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Using a theory of change approach to analyze global health diplomacy practice in Myanmar

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Abstract
The current picture of global health diplomacy (GHD) is one of increasing complexity, with multiple actors striving for multiple objectives, using a multitude of strategies and activities. Analysis and documentation of GHD practice is urgently needed to help identify the opportunities GHD provides for jointly improving global health and international relations, as well as possible unintended consequences. Systematic analysis of GHD practice is challenging without a conceptual framework. We identified a Theory of Change approach as one way to conceptualize GHD practice and potential impacts that could also depict its complexity and identify relationships and pathways for measuring success.

We hypothesized that an implicit ToC underlying GHD practice existed, that could be identified and made explicit. In this paper, we develop a template ToC for GHD based on existing literature. We discuss the concepts and methods used to develop this "implicit" ToC template for GHD, and use the case of US-Myanmar relations to test the ToC against an example of real practice. We conclude with a discussion of how a ToC approach can: provide clarity on the complex relationships in GHD; help articulate desired outcomes for GHD; and, systematically capture contextual factors, stakeholder motivations, and contributions to GHD objectives. We argue that this single case of making an explicit ToC for GHD demonstrates the potential for developing a more generally relevant ToC for future GHD efforts. Finally, we propose three immediate ways in which the ToC approach could contribute to future GHD practice and assessment.

Introduction

In the 21st century, it is important to understand global health within the context of international relations, to successfully promote international cooperation that addresses shared health problems (Feldbaum and Michaud, 2010; Feldbaum, 2010). Global health has become increasingly intertwined with other foreign policy priorities in many countries, as realization grows that health issues in one country can profoundly impact not only health, but also diplomatic relations. The number of actors in global health – both in formal negotiating rooms and working with partner countries in the field – has increased significantly over the past 20 years, as the amount of resources dedicated to global health has risen (De Cock et al., 2013; Ravishankar et al., 2009). State and non-state actors in health, diplomacy, security and trade are interacting in new and complex ways, yet there is a lack of clarity regarding where potential synergies may be found, the appropriateness of these synergies, the balance among different actors' priorities, and what "success" looks like in practice.

An emerging discipline called global health diplomacy (GHD) has been used to describe these interactions. Although definitions of GHD vary, this term most often refers to "activities ranging from formal negotiations to an array of partnerships and interactions between governmental and nongovernmental actors", specific to global health (Katz et al., 2011). The diversity of actors and activities combine to create a multifarious environment in which global health practice occurs, often with "the dual goals of improving global health and bettering international relations" (Michaud and Kates, 2012). The current picture of GHD is one of increasing complexity, with multiple actors striving for multiple objectives, and using a multitude of strategies and activities. Global health practitioners, diplomats and other stakeholders are increasingly working together on multi-faceted GHD programs and initiatives to achieve implicit goals and objectives, even without fully understanding the array of linkages and synergies (Katz et al., 2011; Kickbusch et al., 2007). Further progress in the effectiveness of GHD will require a better understanding of these linkages and synergies, as well as the relative role of actors, activities, and strategies.

Documentation and analysis of GHD experiences is urgently needed to help identify the opportunities its practice provides for jointly improving global health and international relations (O'Neil and Pappas, 2009), as well as possible unintended consequences. However, systematic analysis is challenging without a comprehensive and consistent conceptualization of what constitutes GHD and the principal implications of its practice. The importance of theory as a conceptual foundation for assessing the impacts of complicated and complex interventions, like GHD, has been increasingly recognized in the fields of development effectiveness and evaluation (Judge and Bauld, 2001; Rogers, 2008; Sanderson, 2000; Stame, 2004; White, 2009).

We identified a Theory of Change (ToC)[1] approach as one way to conceptualize GHD practice and its potential impacts. In addition to identifying specific building blocks of an

[1] We defined contextual factors as those forces that could influence the desired outcomes, or the implementation of GHD activities, but which GHD stakeholders were unlikely to be able to influence (Weiss, 1997). Mediators were defined as similar forces, but those which GHD stakeholders could potential influence,

intervention, ToCs describe the relationships between activities, outputs, and short- and long-term outcomes, which is one of the least systematically described and understood areas of GHD (Kubisch et al., 2010). A ToC is also helpful in identifying necessary conditions that should lead to desired outcomes, and are especially relevant for complex interventions that have long time frames for implementation, and therefore, for expecting desired outcomes to become observable, such as GHD (Patton, 2011). It can be a useful tool for understanding complexity and complication and managing these to maximize impact (Rogers, 2008; Stame, 2004). Although the emphasis on social and development interventions has often been on the need for ToC development – as part of program and intervention design and planning – it is also well recognized that another important purpose of ToC is to capture existing initiatives that can improve communications among actors, and to help them understand and improve what they are doing (Anderson, 1957). Analyzing GHD by first articulating an implicit ToC that illustrates the complexity of activities, interactions among stakeholders, and identifies implied objectives and goals for its practice, and then testing that ToC against a specific case could be a useful way to understand and assess the effects of GHD in practice. We hypothesized that such an implicit ToC existed for GHD, and that it could be identified and made explicit by examining existing documentation and literature.

In this paper, we develop a template ToC for GHD based on existing literature. The underlying aim was to determine what was available in the literature that would support preliminary development of a ToC for GHD practice. We discuss the concepts and methods used to develop this "implicit" ToC template for GHD, and use the case of US-Myanmar relations to test the ToC against an example of real practice. Then we asked: What was gained by making the implicit ToC explicit, which could improve future GHD practice? We conclude with a discussion of how ToC can: 1) provide clarity on the complex relationships in GHD; 2) help articulate desired outcomes for GHD; and 3) systematically capture contextual factors, stakeholder motivations, and contributions to GHD objectives. We argue that this case for making an explicit ToC of GHD demonstrates the potential for developing a more relevant ToC for future GHD efforts. Finally, we propose three immediate ways in which the ToC approach could contribute to future GHD practice and assessment.

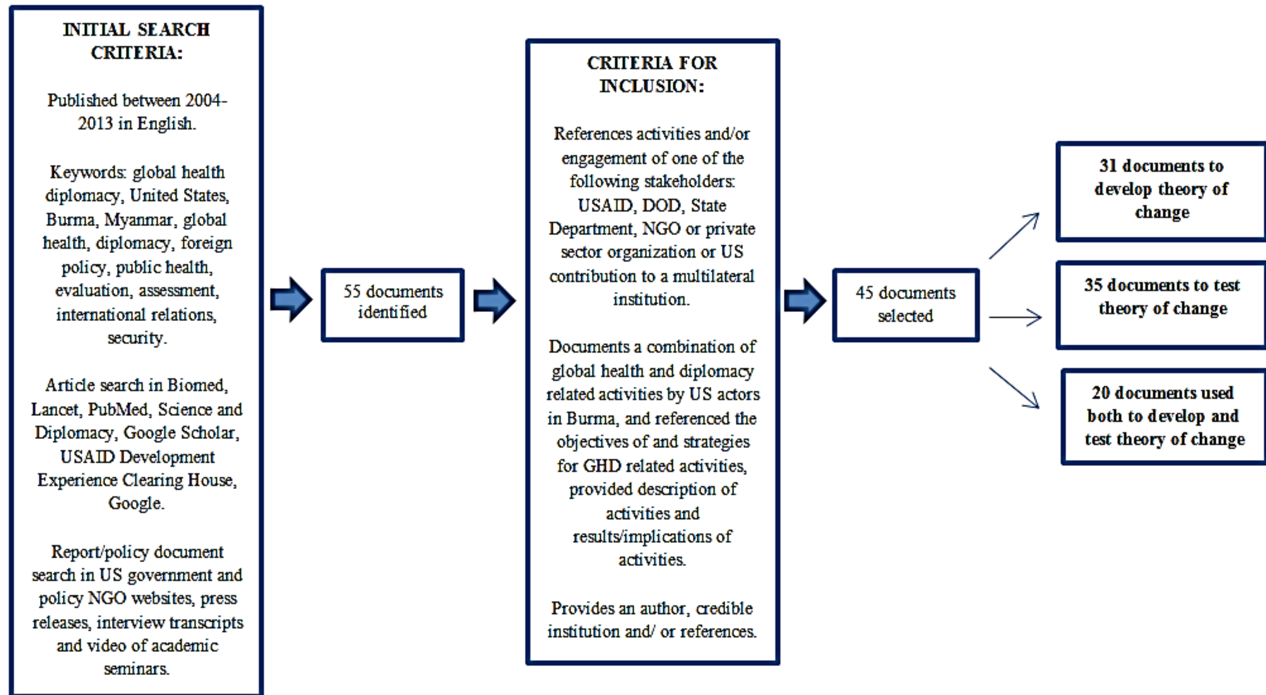
Methods

The methodology was based on a literature review, conducted in three steps. First, a review was conducted to identify what conceptual frameworks related to GHD existed, using one set of search terms. Using a second set of search terms, documentation of GHD and broader diplomacy efforts were identified and then analyzed to identify the components of an implicit ToC, such as: the stakeholders, motivations, strategies, outcomes and impacts, and evidence of contextual and mediating factors affecting GHD implementation and achievement of outcomes and impacts. A third set of search terms was used to identify documents specific to the case of US-Myanmar diplomatic relations. This set of documents was used to test the template ToC and "populate" the template ToC for

even if they are not explicit objectives of their GHD activities. Mediating factors can become GHD objectives, and contextual factors can become mediators, depending on the extent to which GHD stakeholders can modify their effects on implementation and outcomes (Anderson, 2005).

the specific case of US-Myanmar relations. The literature review process is depicted in Figure 1.

Figure 1: Literature review process and criteria for GHD Theory of Change



Case selection

Myanmar was selected as the test case primarily because the US has recently renewed official ties with the country, with little or no previous engagement. We therefore hypothesized that this case would allow us to use a TOC approach with more clarity than other long-standing and potentially more complex US engagements. Regional dynamics also made Myanmar a good case; partly because of the long-standing embargo on US diplomatic engagement, health is very much intertwined with diplomatic leverage and security interests in Myanmar, especially around US involvement in regional infectious disease and humanitarian response. In addition, we felt that an in-depth exploration of US-Myanmar engagement would provide a timely example of how diverse stakeholders in a single country contribute to GHD and the resulting implications for global health.

This study has several limitations. First, there was limited literature available on the topic of GHD, both in terms of conceptual frameworks and in terms of practice documentation. It was difficult to access literature related to bilateral diplomatic relations between the US and Myanmar, as well as on GHD practice and specific activities, as defined in this paper. Limited availability and access to literature meant that the different sets of search criteria produced several of the same documents. If these met the criteria for inclusion, they were retained in both analysis activities, but the analysis purpose was different. For example, when developing the implicit ToC, these articles contributed to the identification of the range of stakeholders; when testing the implicit ToC for the US-Myanmar case, the

information was used to describe the different activities, channels, and strategies used by each stakeholder. We are careful to show which elements of the implicit ToC held true for US-Myanmar, and which did not. Figure 1 shows that 20 of the 45 documents reviewed fell into this overlap category.

Second, given that the US has recently renewed official ties with Myanmar and GHD has not yet been widely studied in Myanmar or in the region, recent data and evaluations of US stakeholder activities in Myanmar were difficult to access. This resulted in a large proportion of reports and documents being collected from USG sources and reduced our ability to capture the Burmese perspective on US engagement. As a result, the ToC is US-focused, and may not be as useful, in its current format for analyzing GHD practice from another country's perspective. However, further development and validation of the proposed template ToC, to be relevant not only to the US or the Myanmar case, is a feasible course for future work.

Methods for ToC development

Reports and policy documents were identified using government websites, press releases, interview transcripts and video clips of academic seminars. Peer-reviewed and grey literature published between 2004 and 2013, in English, was included. Every attempt was made to ensure a combination of documents authored by US government (USG) agencies and non-USG agencies was selected to include diverse perspectives.

Fifty-five documents were identified, of which 31 were used to develop the implicit ToC template. These were included based on the following criteria: 1) included reference to US based stakeholders engaging in GHD in Myanmar; 2) author and/or references available; 3) a combination of global health and diplomacy related activities by US actors in Myanmar documented; 4) objectives of, and strategies related to GHD-oriented activities described; and, 5) description of activities or results/implications of activities provided. During the development of the implicit ToC, the literature was reviewed by one analyst (Holly Greb) to identify GHD stakeholders, mutual objectives (motivations), strategies, channels and mechanisms for action, and stakeholder contributions to GHD. The extracted data was reviewed by a second analyst (Sangeeta Mookherji), and conclusions were reviewed and critiqued by a third analyst (Rebecca Katz). The elements and pathways of the implicit ToC were modified multiple times based on discussions and ensuing deeper readings of the literature.

Methods for detailing the template ToC specific to US-Myanmar relations

Once the template ToC was developed, the initial 55 documents were filtered using a second set of refined criteria to provide details on each element using the case of US-Myanmar relations: 1) reference to the specific US stakeholders identified by the ToC; 2) author and/or references available; 3) a combination of global health and diplomacy related activities by identified stakeholders related to Myanmar; 4) the objectives of, and strategies for GHD related activities described, and 5) a description of activities provided and the results/implications of activities indicated. Thirty-five documents were included, and the template ToC was used as the framework for assessing: 1) what were the stated and implied stakeholder objectives; 2) their motivations for engaging in GHD; 3) the

strategies and channels used for conducting GHD; and 4) the expected broader outcomes for GHD for US stakeholders in Myanmar. One analyst identified the specific data identified in the literature by imposing the ToC pathways and elements on each article, including the mediating and contextual factors. The findings, and populated ToC, were reviewed three times by the other two analysts, modified, and expanded each time until the final ToC specific to US-Myanmar relations was agreed upon.

Results

Developing the implicit GHD ToC template

Very few conceptual frameworks for GHD could be identified in the literature. Therefore, we started with the conceptual framework proposed by Katz et al. (2011) that identified the major channels through which GHD activities are executed: 1) core GHD, negotiations between and among nations to resolve disputes and engage in formal agreements; 2) multi-stakeholder GHD, negotiations and interactions in which various state, non-state, and multilateral actors collaborate on health issues; and 3) informal GHD, interactions between public health actors working around the world and their field based counterparts, including governments, multilaterals, NGOs, the private sector and civil society (Katz et al., 2011).

The literature was then reviewed to identify additional elements to include in a template implicit ToC for GHD. We identified the following elements as consistently present in the reviewed literature, and therefore we assessed that they were part of the implicit ToC to make explicit: 1) GHD stakeholders; 2) mutual objectives and motivations of stakeholders; 3) strategies being used; 4) intermediate results and contributions to GHD; and 5) the ultimate outcome, or goal, of GHD. We also examined the literature carefully in order to be able to articulate mediating and contextual factors[2] to include in the implicit ToC. The data from the literature was organized into a template graphical figure to represent the relationships among the different elements of the implicit ToC (see Figure 2 in Appendix A, page 16). This figure took the form of an expanded program theory model, which also bears a strong resemblance to program logic models[3], and therefore should be familiar to many stakeholders and actors in GHD.

GHD stakeholders

We were able to identify five major groups of active US-based GHD stakeholders that we considered part of an implicit GHD ToC: global health practitioners, security stakeholders,

[2] We defined contextual factors as those forces that could influence the desired outcomes, or the implementation of GHD activities, but which GHD stakeholders were unlikely to be able to influence. Mediators were defined as similar forces, but those which GHD stakeholders could potential influence, even if they are not explicit objectives of their GHD activities. Mediating factors can become GHD objectives, and contextual factors can become mediators, depending on the extent to which GHD stakeholders can modify their effects on implementation and outcomes.

[3] A logic model describes the tactical model for turning inputs and activities into outputs and the desired outcomes from those outputs. A ToC depicts a more strategic perspective of multiple interventions and actors required to produce immediate and intermediate outcomes. Program theory emphasizes the role of implementation strategies, context, and mediators in modifying whether expected or desired program impact is achieved. While logic models have a specified format, program theories and ToCs can take many forms.

the diplomatic corps, informal/non-state stakeholders, and US engagement via multilateral institutions.

Strategies for engaging in GHD
Once stakeholders were identified, examination of the documents showed the types of activities and efforts stakeholders were conducting. This was used to develop a list that was then analyzed and organized into three types of stakeholder strategies for engaging in GHD:

1. *Global health strategies*: health to achieve well-being, social development and inclusive growth; and health to improve surveillance and the capacity to address shared threats to health.
2. *Diplomatic strategies*: health to enhance public diplomacy, influence, image and/or goodwill; health to promote or reward political reform; health as an entry point for dialogue; and exchange of scientific/health related information.
3. *Security strategies*: health to improve surveillance and the capacity to address shared threats to health; and health to promote peace, cooperation and/or regional stability.

Motivations and mutual objectives
Specific data in the literature was sparse on both the motivations of stakeholders and stated mutual objectives; however, the presence of motivators as an important force in GHD activities was consistent, even if not explicitly described. Mutual objectives were also implied in the descriptions of strategies and channels, as well as specific activities of US stakeholders in Myanmar, even if the stakeholders did not work to develop these collaboratively.

Intermediate results and ultimate outcome of GHD
Intermediate results articulate the expected effects of stakeholder contributions to GHD. For the template ToC, intermediate results were identified through analysis of documents that described results of evaluations and assessments, and from comments regarding outcomes and impacts of stakeholder activities related to health, diplomacy and security. We identified two intermediate results in this process: 1) improved population health outcomes and human welfare, and, 2) stronger diplomatic ties. We defined the ultimate outcome as, "improved population health and international cooperation", based on available documentation.

Contextual and mediating factors
A list of contextual factors, which can affect the intermediate results and ultimate outcome, but that are outside the influence of stakeholders and their activities, were recorded and included in the ToC. A list of mediating factors, which also affect the intermediate results and ultimate outcome, but that stakeholders can indirectly influence, even though they are not specific objectives, was also included. These were thought to capture adequately the range of external factors that are important to consider when analyzing GHD and its effects.

Using the generic ToC to analyze the case of US-Myanmar

Overall, using the implicit ToC template to analyze the available data on the case of US-Myanmar GHD-related activities validated the usefulness of applying a ToC to GHD practice. We were able to use the implicit ToC template to organize the data under each of the ToC elements, and thereby more clearly depict US GHD activities in Myanmar. The ToC that was made specific to the case of US-Myanmar engagement with GHD is presented in Figure 3 (see Appendix B, page 17).

Contextual factors in Myanmar

Throughout the process of analysis, the dimension of regional partnerships and the political influence of China in Myanmar were identified as major components of US GHD efforts in Myanmar and the region; thus the "regional influence of China and Thailand", was added to the list of contextual factors.

GHD stakeholders in Myanmar

Available documentation allowed us to identify the following specific actors within each stakeholder group who are active in Myanmar: 1) USAID and DOD (global health practitioners); 2) the US Department of State (diplomatic corps); 3) PSI, Pact, Friends of Myanmar, Refugees International and World Vision (informal); and the Global Fund, UNAIDS and the Thai-Myanmar Border Consortium (multilaterals).

GHD stakeholder motivations and objectives in Myanmar

For the case of US-Myanmar relations and GHD we were able to examine the stated objectives for strategies and activities in the literature to determine which could be considered common. We identified five mutual objectives among US stakeholders in Myanmar: 1) improve health outcomes; 2) reduce global health threats by ensuring health and promoting cooperation in health; 3) improve bilateral and regional partnerships to promote foreign policy; 4) enhance US image, influence, and goodwill; 5) leverage health to promote regional security.

For global health practitioners, the objectives of the USAID engagement in Myanmar include: 1) enhancing public health/human welfare by improving health outcomes in Myanmar; 2) leveraging health assistance to promote US foreign policy in the areas of democracy and human rights; and 3) building local and regional capacity to manage infectious disease threats and promote country ownership (Government of the United States of America: United States Agency for International Development, 2013a). Objectives of DOD engagement included: 1) building regional response capacity for infectious disease threats and strengthening surveillance; 2) health as a means of promoting regional security (biological security and peaceful relations); 3) conducting collaborative medical research; and 4) promoting US foreign policy. The DOD was also heavily motivated to protect the health of US military personnel stationed in the region (Parrish, 2012).

The GHD-related objectives of the US diplomatic corps in Myanmar include: 1) enhancing public health/human welfare (given the stated goal of upholding US values and supporting human development); 2) promoting US foreign policy (i.e., by offering health assistance on the condition that Myanmar maintains reforms in democracy and human rights, and using

health assistance to enhance diplomatic relations in the Asia region); and 3) building local and regional capacity to address shared global health threats, thereby safeguarding the health of Americans and the region (Government of the United States of America: Department of State & United States Agency for International Development, 2012).

The objectives of the informal stakeholder group were found to be the most diverse, but focused primarily on enhancing public health/human welfare and building capacity to address shared health threats. Three major ways of enhancing public health/human welfare emerged among informal stakeholders in Myanmar: 1) building civil society capacity to improve population health; 2) providing emergency medical assistance to internally displaced persons and disaster victims; and 3) providing broader social development support for health and education.

The US engages in multilateral partnerships and contributes to international organizations primarily as a mechanism to advance US foreign policy around the world; in Myanmar this aims to strengthen diplomatic, economic, security and other ties with the Asia region *(China.org.cn, 2012).* All reports reviewed for the multi-stakeholder group referenced some form of engagement to build regional capacity for addressing global health threats and promoting regional security, as well as enhancing public health/human welfare. Specifically, two of the seven reports analyzed for this stakeholder group referenced international health organizations as a way to build the foundation for democracy and ensure protection of human rights (Derrick, 2012).

From these objectives, and from stated motivations and careful review of specific activity aims, we were able to derive four categories of stakeholder motivations to engage in GHD: 1) enhance public health/human welfare; 2) build capacity to address shared global health threats; 3) promote US foreign policy; 4) leverage health to promote security. Some of these motivations were specifically stated in the documents, and some were implied through the aims of specific activities and intentions of engagement that were identified in the documents.

GHD Strategies in Myanmar

We added two specific strategies to the category of "Diplomatic Strategies" based on the GHD activities of US stakeholders in Myanmar: 1) enhance public diplomacy influence, image, and goodwill; and, 2) exchange of scientific information. This was based on the fact that half of USAID reports we reviewed stated that the agency provides health assistance in Myanmar as a means of encouraging continued political reform and democracy (Government of the United States of America: Department of State & United States Agency for International Development, 2012; Government of the United States of America: United States Agency for International Development, 2013b). In addition, we found that a principal activity of DOD in Myanmar supports medical research collaborations between the US military and medical researchers in Thailand, Myanmar, Laos and Nepal through the US Army's largest disease research laboratory, the Armed Forces Research Institute of Medical Sciences, located in Thailand (Government of the United States of America: Department of Defense, 2010).

Channels of GHD in Myanmar
In the case of US-Myanmar GHD activities, stakeholders seem to place less emphasis on core channels and more on multi-stakeholder ones. However, the data also showed that many stakeholders utilize multiple channels for their GHD activities. For example, USAID contributes to GHD through all three major channels identified in the implicit theory of change. DOD uses combinations of multi-stakeholder and informal channels for agreements on military collaborations among the US, Thailand and Myanmar that include regional health components to better share health information, provide humanitarian assistance in case of natural disasters and counter the sale of narcotics, to strengthen diplomatic ties in the region (Parrish, 2012).

Intermediate Results and Ultimate Outcomes of GHD in Myanmar
We added, after further analysis of the Myanmar-specific documents, two specific intermediate results to the two identified in the implicit ToC: 1) improved cooperation in health and shared protection from global health threats; and, 2) improved capacity to promote national and regional security to account for these contributions of stakeholders and regional partnerships.

The ultimate outcome was revised from “improved diplomatic relations and shared global health benefits” in the template ToC to “improved population health and international cooperation”, which was determined to better articulate the expected and desired results of the expanded intermediate results specific to the case of US-Myanmar GHD activities.

Discussion
We were able to identify the majority of elements that should be in a template ToC for GHD, and use the case of US-Myanmar GHD-related activities to provide details for these elements. The template ToC worked well for identifying and categorizing the diverse array of stakeholders and actors, and the five mutual objectives in the generic ToC held true for the majority. In addition, the three GHD channels originally proposed by Katz et al. (2011) fully described the range of pathways by which stakeholders contributed to GHD in Myanmar. While we were unable to formally validate our findings regarding the US-Myanmar populated GHD ToC, the authors did crosscheck informally with stakeholders close to the bilateral activities, who also facilitated access to some pieces of literature. An important next step, now that the implicit ToC has been successfully used by the authors to analyze a specific GHD practice case, will be to both validate the US-Myanmar GHD ToC, and the implicit ToC, directly with key stakeholders. The methods by which this should be done will require further engagement and preparation.

The template ToC also shows that the diversity of stakeholders is wide, and that these stakeholders engage in GHD through a variety of strategies; each strategy can be pursued through multiple channels. However, these multiple actors, and combinations of strategies and channels, were found to ultimately converge in a relatively small set of intermediate outcomes and desired impacts. Using the ToC as an analytical framework for interpreting US-Myanmar relations showed that stakeholders overlap in their strategies, channels, and contributions to GHD, and the extent to which this overlap happens. All categories of

stakeholders were found to contribute to one or more of the four intermediate results. All categories of stakeholders used at least 2, if not 3, channels for their strategies, and each stakeholder engaged with multiple strategies. The implications of this complexity is that assessment of specific contributions to intermediate results or ultimate outcomes of GHD will be challenging, whether the contributions are specific to GHD stakeholders, strategies, or channels.

This overlap also points more clearly to a need for cross-training and coordination mechanisms that balance priorities among the diverse stakeholders, a need that has been identified previously (Katz et al., 2011; Kickbusch et al., 2007; Kickbusch, Silberschmidt, & Buss, 2007). Increasing overlap in a coordinated way between the global health strategies being pursued by the diplomatic corps and other stakeholders could be beneficial for global health. However, further politicizing health could simultaneously blur the lines between promoting health to improve health outcomes and leveraging health to encourage political reform, regardless of the public health needs of communities or approaches that would support sustainable health infrastructure and systems in a particular country. A ToC approach to GHD could help identify the appropriate balance and function as a tool for coordination.

Conclusions

We found that previous conceptual frameworks for GHD focused on: 1) identifying relationships between global health and foreign policy and how each can raise the profile of the other (Feldbaum and Michaud, 2010; Feldbaum, 2010); 2) scoping the domain and definitions of what constitutes GHD, and how this domain evolved historically (Michaud and Kates, 2012; Feldbaum and Michaud, 2010); and, 3) describing the operational components, context, and practice of GHD (Katz et al., 2011). However, no conceptual frameworks described the pathways by which the operational characteristics of stakeholder activities within the domain of GHD are expected to produce the outcomes that were expected from global health or foreign policy perspectives. Without a comprehensive conceptual framework, advancement in the effectiveness and efficiencies of GHD practice are unlikely to be realized. Making the implicit ToC for GHD explicit produced several additional benefits. The complexity of GHD in practice was tethered to theoretical assumptions, as a reasonable ToC should (Rogers et al., 2000; Rogers, 2008; White, 2009). We identified the full range of objectives and motivations for stakeholders to engage in GHD; and categorized the strategies they used, and the channels through which the strategies operate. In particular, linking the diverse array of stakeholders to a set of mutual objectives helped illustrate areas of overlap and better clarify which strategies stakeholders are engaging in, and why. By exploring the stated and implied motivations of each stakeholder and the strategies they are engaging in, we were able to clarify mutual objectives. Further linking those objectives to intermediate results reinforced the reality and extent of global health, security, and foreign policy inter-connectedness.

Prior to this study, no ToC for GHD was available. This initial attempt to map the causal pathways of the emerging discipline of GHD, analyze various stakeholder contributions, and assess the implications of GHD, helps to establish a theoretical foundation for understanding and assessing GHD practice. An important next step will be to “test” this

initial implicit GHD ToC with GHD actors to validate and further develop the conceptual framework within which GHD practice occurs[4]. This could be done either through in-depth interviews or by convening groups of actors and using the ToC to frame group discussions.

Analyzing GHD using the ToC began to unpack the pathways and the interactions among global health, diplomacy, and security-related objectives and outcomes. Additionally, ToC approach helped visually depict the complex context in which GHD takes place, to provide implementers from all stakeholder groups with a more holistic picture of the context in which they act. By visually depicting the elements and their relationships, the ToC provided a first step to systematically analyzing the complexity of GHD. The ToC not only provided a useful analytical framework for the case of US-Myanmar, but also pointed the way forward to gathering better data to assess the actual pathways of effect for GHD efforts.

We conclude by identifying three immediate ways in which the ToC approach could contribute to GHD practice and assessment:

1. Aid in designing and evaluating GHD efforts, mapping complex stakeholder contributions, capturing meditating and contextual factors that influence the success of GHD, and framing further research on GHD. Future studies should explore stakeholder motivations and awareness of GHD, host country contributions to GHD as well as the linkages between GHD and other types of diplomacy.

2. Serve as the basis for further development of a ToC focused on the particularly complicated set of informal stakeholders in GHD.

3. Aid in developing training curricula in GHD to provide cross training for diverse public health professionals working overseas and the US diplomatic corps.

[4] The authors have developed an in-depth interview guide, and hope to test it with stakeholders regarding the US-Myanmar case in the near future.

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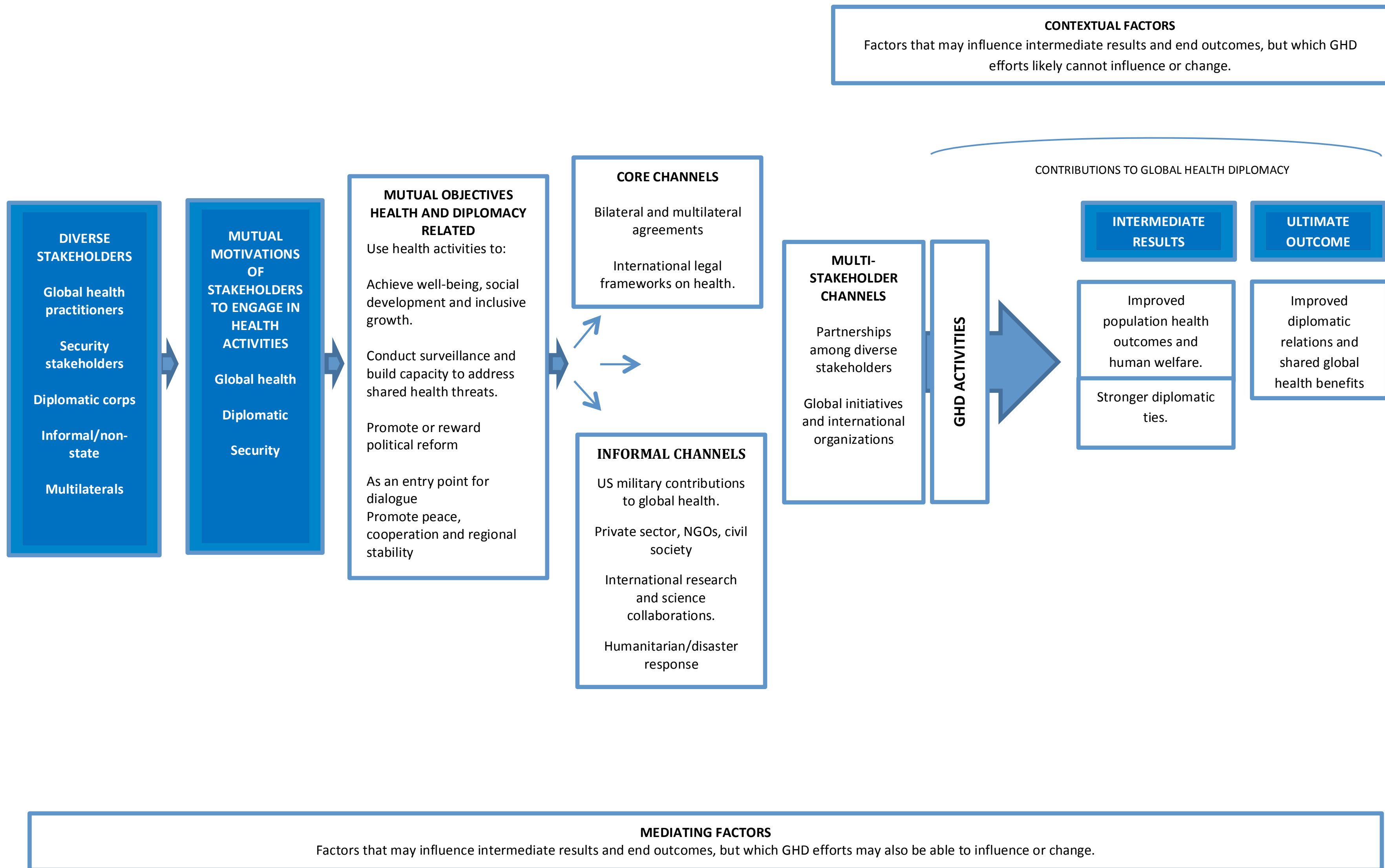
Appendix A: *Figure 2. Implicit Theory of Change for Global Health Diplomacy*



Appendix B: *Figure 3: Theory of Change specific to US-Myanmar GHD practice*