, 4.35%), Pakistan (n=1, 4.35%), Africa/China (n=1, 4.35%), the Caribbean (n=1, 4.35%), the United Kingdom (n=1, 4.35%), Malaysia/ Thailand (n=1, 4.35%), and Other (n=1, 4.35%). The results are presented in Table 1.

Table 1. Study types & research methodology and study distribution by country

Study types & research methodology	n	%
Qualitative	11	47.83
Conceptual/policy	4	17.39
Review	3	13.04
Quantitative	2	8.7
Descriptive	2	8.7
Netnographic	1	4.35
Study distribution by country		
Country		
Global	5	21.74
Cuba	4	17.39
India	2	8.7
South Africa	1	4.35
Türkiye	1	4.35
South Korea	1	4.35
North America (Canada/U.S./Mexico)	1	4.35
Europe (Poland/Belgium)	1	4.35
Iran	1	4.35
Pakistan	1	4.35
Africa/China	1	4.35
Caribbean	1	4.35
Other	1	4.35
UK	1	4.35
Malaysia/Thailand	1	4.35

The studies (n=23) of health diplomacy and health tourism relationships within this research purpose were published between 2000 and 2024. 2021 was the year in which the most frequent study (n=6) on health diplomacy and health tourism relationships were published. Other studies regarding the subject were published in 2004 (n=1, 27.27%). 2011 (n=3,13.64%), 2016 (n=2, 9.09%), 2017 (n=2, 9.09%), 2020 (n=2, 9.09%), 2009 (n=1, 4.55%), 2010 (n=1,) 4.55%, 2018 (n=1, 4.55%), 2019 (n=1, 4.55%), 2023 (n=1, 4.55%), 2024 (n=1, 4.55%). The key characteristics of the included studies are summarized in Table 2.

The research findings, including the most comprehensive information available, are presented in Table 2. This table outlines each study's source, aim, study location, method, sample, and key findings.

The studies identified in the literature on health diplomacy and health tourism are listed in Table 2, comprising a total of 23 entries.

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Table 2. Studies reviewed on health diplomacy and health tourism

No	Study	Aim	Place	Method	Sample	Conclusion
1	Gupta et al. (2021) [14]	To explore transboundary flood management challenges between Nepal and India	Nepal, India	Literature review, policy analysis	-	Transboundary cooperation is essential for managing floods effectively. Effective flood management requires integrated approaches addressing upstream-downstream linkages.
2	Hanefeld et al. 2024 [15]	To analyze bilateral health agreements between South Africa and neighboring countries	South Africa, Southern and Eastern African countries	Qualitative content analysis	13 bilateral health agreements	Agreements highlight managing patient mobility and exchanges but require improved implementation mechanisms.
3	Lee et al. (2009) [16]	To assess global governance between international trade and health, focusing on WHO and WTO	Global	Policy analysis	-	Improved cooperation and governance between WHO and WTO are necessary, especially for trade and public health negotiations.
4	Kıran & Açıkalın (2021) [17]	To explain education and science diplomacy practices by Türkiye	Türkiye	Qualitative analysis	Educational and scientific diplomatic initiatives	Türkiye uses education and science diplomacy strategically to diversify its global influence.
5	Li et al. (2021) [12]	To explore Korea's cosmetic surgery tourism industry and nation branding as soft power	South Korea	Qualitative case study	Secondary data analysis	Cosmetic surgery tourism significantly contributes to Korea's global branding.
6	Mahmud et al. (2021) [18]	To measure medical tourists' satisfaction and loyalty from Bangladesh to India	Bangladesh, India	Quantitative survey, structural equation modeling	208 outbound medical tourists	Quality, infrastructure, and expenses significantly influence satisfaction and loyalty.
7	Fetscherine & Stephano (2016) [19]	To develop a scale to measure medical tourism attractiveness	Global	Quantitative study, scale development	4,995 respondents	Medical Tourism Index effectively measures attractiveness across different countries.
8	Martínez (2017) [20]	To examine paradiplomacy between Canadian provinces and U.S./Mexican states	Canada, U.S., Mexico	Qualitative analysis	Subnational governments	Through subnational initiatives, regional and local dynamics have significantly contributed to solving common global and regional problems and to shaping emerging forms of multilateral cooperation.
9	Mathijsen (2019) [21]	To understand diasporic medical tourism behavior among Polish immigrants	Poland, Belgium	Qualitative study	Polish diaspora in Belgium	Cost, time, quality, and cultural affinity motivate diasporic medical tourism.
10	Momeni et al. (2018) [22]	To identify barriers in developing medical tourism in Iran	East Azerbaijan, Iran	Qualitative study	16 key informants	Marketing deficiencies and cultural barriers are major hindrances.
11	Kelley (2011) [23]	To explore global health governance challenges	Global	Literature and policy analysis	-	Collaborative global actions are essential for addressing complex health issues.
12	Blue (2010) [24]	To analyze Cuban medical internationalism	Cuba	Qualitative analysis	Cuban medical missions	Cuban medical missions have significant international implications.

DOI: 10.5455/medscience.2025.05.122

Table 2. Studies reviewed on health diplomacy and health tourism

No	Study	Aim	Place	Method	Sample	Conclusion
13	Shaikh et al. (2018) [25]	To document health diplomacy training in Pakistan	Pakistan	Qualitative analysis, training program review	Mid- to senior-level officials	Health Diplomacy Training enhanced understanding of global health governance and diplomacy.
14	Wylie (2021) [26]	To examine Cuba's medical system during COVID-19	Cuba	Qualitative analysis	Cuban health tourism and diplomacy	Cuba's medical diplomacy demonstrates that Community-based healthcare and international cooperation are key strengths.
15	Abodohoui & Su (2020) [27]	To investigate Chinese soft power on African skills	Africa, China	Qualitative study	African returnees from China	China's influence extends beyond aid, foreign investment, and economic modeling to include the diffusion of its management ideas through soft power strategies.
16	Vanc & Fitzpatrick (2016) [28]	To assess public diplomacy research in public relations scholarship	Global	Content analysis	Public relations scholars to the public diplomacy literature	Increased empirical research is needed for effective diplomacy.
17	Briggs (2011) [29]	To analyze media coverage of health in Cuba	Cuba	Content analysis, ethnography	Cuban media coverage	Collaboration between professionals and laypersons is vital for creating new models that reshape policies and practices.
18	Chattu (2017) [30]	To explore global health diplomacy in Ebola crisis	CARICOM region	Qualitative analysis	Caribbean Community health policies	Effective diplomacy crucial for managing health crises.
19	Osei & Gbadamosi (2011) [31]	To suggest re-branding strategies for Africa	Africa	Literature review	Branding and Foreign Development Investment literature	Stakeholder collaboration and political reforms are key to promoting Africa and attracting investment
20	Dawson et al. (2020) [32]	To highlight diplomacy in global brain health	Global	Conceptual analysis	Global brain health initiatives	International collaboration is crucial for addressing brain health outcomes
21	Edghiem et al. (2021) [33]	To explore knowledge sharing among UK universities during COVID-19	UK	Netnographic observation	North West Universities	Lack of collaborative knowledge sharing found; recommends improved strategies.
22	Farber & Taylor (2023) [11]	To analyze health tourism as global health diplomacy	Malaysia, Thailand	Qualitative, content analysis	Articles policies, press statements, social media posts	Health tourism enhances diplomacy but risks exacerbating inequities.
23	Faria (2004) [34]	To discuss Cuba's healthcare system and international diplomacy	Cuba	Qualitative analysis, commentary	Cuban healthcare	Healthcare system used diplomatically but internally patients and doctors suffers poor conditions and inequalities.

DOI: 10.5455/medscience.2025.05.122

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Discussion

Regional and local dialogue processes significantly contribute to addressing shared global and regional challenges and shaping emerging forms of multilateral cooperation [20]. Ensuring collaboration and coordination contributes to the complex process of addressing global health challenges [23]. Cooperation among global states facilitates diplomacy, and healthcare services can serve as instruments of global diplomacy [14]. In this respect, the findings of the study align with the literature, suggesting that medical tourism in healthcare services functions as a form of soft power [11].

Global health is also gaining importance as a form of global power [8]. Cooperation between the World Health Organization and the World Trade Organization on public health issues is necessary [16]. Global cooperation becomes essential in international emergencies and disasters [14]. An effective approach to diplomacy is essential in health-related emergencies and the management of global health crises [30]. According to the literature, the need for effective diplomacy in responding to public health crises is considered one of the key dimensions of health diplomacy [2]. The study's findings align with the view that global health problems can be resolved through cooperation [23].

As a result of this study, a limited number of studies addressing the relationship between health diplomacy and health tourism were identified. Accordingly, it was found that health tourism contributes to strengthening diplomacy [11]. In addition to its economic dimension, health tourism is regarded as a form of health diplomacy that global or regional actors can guide. Cuba, as one of the leading countries in this field, has had a notable impact on the international stage through its global medical mission [24]. During the COVID-19 pandemic, this aspect of the country was explained in terms of its strengths [27]. However, in the case of Cuba, which effectively uses global health diplomacy, it is noted that this approach may involve national conditions and inequalities [34]. As a result of the study, China was identified as an example of a country using soft power [28]. South Korea for its cultural influence [12] and Türkiye for its engagement in education and science [17]. These findings were obtained within certain limitations. The study's main limitation is that the keywords 'health diplomacy' and 'health tourism' were searched on selected web-based databases within a specific time frame.

Limitation of Study: The study findings are limited to the English language publications found in the databases as a result of the search. Moreover, since the randomized controlled study on the research topic was limited, the findings of all study types were evaluated.

A systematic search and review typology was employed throughout the systematic review process. The research procedure was conducted by the PRISMA checklist.

Conclusion

International organizations are expected to facilitate coordinated action in overlapping areas such as health, trade, and economics [16]. Global health problems can be resolved through cooperation. Healthcare services can be a tool in health diplomacy [34]. Health diplomacy efforts are considered a strength in diplomatic practice [27]. Health diplomacy is regarded as a tool of soft power in international relations. Cuba's effectiveness in health diplomacy, driven by its commitment to healthcare as a national mission [24], and China's investment in health as part of its soft power strategy [28] are examples related to this issue. Developing national solutions to global health crises appears to be important for health administrators in international emergencies.

Health tourism also supports health diplomacy; however, prioritizing national interests is frequently emphasized [11]. National interests in this context can be explained under three main categories. The first is the equitable access to healthcare services within the national population and the overall health status of the society, which is frequently questioned [11]. The second pertains to the country's economic interests, as health tourism is known to positively contribute to the economy. The third is the pursuit of a favorable political image. This is where health diplomacy and health tourism converge [11]. Health tourism influences the global economy through international travel aimed at improving health. Health tourism is a rapidly growing and significant sector [10]. Improving healthcare services facilitates strength in both national and international spheres. Health tourism will likely become an instrument in policies oriented toward economic and global power. For this reason, the diplomatic impact of health tourism is being evaluated within the context of health management. It is observed that health diplomacy and health tourism, which combine healthcare services with tourism, interact with one another. However, there is a need for further research in the literature on this interaction. To this end, efforts to advance the development of health diplomacy should be facilitated. The study's findings emphasize the need for education in this field to support the development of health diplomacy [26]. It is also stated that empirical studies are necessary for the success of health diplomacy [29]. As most of the findings in this study are based on qualitative research, a quantitative approach is recommended for future studies.

The reviewed studies indicate that Türkiye primarily utilizes education as a tool in its diplomatic efforts [17]. It has been identified that there is a need for more empirical studies on health diplomacy practices in the field of health management in Türkiye. It is recommended that the limited number of studies on the interaction between health diplomacy and health tourism be supported by quantitative research. In the literature, the most prominent intersection between health diplomacy and health tourism is known to lie in the political advantages they offer. In this context, it is recommended that future research examine the impact of health tourism — as a facilitator of health diplomacy on public healthcare services.

Conflict of Interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
The authors declare that they have received no financial support for the study.

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