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Global Health Diplomacy and Commodified Health Care: Health Tourism in Malaysia and Thailand

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Abstract

National governments have reinvigorated health tourism since COVID-19 by promoting health and medical technologies that target global health goals set by the World Health Organization. How do state efforts to address economic crisis through health tourism commodify niche health interventions, and what are the effects of such strategies? Health tourism is a form of global health diplomacy, in which stakeholders within and outside of the state advance shared global health goals, building commercial opportunities and prestige. Yet, less is known about how state-led health tourism strategies can facilitate global health diplomacy in different ways, nor their impacts on global health inequities — particularly in middle-income states seeking to strengthen economic and political power in the global arena. We comparatively analyze Malaysia's efforts to become the "hepatitis C treatment hub of Asia" and Thai initiatives to become a "world-class wellness destination" through traditional medicine and herbal products. Based on interviews with key informants in Thailand and Malaysia and a content analysis of over 100 primary sources, we unveil the different strategies and distributive impacts of global health diplomacy. We argue that health tourism can augment the political and economic status of the nation-state *and* transform the field of global health in different ways, while impacting healthcare access and health inequities for people within and outside of destination countries.

Keywords Health care commodification · Global health diplomacy · Health tourism · Hepatitis C · Traditional medicine · Health inequity

Introduction

The COVID-19 pandemic initially "devastated" and "cratered" the health tourism industry (Horch 2020; Yeginsu 2021). Millions of people worldwide died, became sick, and lost their jobs — as borders closed and healthcare systems reached

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capacity. Health tourism, or cross-border travel for health and medical care, was a multi-billion dollar global industry before COVID-19, with governments from South Korea to Costa Rica attracting millions of foreign healthcare consumers for a range of services. Since the start of the pandemic, national governments and state agencies have sought to reinvigorate health tourism by promoting health and medical technologies that address global health problems and goals set by the World Health Organization (WHO). How do state efforts to address economic crisis through health tourism commodify niche health interventions, and what are the effects of such strategies?

Health tourism [1] has changed the paradigm of health care (Jones and Keith 2006) by incorporating private businesses and multinational firms — such as hospitals, hotels, airlines, and food service — in addition to new actors and distinct governmental functions (Béland and Zarzeczny 2018; Yılmaz and Aktas 2021). States, which are an ever-changing "ensemble of discourses and practices of power" (Aretxaga 2003, 397), play key roles advancing health tourism, which not only impacts economic growth, but also a nation-state's power and influence on the global stage (Feldbaum and Michaud 2010, 1; Hopkins et al. 2010, 192). Health tourism is a form of "global health diplomacy," in which stakeholders within and outside of the state advance shared global health goals, building commercial opportunities as well as "goodwill and soft power" (Fazal 2020, 79; Shaikh et al. 2018, 934; see also Adams et al. 2008; WHO EMRO 2022). Yet, less is known about how state-led health tourism strategies can facilitate global health diplomacy in different ways, nor their various impacts on global health inequities — particularly in middle-income states seeking to strengthen their economic and political power in the global arena.

This article answers these questions by analyzing two cases in which middle-income states developed initiatives, policies, discourses, and services to promote a health tourism niche in the years following COVID-19. Both states are located in Southeast Asia, which has become a hub for various health and medical services (e.g., stem cell treatment, fertility treatment, and cosmetic surgery), and nation-states earn economic gains and political prestige through these industries (Thompson 2008). In the first case, we explore Malaysia's efforts to become the "hepatitis C treatment hub of Asia" by offering direct-acting antiretrovirals that were developed through the government spearheading compulsory licensing and global clinical research. In the second case, we analyze Thai initiatives to market the country's long-standing niche of Thai traditional medicine[2], food, and herbs to position itself as a "world-class wellness destination" that bolsters immunity and wellness in the COVID-19 era, with new standards and certifications building confidence for

[1] The term "health tourism" is imperfect, as travel for health or medical services is not always as leisurely or enjoyable as the term "tourism" implies. We use the phrase to capture the broad spectrum of health, wellness, and medical services offered for foreign travelers, while acknowledging its limitations.

[2] Thai traditional medicine, which views health and healthcare holistically, is a 2,500-year-old tradition rooted in Buddhism (Lindbeck 1984, 24). Thai traditional medicine utilizes systems of metaphors without classifying direct etiologies of disease (Cassaniti 2017). The emphasis on *khwaan*, or the spirit of a person encased in the body, opposes biomedical systems that isolate bodily systems and parts (Cassaniti 2017).

tourists and foreign healthcare consumers. The analysis is based on interviews with key informants in Thailand and Malaysia and a content analysis of over 100 primary sources.

Through this analysis, we unveil the different strategies and distributive impacts of global health diplomacy, arguing that health tourism initiatives can augment the political and economic status of the nation-state *and* transform the field of global health in different ways. While global health diplomacy materializes distinctly for different countries, definitions of global health diplomacy typically revolve around the "dual goals of improving global health and bettering international relations" (Adams et al. 2008, 316). However, less work has comparatively analyzed the many other intentions of global health diplomacy, as well as their complicated (and sometimes unintended) outcomes. This article illuminates how health diplomacy strategies can also exacerbate health inequities for people within and outside of destination countries. We examine how the state-led advancement of health tourism can reshape the "geography of care and solidarity" (Ormond and Kaspar 2018, 7) for people worldwide, creating new access points, as well as barriers to care.

Taken together, Thai and Malaysian health tourism strategies highlight the "multidimensional engagement" of states with healthcare (Yılmaz and Aktas 2021, 311), as state and non-state actors develop and promote health and medical technologies for domestic *and* global consumers amid an evolving landscape of health problems and interventions. The article underscores the changing roles of middle-income and Global South countries in setting and contributing to global health agendas (Büyüm et al. 2020; Harris 2017, 2019; Sklair and Robbins 2002), specifically by developing niche health tourism strategies that address domestic *and* global health issues, and World Health Organization goals. Through this comparative study, the article furnishes deeper understandings of the different strategies through which states advance global health diplomacy via health tourism, as well as the various effects and inequities for people within and beyond a country's national borders.

Global Health Diplomacy, Health Tourism, and Inequity

Diplomacy is often defined as high-level meetings among state leaders and proxy actors, but its scope has expanded beyond "traditional high issue foreign policy" to include a range of other issues, such as global health (Almeida 2020, 34). The terms "global health diplomacy" and "health diplomacy" emerged in the 1990s and early 2000s, alongside the changing world dynamics at the end of the Cold War (Almeida 2020, 34, 39). One reason this took place was to strengthen health security, as new regimes of "states, intergovernmental organizations, and nonstate actors apply old and new institutions, rules, and processes to strengthen collective action against health threats" (Fidler 2010a, 1).

Global health diplomacy has manifested amid the changing landscape of health development funding (e.g., non-governmental organizations), increased pharmaceutical/clinical global health research, and a heightened attention to "biosecurity" in global health (Adams et al. 2008, 316). It can involve activities such as creating new organizations that respond to health challenges, building donor/stakeholder

relations, addressing public health crises, and creating new political alliances (Kickbusch and Liu 2022, 2157). Global health diplomacy can take place directly and indirectly (Michaud and Kates 2013, 24), as governments and non-state actors "coordinate efforts to improve global health" (Ruckert et al. 2016, 61) through formal multilateral/bilateral health decision-making, as well as through more informal negotiation and cooperation (Birn et al. 2017, 141).

Global health diplomacy can also be used for purposes beyond health, and is a means for states to secure political and economic gains (Almeida 2020, 4, 5). Health diplomacy is a form of soft power, which encompasses the ability to influence others through "persuasion and attraction" (Nye 2004). Global health diplomacy is an "opinion-shaping instrument" that can "improve political reputation" (Mol et al. 2022, 1114). For instance, governments such as Brazil (Gayard 2019), Cuba (Feinsilver 2010), and Thailand (Thaiprayoon and Smith 2015) have incorporated different health initiatives to "improve their international position to demonstrate their commitment to ethical issues" (Mol et al. 2022, 1114). While nation-states use global health diplomacy to "establish solidarity and equity," it also helps them "gain geopolitical advantage" (Kickbusch and Liu 2022, 2156) and currency (Dolatabadi and Kamrava 2021). Through global health diplomacy, benevolence often intersects with power, prestige, and profits — as "few initiatives serve a purely humanitarian objective" (Kickbusch and Liu 2022, 2160).

Indeed, middle powers often engage in niche diplomacy, such as global health diplomacy, to seek greater economic and political power and legitimacy (Cooper 1997, 4-5). For instance, Brazil focused heavily on increasing the global availability of HIV and AIDS treatments in the 2000s through negotiation within multilateral health organizations (Gayard 2019; Harris 2017). The Brazilian government publicized its niche health policy expertise, becoming a global "role model" and "significant contributor and player of the international agenda for health" (Gayard 2019, 7, 16). Additionally, national health tourism strategies incorporate and marketize specific healthcare niches throughout the world (de Arellano and Annette 2011, 293), such as Turkey's specialty in hair transplants (Şahinol and Taşdizen 2021) and Mexico's reputation for dental services, with Los Algodones known as "Molar City" (Maddox 2021). These niche efforts can have varied goals and effects: they may aim to straightforwardly capture health and tourism revenue or increase economic power and political prestige, while also impacting access to health services through increased commodification.

International trade in health services is a key component of global health diplomacy (Hancock 2013, 161; Kickbusch et al. 2021, 68), and the state's role in promoting health tourism has been conceptualized as a form of global health diplomacy — including in India (Arya 2021; Mol et al. 2022), Iran (Dolatabadi and Kamrava 2021), Pakistan (Shaikh et al. 2018, 934), South Korea (Kim and Hyun 2022), and Turkey (Altılı 2021). However, in most of these country cases, researchers asserted that health tourism was a *potential* health diplomacy tool that states had not yet thoroughly developed. Less work has empirically examined how different states facilitate health diplomacy through more established health tourism industries, nor their

various impacts on domestic and global health. Further, definitions of global health diplomacy often do not ask how or why some health problems become "global," leaving the category of "global health challenges" unexplained (Almeida 2020, 5; Lee 2009).

To fill these gaps, this article analyzes how Thai and Malaysian state agencies and national governments have constructed distinct policies, marketing campaigns/discourses, partnerships, and initiatives to advance health tourism niches in traditional medicine and hepatitis C treatment, respectively. Through these health tourism niches, each state names, addresses, and targets specific domestic and global health issues, establishing strategies to offer private healthcare services for those who can afford them. Of the various dimensions of global health diplomacy (Kickbusch and Liu 2022, 2157), we demonstrate how the Thai health tourism niche is framed as a means towards immunity and health security in the COVID-19 era, while Malaysia's niche is a response to a domestic and global public health crisis. What then are the impacts of such health tourism niches and diplomacy strategies on global healthcare access and the field of global health?

Generally, health tourism can boost economic and political gains for destination countries, while also reinforcing inequities between those who can afford to travel for care and those who cannot (Pocock and Phua 2011). Health tourism can notoriously divert public health resources to the private sector (Pocock and Phua 2011). Who can secure healthcare throughout the world is a topic of deep concern (August et al. 2022), with health tourism seen as a form of "flexible bio-citizenship" that affords health travelers greater social capital and benefits (Whittaker and Leng 2016). Research has reoriented the focus from wealthy health tourists to those who are relatively poor and "medically, bureaucratically, or financially disenfranchised in their home countries" (Connell 2016, 538; see also Ormond and Sulianti 2017). As states continue to advance health tourism niches, we borrow from Greene et al.'s (Greene et al. 2013, 49) questions about European and North American physicians practicing in developing countries, asking: "what is noble… and what is perilous" about national health tourism strategies and global health diplomacy?

The state-led commodification of niche health and medical interventions through health tourism sheds light on the different "national innovation styles" (Thompson 2008, 437) of global health diplomacy as it is facilitated through health tourism — as well as the effects on healthcare access and inequities. Through the analysis of health tourism niches in Thailand and Malaysia, the article illuminates how global health diplomacy is not just about "winning the hearts and minds of people in poor countries by exporting healthcare, expertise, and personnel to help those who need it most" (Fauci 2007). Rather, global health diplomacy is conducted by middle-income countries that develop niche capacities, technologies, and discourses through health tourism. Governmental policies and state initiatives to advance health tourism are not solely aimed towards increasing the number of health tourists. Instead, health tourism is a distinct mechanism for states to assert expertise, target specific global health problems, and respond directly to goals of the World Health Organization. In doing so, it catalyzes commercial revenue *and* clout for nation-states, while also

impacting healthcare access, inequities, and the landscape of global health more broadly.

Health Tourism Strategies in Thailand and Malaysia

Thai and Malaysian states draw on a variety of strategies — such as public-private partnerships, tax incentives, and marketing campaigns — to advance health tourism, with different implications for global health and global health diplomacy. Thailand and Malaysia are both health tourism frontrunners, globally and within Southeast Asia. Thailand is one of the first and most successful health tourism destinations in the world, earning status as home to the first internationally accredited hospital. Health and wellness tourism garnered Thailand $1.8 billion USD in 2015 (Oxford Business Group 2017). The country had also hosted around 2 million foreign patients a year before the COVID-19 pandemic (Kasikorn Research 2017). Malaysia earned $405 million USD in 2019 and treated over 1.22 million healthcare tourists (MHTC 2021a). Before the COVID-19 pandemic, Thai and Malaysian national governments and state agencies advanced health tourism throughout various political and economic ruptures, such as the Asian Financial Crisis in 1997.

Asian countries respond to global health challenges and engage in health diplomacy through various regional mechanisms (Fidler 2010b). The Association of Southeast Asian Nations (ASEAN) has promoted the region's hospitable "warmth" and health/medical services for foreigners, as the Southeast Asian region is broadly constructed through regional institutions, policies, and discourses (Acharya 2013). Regional trade liberalization policies have also created institutional support for health tourism throughout Southeast Asia (Arunanondchai and Fink 2006). ASEAN's Tourism Strategic Plan from 2011 to 2015 urged ASEAN countries to focus on health tourism as a significant market, while the 2016–2025 plan described efforts to advance "wellness tourism," with Thailand designated as the lead coordinator. During COVID-19, ASEAN created "Guidelines on Hygiene and Safety for Professionals and Communities in the Tourism Industry" for eight sectors, including spa and wellness facilities.

Thailand's latest governmental blueprint, "Thailand 4.0," was launched in 2016 to transform Thailand into a knowledge economy over a 20-year period. Thailand 4.0 explicates plans to advance the country's role as a "medical hub" through 2025, enhancing four main segments: a wellness hub, medical service hub, academic medical centers, and health products (Board of Investment 2016). The Thai Board of Investment has promoted health and medical activities to catalyze Thailand as the "Medical Hub of ASEAN," providing a maximum of 8-year corporate income tax exemptions for projects such as senior care hospitals and clinical research activities. A major component of Thailand's medical hub plan is the Eastern Economic Corridor (EEC 2020), which promotes investment (tax and non-tax) incentives for specific industries, including medical and health/wellness tourism. The Thai government has more broadly endorsed a Bio-Circular-Green (BCG) Economic Model to promote sustainable growth and post-pandemic recovery in Thailand (APEC 2022).

The economic model targets medical and wellness tourism, agriculture and food, and other sectors to "leverag[e] the economy's comparative advantage in biological resources and cultural diversity into competitive advantage" (APEC 2022).

Although the Thai government supports "advanced biological products" and "robust medical systems" (Bangkok Post 2020), the Department of Thai Traditional and Alternative Medicine was formed under the Ministry of Public Health in 2002 to incorporate traditional medicine into Thai health care. As of June 2023, the Ministry of Public Health implemented a plan for 2023–2027 to strengthen Thai traditional and alternative medicine and promote wellness tourism (PR Thai Government 2023). As we will discuss, Thai state agencies have galvanized the unique resources of Thai traditional medicine, food, and herbs as niche tools to promote economic goals, health security, and global health diplomacy — while also leveraging new standards and accreditations to revitalize health tourism.

Malaysia's health tourism strategies incorporate public-private partnerships and tax benefits, as local and global health tourism industry stakeholders strategize annually at a health travel conference sponsored by the Ministry of Health. Until 2009, the Malaysian Ministry of Health (MoH) and the Association of Private Hospitals Malaysia (APHM) jointly managed Malaysia's health tourism industry (Klijs et al. 2016). In 2009, the Malaysian Healthcare Travel Council (MHTC), a government agency under the MoH, took over promotion and management of the industry (MHTC n.d.). The MHTC facilitates the country's healthcare travel industry through collaborations with industry and public-private partnerships, nationally and globally (MHTC n.d.). In November 2021, the MHTC released its "Industry Blueprint 2021–2025" detailing modified plans for health tourism given the COVID-19 pandemic (MHTC 2021a). The Blueprint emphasizes increasing quality, affordability, and accessibility to improve the "Healthcare Travel Ecosystem" by 2025 (MHTC 2021a). The Blueprint also discusses methods to expand the Malaysia Healthcare brand through online marketing initiatives, niche medical hub initiatives, and expansions into new markets (MHTC 2021a). To fund the health tourism sector, the 2021 budget allocated 35 million Ringgit ($8.3 million USD) to the MHTC (MHTC 2021a). The Malaysian government also instituted a tax exemption on private healthcare service exports to incentivize the health tourism industry.

A focal point of Malaysia Healthcare's post-COVID-19 strategic branding and marketing campaigns is identifying Malaysia as a center or "hub" of certain types of medical care, including fertility treatments, oncology, and cardiology. This article analyzes how a new hepatitis C treatment has become a niche offering of Malaysia's health tourism strategy, with the government promoting global health diplomacy by directly answering the call of the World Health Organization to eradicate the virus by 2030.

In what follows, we show how Thai and Malaysian states have developed and promoted niche health tourism strategies to differentiate themselves and gain rewards, including increased revenue, tourism, and prestige. In these countries, we demonstrate that health tourism is a distinct form of global health diplomacy that involves a diverse range of actors, including ministries and national-level stakeholders, in addition to non-state organizations and private actors. Such strategies and innovation styles lead to different implications for global health and health equity. The

Malaysian government's strategic bundling of a more affordable hepatitis C treatment with a lucrative health tourism scheme demonstrates how essential medicines become profitable public diplomacy instruments, as the South-South collaborative treatment innovation meets WHO goals *and* is globally commodified through health tourism. In contrast, Thailand's promotion of traditional medicine through health tourism now directly responds to COVID-19 concerns about immunity and mental/physical wellbeing, as discourses and new standards underscore how this niche promotes material benefits, prestige, and health security.

Methods

Our article uses a comparative case study approach (Yin 2014) of Thailand and Malaysia to generate detailed analyses of health tourism niches, assessing how different strategies have different implications for global health. These countries were chosen because of their well-developed health tourism initiatives, which shed light on different national innovation strategies that have distinct implications for global health, diplomacy, and inequity. One researcher is a country/regional expert, having spent fourteen months in Thailand conducting previous research on health/medical tourism. As case studies incorporate multiple data sources (Yin 2014), we collected and analyzed over 100 primary and secondary pieces of evidence, including news articles and multiple types of government communication written in English: policies, press statements, social media posts (e.g., Twitter, Facebook, YouTube), websites, and videos/video transcripts. The English language promotional materials illuminate how states advertise health and medical niches for populations mostly outside of their own country's borders.

While health tourism is institutionalized in a variety of physical settings, such as airports and multinational hospital chains, it also thoroughly involves the Internet and online discourses, such as website marketing and messaging (Lunt and Carrera 2010). Yet, most analyses have focused on the discourses of private actors/institutions, rather than content published by governments and state agencies. Thai and Malaysian government blueprints, initiatives, and discourses provide a rich comparative window through which to see overlapping and differing strategies promoting health tourism. Each researcher coded data sources in MAXQDA, and we regularly discussed emerging themes and created codes together, revising our strategy by developing subcodes and reframing our theoretical approach. In this iterative process, "the patterns, themes, and categories of analysis come from the data" (Patton 1980, 306), as we narrowed our lens to focus on two prominent niches: Malaysia's hepatitis C treatment and Thailand's traditional medicine.

We triangulated the analysis of primary/secondary sources with three in-depth interviews conducted with Thai and Malaysian informants in 2023. This theoretical sample was strategically chosen to illuminate the different national innovation strategies in Thai and Malaysian health tourism niches. Participants included the Drugs for Neglected Diseases *initiative* (DNDi) South-East Asia Regional Office Director based in Kuala Lumpur, who was a partner in Malaysia's hepatitis C treatment development and extensively

familiar with health tourism; the Secretary-General of the Thailand Consumer Council, who has focused on health care and health tourism; and a Thai Ministry of Public Health official in the Department of Thai Traditional and Alternative Medicine, who was also the first Director-General of the Department for the Development of Thai Traditional and Alternative Medicine under the Ministry of Public Health.

The interviews were semi-structured with open-ended questions and covered a range of topics including participants' knowledge of each niche health/medical service, governmental strategies promoting health tourism, and their perspectives on the effects of health tourism for the nation-state, international relations, and global health. Interviews lasted around 60–75 min and were recorded for accuracy and transcribed verbatim. All participants provided informed consent and permission to record, and all participants gave permission to use their full names and titles. The research was approved by the authors' university IRB.

Our triangulated analysis revealed the distinct national strategies (e.g., promotional materials, public-private partnerships, research, and policies) that have advanced each health tourism niche. It also illuminated the ways in which health tourism facilitates global health diplomacy, as state discourses explicitly engaged with World Health Organization recommendations, as well as other dimensions of health diplomacy. The triangulation shed light on how the global commodification of niche health and medical services through health tourism can impact health and healthcare access for domestic and global populations.

Findings

In the sections below, we first analyze how the Malaysian government spearheaded an initiative to become a hepatitis C treatment center for foreigners and Malaysians, aligning with WHO goals to end hepatitis C by 2030. Then, we analyze how Thailand's traditional medicine niche bolsters global health diplomacy by addressing immunity and health security amid COVID-19, while incorporating standards and certifications to comply with global norms. Lastly, we demonstrate how health tourism strategies can impact global healthcare access and equity, as well as the larger norms and landscape of the global health field.

We summarize our findings in Table 1.

Malaysia's Hepatitis C Hub: Malaysia Has "Come on the Scene"

In 2016, Malaysia and Thailand transformed global health norms by co-developing a novel hepatitis C treatment to address hepatitis C on a domestic level. Malaysia later launched this treatment as an item on its health tourism menu through its strategic plan in 2021. How did the new hepatitis C treatment become a niche offering of Malaysia's health tourism plan, and how does such a strategy uniquely advance global health diplomacy?

Although 58 million people worldwide live with hepatitis C, a virus known to cause cirrhosis and liver cancer, only about 13% of people receive treatment (DNDi 2021a). Intravenous drug users, blood transfusion and organ donation recipients,

Table 1 Summary of findings

Country	Health tourism niche of focus	Governmental policies and initiatives	Dimensions of global health diplomacy	Domestic and global health effects/inequities
Malaysia	New hepatitis C treatment developed through multilateral partnerships and "South-South" clinical research	2021 Blueprint (Malaysia Healthcare Travel Council) Test, Treat, Cure Campaign (Malaysia Healthcare Travel Council) Ministry of Tourism, Arts, and Culture promotional events	Addresses WHO goal to eradicate hepatitis C by 2030 Involves new global alliances to support drug development	Potential for other states to learn from Malaysia's experience with compulsory/voluntary licensing Other states accessing the new hepatitis C treatment Future South-South clinical research collaborations for dengue fever and other neglected diseases Potential effects on public healthcare system and socioeconomic inequities in access to health tourism
Thailand	Thai traditional medicine (e.g., massage, herbs, food) "Low-tech but high-touch" services	2023-2027 "Health for Wealth" strategy to promote traditional medicine and boost wellness tourism (Ministry of Health) Meaningful Wellness Travel initiative (Tourism Authority of Thailand)	Attention to health security and immunity during COVID-19 Incorporates WHO recommendations about medicinal food Involves new governance mechanisms to certify wellness centers; adherence to global safety standards and pharmacovigilance Traditional medicine can potentiate soft power, cultural prestige on global stage	Expands access to traditional medicine in public and private settings Legitimates/conserves traditional medicine as an alternative to modern medicine/pharmaceuticals, serving as blueprint for other states to develop their own forms of alternative healing/medicine Targets wealthy foreign tourists Rural versus urban inequities in access to care for Thai populations Potential effects on public healthcare system and socioeconomic inequities in access to health tourism

and dialysis patients are at the highest risk of contracting the disease. Known as the "silent killer," infected people typically do not exhibit symptoms until the liver is infected, and the virus is also highly stigmatized. Direct-acting antiretrovirals (DAAs), a treatment for hepatitis C, first became available in 2013 when the USA approved sofosbuvir. However, sold under the name Sovaldi, US pharmaceutical company Gilead charged around $1,000 USD per daily pill. This price tag was unaffordable for most people in low- and middle-income countries. Middle-income countries such as Malaysia and Thailand were excluded from Gilead's round of voluntary licensing (in which the patent holder authorizes a generic company to produce the drug) in 2014. This had allowed eleven Indian companies to produce and export a cheaper generic version to 100 low-income countries. In 2014, 400,000 people in Malaysia lived with the disease. According to Jean-Michel Piedagnel — the Drugs for Neglected Diseases *initiative* (DNDi) South-East Asia Regional Office Director and partner involved in the hepatitis C clinical research — the high treatment cost was incompatible with Malaysia's commitment to eliminate the disease by 2030, which is a stated goal of the World Health Organization. Since the Malaysian government provides public healthcare to citizens, the cost of treating 400,000 patients at those prices would have monopolized the public healthcare budget.

In 2016, Malaysia and Thailand joined forces with DNDi South-East Asia, Médecins Sans Frontières (Doctors without Borders), and Transformational Investment Capacity initiative to co-sponsor a clinical trial, STORM-C-1, to test the combination of ravidasvir and sofosbuvir. Malaysia invoked a compulsory license (in which governments allow the production of a patented product without the consent of the patent owner) to access sofosbuvir at a lower price and import the drug from Pharco, an Egyptian generic drug manufacturer. Pharco's treatment combination costs $300–500 USD, which is a stark contrast to the $84,000 USD price tag attached to a 12-week course of treatment in the USA. While the US firm Presidio Pharmaceuticals is the patent holder for ravidasvir, Pharco and DNDi partnered with Pharmaniaga, a Malaysian pharmaceutical company, to register and supply ravidasvir (DNDi 2021a). Gilead later granted Malaysia (as well as Thailand, Ukraine, and Belarus) a voluntary license for sofosbuvir.

In June 2021, Malaysia became the first country in the world to receive conditional approval by the Malaysian Drug Control Authority for the combination of ravidasvir and sofosbuvir to treat hepatitis C. With a 97% efficacy rate as reported in *The Lancet*, ravidasvir is the first DAA developed through a "South-South cooperation" (DNDi 2021a).

What is more, the Malaysian government has not just co-developed ravidasvir for domestic consumption, but has now bundled the more affordable breakthrough drug cocktail as part of its health tourism initiative, advertising hepatitis C treatment as a niche service for both Malaysians and foreigners. In November 2021, at the MHTC's medical travel conference, insigHT, Malaysia's now former Minister of Health Khairy Jamaluddin declared the country the "Hepatitis C Treatment Hub of Asia." Speaking to a room of local and global health tourism industry partners, he stated: "What this means is that Malaysia can be a center for Hep C treatment for health care tourism at a fraction of the cost Hep C treatment is around the world. Today, Pharmaniaga has come on the scene…" (MHTC 2021b). Marking a new

phase of Malaysia's visibility "on the scene" of global health, the former Minister of Health reflects Malaysia's role in fulfilling WHO goals to make hepatitis C treatments more accessible — particularly through Malaysia's co-production of pharmaceutical drugs.

Malaysia has become differentiated as the first country to offer an effective and more affordable hepatitis C treatment, developed through an innovative South-South partnership[3]. The MHTC spotlights Malaysia's niche pharmaceutical innovation, with an MHTC press release (PR Newswire 2022) stating: "Being the first country in the world to be given conditional approval for ravidasvir in combination with sofosbuvir to treat hepatitis C, Malaysia is poised to offer access to an affordable and efficacious treatment solution for those infected with the virus." Malaysia's noted status as the first country with this pharmaceutical represents its role as a provider for affordable treatment for foreigners and Malaysians, and demonstrates its global health diplomacy through a health tourism niche.

To demonstrate its capabilities in advancing shared global health goals, the MHTC echoes WHO's hepatitis C eradication mission in online discourses, including videos and website text. For instance, an MHTC (2021c) press release states: "In response to World Hepatitis Day 2021 theme, 'Hepatitis Can't Wait,' Malaysia is ready and raring to offer hepatitis C treatment." The pace of "ready and raring" emphasizes Malaysia's goals to fully recover health tourism by 2025. The WHO also acknowledged Malaysia's achievements in hepatitis C treatments through a 2020 featured story discussing the Malaysian government's free treatment and testing regime started in 2018 (WHO 2020). As global health diplomacy has emerged amid increased clinical/pharmaceutical research and development (Adams et al. 2008, 316), Malaysia's health tourism niche reflects and incorporates such shifts, as the new treatment involved global collaboration and political will.

According to Mr. Piedagnel, the Ministry of Tourism, Arts, and Culture "organize[s] events and [they] make sure there's some media coverage…" to promote the treatment to foreigners. He added: "[The Ministry] reach[es] out to the private sector, they do an information session, and they say: 'In Malaysia, we have access to very cheap treatments for hepatitis C, so you should propose [hepatitis

[3] While Malaysia spearheaded clinical innovation through clinical trials and compulsory licenses, it is not the first country to offer government-sponsored health tourism for hepatitis C treatment. In June 2016, Egyptian government health officials partnered with Pharco and Prime Pharma to launch a tourism campaign centered on hepatitis C treatment. Recruiting soccer player Lionel Messi as a spokesperson, the "Tour n' Cure" initiative bundled ancient landmarks and five-star hotels in Cairo or Sharm el-Sheikh with internationally approved DAAs. The campaign targeted people in Spain, Belgium, Italy, the Netherlands, and the UK, offering the 12-week regimen of Sovaldi for around $1,500 (Bower 2017). Egypt also offered health travelers treatments "from root canals to optical laser surgery" (Bower 2017), as the hepatitis C tourism campaign treated almost one million Egyptian people in 2016. As a global health tourism strategy that also benefited the domestic population, Egypt gained global attention for its political commitment to a national hepatitis C plan, as the WHO observed World Hepatitis Day in Cairo in 2015, with then Director General Margaret Chan stating: "Egypt is giving us an example of the achievements that can be made when political commitment, resources and results-oriented planning come together" (WHO EMRO 2015). Egypt has since been deemed a global model for hepatitis C, conducting a successful HCV screening program that covered more than 50 million residents and treated more than 4 million (Hassanin et al. 2021). In this way, Egypt also engaged with global health diplomacy through its own hepatitis C treatments and campaigns, including a niche health tourism strategy.

C] treatment in your package.'" This public-private coordination demonstrates how the hepatitis C health tourism niche involves coordination and collaboration across sectors.

In July 2022, 3 months after Malaysia reopened its borders for the first time since the COVID-19 pandemic started, the MHTC pushed a marketing campaign for its hepatitis C treatment hub program. A video posted to Malaysia Healthcare YouTube channel called "Journey to Recovery from Hepatitis C" provides a step-by-step description of receiving hepatitis C treatment in Malaysia as a foreigner (Malaysia Healthcare 2022a). According to the video, foreign patients must book an appointment online, travel to Malaysia, and receive outpatient care for 12 or 24 weeks (Malaysia Healthcare 2022a). While patients are not required to stay in Malaysia for the duration of treatment, they must at least return for a final checkup at the end of treatment (Malaysia Healthcare 2022a).

The MHTC's hepatitis C campaign demonstrates Malaysia's outward orientation and international focus when it comes to promoting its new hepatitis C treatment: by advertising the essential medicine both domestically *and* internationally, Malaysia is making its hepatitis C initiative a viable route for generating health tourism revenue, addressing a domestic and global public health crisis. The hepatitis C health tourism niche is a strong tool of global health diplomacy, as the MHTC underscores how Malaysia's niche treatment hub advances WHO goals. We return to questions of global healthcare access and inequity in the "Health Tourism, Global Health, and Inequity" section.

Next, we analyze how Thailand's traditional medicine niche targets holistic health and immunity amid COVID-19, promoting health security and incorporating new standards and accreditations to facilitate global health diplomacy.

Thai Traditional Medicine: "Health for Wealth"

In contrast to Malaysia's pharmaceutical drug, Thai health tourism policies and discourses spotlight its unique cultural and biological resources — including food, herbs, and Thai traditional medicine — as tools for increased tourism revenue, prestige, health security, and global health diplomacy. Thailand's health tourism niche specifically targets economic recovery by promoting overall health and immunity in the COVID-19 era, and is bolstered by new standards and certifications that promote the safety and confidence of health tourists. How and why do Thai state agencies and governmental initiatives promote traditional medicine as a health tourism niche? And how do Thai health tourism strategies facilitate global health diplomacy?

While the Malaysian health tourism niche responds to the WHO's goals to eradicate hepatitis C by 2030, the Thai government initially revived Thai traditional medicine after the WHO's 1978 Alma Ata Conference, which aimed to achieve "Health for All" by the year 2000 through national health systems. According to Dr. Vichai Chokevivat, who was the first Director-General of the Department for the Development of Thai Traditional and Alternative medicine under the Ministry of Public Health, Thailand's internal capabilities include a "strong knowledge and

wisdom on traditional medicine." Now, Dr. Vichai acknowledges that traditional medicine is a "low-tech but high-touch" component of Thailand's health tourism industry, which he said incorporates "Thai hospitality" and kindness as part of its success (see also Sunanta 2021).

As of late 2022, Thailand's Ministry of Public Health has implemented the "Health for Wealth" framework to develop herbal and cannabis/hemp products for the domestic public health system, encouraging business and investment while also promoting medical tourism and wellness retreats to "strengthen the nation's economy" (Bangkok Post 2022). With medical tourism and health retreats deemed a "cash cow" by the Bangkok Post (Wipatayotin 2022), the health tourism niche can also result in "cultural wealth" and prestige for the nation (Centeno et al. 2011). In tandem with the Commerce Ministry's recent soft power initiative that includes health/wellness/spa exports, health tourism promotes a "positive image" of Thailand's unique cultural products and services on a global stage (Arunmas 2023).

State agencies now frame Thailand's traditional medicine and herbal products as specifically supporting the WHO's pandemic-related recommendations and increasing health security during COVID-19. For example, according to a Tourism Authority of Thailand (TAT 2021) health tourism video entitled "Experience a new holistic wellness experience in Bang Kachao":

> During the COVID-19 pandemic, the World Health Organization has suggested that good food is good medicine. Vegetables, fruits, nuts, and whole grains are the answer to a healthy diet. Thai cuisine is full of fresh herbs and spices. You'll find them everywhere, especially in curries and soups. All herbs and spices that play a big part in Thai cooking have medicinal properties. They can keep you in good health if you eat them regularly.

The video incorporates institutionalized WHO recommendations, borrowing legitimacy to help advertise and validate the medicinal qualities of Thai food and promoting good health for potential travelers amid ongoing infectious pandemic threats. While this instantiation of global health diplomacy is more subtle and implicit than Malaysian discourses (which asserted the country is "ready and raring" to respond to WHO goals), this dimension of global health diplomacy directly responds to the public health crisis of COVID-19 (Kickbusch and Liu 2022, 2157), echoing World Health Organization recommendations.

As global health diplomacy involves an increased attention to health security and biosecurity (Adams et al. 2008; Fidler 2010a), a government spokesperson echoed such themes in a June 2023 news report regarding the Ministry of Health's 5-year development plan to promote traditional Thai medicine. According to the spokesperson, the plan would aim to "increase health security while preserving herbal-medicine wisdom via wellness tourism to attract more foreign visitors to the Kingdom" (Asia News Network 2023). Thai traditional medicine has long been targeted as a source of "self-reliance" for healthcare consumers and the state, particularly in the face of high drug prices (Chokevivat et al. 2005; Thai Health Promotion Foundation 2014, 13).

Yet, the COVID-19 pandemic also produced the conditions through which Thai herbal medicine could be tested and proven effective, bolstering Thailand's plan to "increase public confidence" in traditional medicine while increasing health security

at the same time (Asia News Network 2023). Demonstrating the linkages between health security and health tourism, Thai herbs can be used to treat COVID-19, which was determined in mid-2021 during a large outbreak in prisons. According to Dr. Vichai, 37,656 prisoners were infected with COVID-19. In an effort to control and treat the disease, prisoners were given the herb green chiretta; 47 died, according to Dr. Vichai, with a death rate that was 6.5 times less than the COVID-19 death rate outside of prison in Thailand. Research on incarcerated people is ethically complex, especially during a public health crisis (Reiter 2021), and from this experience, a government committee initiated more research to study the herb's effects. The Justice Minister who had prescribed the herb to infected inmates, in a paraphrased quote, stated that green chiretta has become "a cash crop which is now in high demand in the export sector" (Bangprapa 2021). Although green chiretta is not prominently advertised specifically to health tourists, the government-endorsed green chiretta studies were bundled with a "strategic plan to promote Thai traditional medicine in general," which is a designated component of Thai health tourism initiatives (Bangprapa 2021). These initiatives ensure that Thais and travelers can stay safe from epidemiological threats such as COVID-19. In the COVID-19 era, traditional medicine has become a tool for health security for Thais and travelers alike, and is now a distinct mechanism to attract a new wave of health tourists who are concerned with health and immunity.

Thailand's health tourism niche directly responds to new epidemiological trends and pandemic threats, while capitalizing on cultural shifts in the meaning of health during COVID-19. The Tourism Authority of Thailand hosted a "Thailand Wellness Business Makeover project" to invite "health tourism entrepreneurs to redefine and elevate their offerings," according to a press release published in the Bangkok Post (2023). In the press release, the Tourism Authority of Thailand also defined a new category of "post-COVID Wellness Travelers" who:

> yearn for more than just a spa retreat. They seek a transformative voyage that nurtures both their physical and mental well-being, encompassing profound discovery, authentic connections, personal growth, and genuine fulfillment. It is a journey that fosters a beautiful harmony between people, culture, and nature, igniting the true spirit of Meaningful Wellness Travel.

This statement frames wellness travel and health tourism as a means to create peace and harmony between people of different cultures and with the environment, seeking to improve international relations on a more micro level (Kim and Hyun 2022). Amid increased demand for health and immunity during the COVID-19 pandemic, the Governor of the Tourism Authority of Thailand stated that foreigners come to Thailand seeking wellness or a "digital detox" and come to the country to "build up their immunity, or to take a course to get stronger physically and mentally. With the COVID situation, people are beginning to be much more concerned about their health" (PR Thai Government 2022). Here, Thailand's global health diplomacy involves serving travelers who seek distinct forms of health and wellness in the COVID-19 era, as Thai state strategies aim to elevate health tourism businesses and entrepreneurs, similar to Malaysia.

In tandem with COVID-19 shifts, the Tourism Authority of Thailand (TAT n.d.) also features on its website the Chevala Wellness facility in Hua Hin, which offers a Long COVID Recovery Program. The TAT describes the facility as a "luxury landmark" that features "state-of-the-art technology" and "leading medical specialists." With one day of Long COVID services costing about $340 USD, the program bundles advanced technologies, Buddhist practices (e.g., giving alms to monks) and traditional medicine to help people with Long COVID (Chevala 2021). The Tourism Authority of Thailand (TAT n.d.) refers to Chevala Wellness as a "new standard of global relaxation."

Standards and certifications also help consumers build confidence in Thai herbal products, aligning Thailand with WHO goals around "health product vigilance" (WHO 2017). The Department of Thai Traditional and Alternative Medicine has certified new hemp and cannabis products now available to health tourists, while the Pharmacovigilance System for Traditional Medicine in Thailand has long collaborated with the WHO to reduce risks of traditional medicine.

According to a government press release entitled "Government Boosts Tourism by Emphasizing Wellness" (PR Thai Government 2023), Thailand's competitive advantage includes not just competitive pricing, but also its newly certified wellness center facilities. A government spokesperson said the 2023–2027 plan to promote traditional medicine and wellness tourism would certify Thai wellness centers, with 160 of the country's 570 facilities already certified (Asia News Network 2023). Such certifications are not just a practical tool to boost tourist numbers, but also facilitate global health diplomacy by signaling Thailand's commitment to health and safety.

With international accreditations leveraged by stakeholders in both countries, in May 2020 just after the pandemic, the Tourism Authority of Thailand (TAT) initiated the Safety and Health Administration (SHA) certification to promote health, hygiene, and cleanliness in facilitates of ten tourism-related businesses. In a collaborative effort between thirteen public and private organizations, SHA involves thorough inspection of venues such as restaurants, hotels, health and beauty parlors, and sports venues, which are broadly connected to health tourism (TAT 2020). According to Thailand's official SHA website, the inspections are completed by "[v]arious boards, federations, and associations in the tourism industry" (Thailand SHA 2022). Demonstrating the importance of international norms, the SHA program was also certified by the World Travel and Tourism Council (WTTC), which standardizes global health and hygiene protocols. Akin to a UNESCO designation (Kowalski 2011), this global organization affords legibility and credibility to health tourism sites. The SHA certification is branded as the "Amazing Thailand SHA certification," merging Thailand's tourism tagline with its health and hygiene practices. Further, the SHA Plus (or SHA+) standard was designated to SHA-certified businesses with at least 70% of employees fully vaccinated. SHA++ ("SHA Extra Plus") was also launched to partner hotels with certified hospitals that would provide COVID-19 testing and treatment.

Amid COVID-19, SHA and SHA+ certifications were featured in multiple TAT videos and press releases, illuminating the importance of communicating such standards and increasing "confidence in safety" to international travelers, including

health tourists (TAT 2020). According to the TAT, SHA was "aimed at elevating the country's tourism industry standards and developing confidence among international and domestic tourists." The significance of SHA in "elevating" and "developing confidence" in the overall tourism industry demonstrates how such standards brand the nation as a reliable health tourism destination, as Thailand develops new norms and protocols to safeguard health during COVID-19.

Thailand's global health diplomacy directly responds to a public health crisis (Kickbusch and Liu 2022, 2157) by addressing holistic health and immunity in the COVID-19 era and echoing World Health Organization recommendations. While Malaysia focuses on hepatitis C as a neglected disease, Thailand's strategy aims to maintain tourism business amid COVID-19 pandemic health threats. International accreditations have long been an important signal of quality health care, particularly for Global South destinations seeking global legitimacy (Pocock and Phua 2011, 9). In this case, Thailand's new standards and certifications — for wellness facilities and the tourism industry more broadly — are a form of global health diplomacy in that they involve new mechanisms to support health and health security during COVID-19 (Kickbusch and Liu 2022, 2157). Such accreditations demonstrate how "middle powers develop capacities in specific niches of diplomacy and have their technical competences recognized by other actors within the international arena" (Gayard 2019, 4). The COVID-19 pandemic has transformed how Thai health tourism services and traditional medicine are commodified and framed in terms of health security, as an economic downturn and changing views of health and wellness (e.g., an increased attention to immunity) have sparked the state's continued marketized revival of this national niche.

Health Tourism, Global Health, and Inequity

Now that we have analyzed Thai and Malaysian health tourism strategies through the lens of global health diplomacy, we return to Greene et al.'s (Greene et al. 2013, 49) questions to ask "what is noble… and what is perilous" about such health tourism initiatives and diplomacy strategies? How do state-led health tourism strategies impact access to health and medical technologies for domestic populations and health tourists, and how do they transform norms and activities in the field of global health?

Malaysia's hepatitis C treatment and Thailand's traditional medicine are simultaneously *domestic public goods* that are offered in public healthcare settings for domestic populations, as well as *global private goods* offered in private healthcare settings geared towards health tourists (and wealthier citizens). On the one hand, such health tourism niches might demonstrate new forms of "anti-hegemonic health solidarity" (Birn et al. 2019, 12), as states develop new partnerships and efforts to make niche treatments and services available to foreign consumers and their own populations, while also addressing specific domestic/global health concerns. On the other hand, healthcare providers are "captured" by health tourists; without regulation, they can shift from treating the lower-paying existing population (Cohen 2011, 10), while also directly targeting high-spending healthcare consumers.

Thai and Malaysian health tourism discourses and blueprints crafted during COVID-19 indeed focus on attracting affluent "high-value" health consumers, as both country governments have sought to build health tourism brands in new regional markets, such as Middle Eastern countries (MHTC 2021a, 57, 65; TAT 2022). During the pandemic, capacity constraints meant that recruiting high-paying patients helped make up for lost revenue. Health tourism niches are *not* a panacea for people from lower socioeconomic backgrounds who cannot afford to travel, and national healthcare budgets might inevitably reroute resources from the public healthcare sector in order to develop health tourism.

An industry news report revealed the Malaysian Ministry of Health's plans to "identify hospitals that can be turned into premium hospitals to carry out the [treatment hub] initiative" (IMTJ Team 2021). Here, the focus on so-called premium hospitals coincides with the government's broader strategy of recruiting "high-value" health tourists, and demonstrates how health tourism might involve stratification of health and medical services based on who can pay.

According to Mr. Piedagnel, DNDi's South-East Asia Regional Office Director and partner involved in the hepatitis C clinical research, the Malaysian Ministry of Tourism has specifically focused on recruiting hepatitis C patients from China and Indonesia, where treatment still carries a high price tag. As Malaysia recruits people from China and Indonesia for its hepatitis C treatment, a survey of 30 Thai hospitals in 2021 by the Bank of Thailand and Department of Health Service Support found that foreign patients came mostly from Kuwait, Cambodia, Myanmar, Japan, and China, who spent on average $1,000 USD for treatments (National News Bureau of Thailand 2022). This phase of health tourism challenges the narrative that health tourism is dominated by wealthy people from the Global North and is instead comprised of those with resources from more neighboring countries.

In Thailand, Saree Aongsomwang, Secretary-General of the Thailand Consumer Council, stated that health tourism negatively impacts public healthcare quality, as healthcare providers often seek higher salaries in private facilities treating health tourists, draining and creating shortages in government hospitals (see also Janjaroen and Supakankunti 2000). In addition, higher costs of treatment in private healthcare facilities can raise the cost of healthcare overall, which can affect the national health care budget. As well-paying health tourists and wealthy domestic consumers can access luxury wellness centers, health tourism can create "a two-tier system with the better quality services reserved for foreign clients with a higher ability to pay" (Janjaroen and Supakankunti 2000, 98). When asked about Thailand's healthcare challenges more broadly, Dr. Vichai of the Ministry of Public Health spoke about the disparities between health and health care in urban cities versus rural areas, stating that health tourism can "draw health services for the poor to the rich." He added: "That's our big concern. All the time."

There are indeed domestic and global health benefits stemming from Malaysia's novel and effective drug cocktail. In a testimonial published on Malaysia Healthcare's YouTube channel, a patient residing in Malaysia discussed how the new combination of ravidasvir and sofosbuvir was compatible with his lifestyle while older treatments had been incompatible with his career in the lumber industry (Malaysia Healthcare 2022b). Along with reducing cost, the development of new drug

combinations with fewer adverse effects makes treatment more accessible to people in lower income countries who are less able to take time off work for care.

In addition, Malaysia Healthcare (2022c) has sought to address the importance of "curing the stigma" of hepatitis C, addressing stereotypes embedded in epidemiological trends by "flip[ping] the script" that hepatitis C is a "dead end," and highlighting personhood for people with hepatitis C. Materials published both in English and Malay can reach audiences within and beyond the country's borders.

Similar to the MHTC's commitment to scaling up hepatitis C treatment for Malaysians in public health settings, Thai officials have crafted policies to integrate traditional and herbal medicine more in the primary public healthcare system (Jongudomsuk et al. 2015; Asia News Network 2023). However, greater public health outreach is still needed for Thai consumers to learn about their efficacy (Senachai et al. 2022). The potential linkages between a strong public health sector and health tourism were recently made clear by Deputy Prime Minister and Public Health Minister, Anutin Charnvirakul, who was quoted as stating: "Thailand's public health system helps boost and promote business and investment. Herbal and cannabis product development is one of the models used to promote domestic medical treatment and exports while enhancing the country to become a world medical hub that attracts health tourism travellers" (Bangkok Post 2022). This statement instantiates the blurring of domestic public goods and global private goods, as the public health system can ideally offer herbal products domestically, which may then strengthen business, investment, and the lucrative health tourism industry.

There also arise questions about how the practices, meanings, and tools of traditional medicine change when they are commodified and offered through a global health tourism industry. Health tourism can be seen as a "contact zone" where people from various backgrounds and cultures interact (Pratt 2012), potentially altering the tools and meanings of traditional medicine. For instance, Ms. Saree of the Thailand Consumer Council observed how traditional uses of cannabis have changed, stating: "Right now, they put cannabis in everything. It's not the traditional way of life anymore." Alongside governmental shifts to promote herbs such as cannabis and traditional medicine domestically and globally, health tourism transforms how, where, and for whom traditional medicine is offered, used, and commodified.

Thai and Malaysian cases also illuminate how global health norms can shift through each health tourism niche. Malaysia's hepatitis C treatment niche provokes deep questions about norms regarding intellectual property and pharmaceutical patents, health policy, and treatment access. Issues concerning the compulsory licensing of pharmaceuticals have come to the forefront of global public health debates during the COVID-19 pandemic, with the creation of new treatments and more effective vaccines. The hepatitis C treatment hub in Malaysia might exemplify "reactive diffusion," in which country governments learn from one another to invoke compulsory licenses and enable greater treatment access (Chorev 2012). Already, approvals for the new hepatitis C drug combination are slated to take place in several Southeast Asian countries and Latin America (DNDi 2021b), as countries such as China can seek to learn from Malaysian hepatitis C initiatives more broadly (Sun et al. 2021). Mr. Piedagnel shared that Malaysia's commercialization of hepatitis C treatment as a health tourism offering could affect if and how other countries develop their own

treatment infrastructure. He also contended that Malaysia's revenue from health and medical tourism could motivate other countries to compete for health tourists, which could drive prices further down. Malaysia's leadership in co-creating an affordable hepatitis C treatment also shows how compulsory and voluntary licensing impact healthcare consumers beyond a country's own borders.

Malaysia's health tourism niche for hepatitis C might also create a new precedent for treating foreign health travelers with neglected diseases. According to Mr. Piedagnel, a similar drug development initiative is taking place between Brazil, India, Thailand, and Malaysia to create a remedy for dengue fever. Mr. Piedagnel believes it is important for countries where dengue is endemic to take the lead, since drug researchers from low- and middle-income countries are more familiar with the needs of patients in those countries. For example, in countries where day labor is common, the focus should be on getting workers well enough to go back to work as quickly as possible to prevent illness-induced poverty. Such initiatives represent knowledge and leadership shifts in global health (Büyüm et al. 2020), as Malaysia and its partners are again challenging the Global North's monopoly on drug development (see also Gabriel 2019) and creating treatments that are more specific to the needs of people in countries in the Global South. Will such treatments also become health tourism niches, and how will this impact global health?

In the case of Thailand, Dr. Vichai shared that Thai traditional medicine can serve as a template for other countries to develop their own forms of healing. He said: "[Other countries] can learn how to develop, how to make use of Thai traditional medicine and try to make their own traditional medicine in their country. But they cannot directly adopt Thai traditional medicine into their health system, because the traditional medicine is not only the product, but they include some other things like the culture, the beliefs." Dr. Vichai underscores the proprietary cultural elements of traditional medicine in Thailand, while speculating that other countries might benefit from developing their own systems of alternative health and medicine. While health tourism niches cannot be exactly copied and pasted from one country setting to another, states might learn new strategies around the development and commodification of alternative medicine and healthcare services.

Thai and Malaysian health tourism niches can both bolster domestic and global responses to health problems while still potentially disrupting domestic public healthcare resources and access to quality health care. Although it is indeed noble that Thai and Malaysian health tourism niches address prominent global health concerns (e.g., hepatitis C and COVID-19), the initiatives also raise concerns about the consequences of privatizing health and medical services offered through health tourism. It cannot be overstated that without regulation, health tourism risks causing "adverse effects upon local patients, health care facilities and economies" (Turner 2007, 320). Global health diplomacy as it is facilitated through health tourism is not entirely benevolent; it involves commodification, private profits, and marketization that can exclude those who cannot afford to become a health tourist, while also disenfranchising domestic populations.

Conclusion

Throughout the ongoing epidemiological, political, cultural, and economic shifts of COVID-19, this article has shown how states have promoted new and existing health and medical services to recover health tourism and facilitate global health diplomacy in different ways and with distinct implications. In Malaysia, the government co-developed a new hepatitis C treatment through compulsory licensing, global partnerships, and clinical research. As Malaysia commodifies an essential medicine for foreign consumers, its pharmaceutical innovation contrasts with Thailand's health tourism niche, which marketizes traditional medicine and emphasizes health security, standards, and wellness/immunity during COVID-19. In both cases, states echo the World Health Organization's goals and recommendations, contributing to domestic and global health agendas through health tourism and facilitating global health diplomacy. The initiatives and strategies raise important questions about how health tourism constructs new pathways for healthcare access and inequities, while also impacting the field of global health more broadly.

Malaysia's hepatitis C treatment — a strong and stated "pillar" of health tourism recovery (MHTC 2021b) — demonstrates new trends in global drug development and the roles of middle-income and Global South countries in scientific production and global health leadership. The "South-South technical cooperation" (Gayard 2019, 8) of a new hepatitis C treatment demonstrates how middle-income and Global South countries challenge the global order of intellectual property and access to essential medicines, seen previously in cases of Brazil and Thailand (Gayard 2019; Harris 2017). While Thailand's government paved the way for other country governments to employ compulsory licensing for drugs for cancer, heart disease, and HIV and AIDS in the early 2000s (Harris 2017), Malaysia has not only developed a new treatment regimen through compulsory licensing, but has incorporated this medicine into health tourism plans, producing profits and prestige. As Brazil accrued reputational acclaim from its health policy expertise (Gayard 2019), Malaysian state discourses further channel its drug development expertise into health tourism, earning revenue and emphasizing its status as the first country to gain approval for the drug. Malaysia's hepatitis C treatment hub can fill major gaps in access to affordable and effective treatment for domestic patients and health tourists with the resources to travel. Scholarship can continue to analyze how Malaysia's aspirations to become Asia's hepatitis C hub will impact epidemiological trends and global health outcomes longer term for Malaysians, health tourists, and for those who "remain excluded and marginalized" by health tourism (Ormond and Kaspar 2018, 3).

Traditional medicine in Thailand is bundled into Thailand's domestic goals targeting public healthcare access, as well as its lucrative health tourism industry that now caters to a new category of "post-COVID wellness travelers." Thailand's traditional medicine niche intersects with India's "yoga diplomacy," which can "establish India's image as a preventive healthcare leader in the world" (Arya 2021, 45). Both strategies promote global health goals, and signal that "[h]ealth diplomacy may be an area of future state competition" (Feldbaum and Michaud 2010, 3), particularly

as countries exercise global health legitimacy through competitive health tourism niches that commodify tools such as traditional medicine. Thai traditional medicine has previously been described as healing with "prescientific" practices (Techatraisak and Glesler 1989), yet research, standards, and pharmacovigilance are important foundations for the health tourism niche. Thailand's development of new standards, protocols, certifications, and accreditations signals the increased importance of global standards (Quark 2012) in the era of global healthcare consumerism (Timmermans and Hyeyoung 2010), as states incorporate and create standards to ensure the ongoing trust of health tourists. Future research can examine the impact of such standards and certifications, specifically as state regulation has previously led to the disenfranchisement of folk healers in Northeast Thailand, who were not directly persecuted but asked not to practice (Cassaniti 2017). Research on health tourism has focused on sustainability issues regarding natural resources (Pessot et al. 2021), and future scholarship can focus on how traditional/herbal medicine is researched, cultivated, consumed, commodified, and stratified in health tourism destinations. More broadly, future research can focus on the labor relations that support health tourism (Farber 2022), especially with the development and deployment of niche health products.

Using cases of health tourism niches in Thailand and Malaysia, the article affords new insights into how state agencies and government initiatives have used a spectrum of health and medical technologies and techniques to develop health tourism niches, while publicizing their commitments to World Health Organization goals and facilitating health diplomacy. Health tourism offers a window to assess shifting trends in the political economy of global health, particularly as health, health care, and essential medicines are globally commodified by states and private enterprises (Birn et al. 2017). The article adds to sociological research that has analyzed place-specific understandings of global health (Bell 2019), demonstrating how national health tourism strategies intersect with health/medical technologies, structures within and outside of the state, and private corporate interests. It addresses the transnational boundaries of medical care (Bell 2019), showing how national healthcare niches are globally commodified under the rubric of health tourism. With prestige and profits at stake, health tourism might exacerbate trends in "the uneven distribution of new knowledge and technology" (Link and Phelan 2009, 373-74), and future research can attend to issues of global healthcare access and equity amid these governmental initiatives and health diplomacy efforts.

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References

Acharya, Amitav. 2013. *The making of Southeast Asia: international relations of a region*. Ithaca: Cornell University Press.

Adams, Vincanne, Thomas E. Novotny, and Hannah Leslie. 2008. Global health diplomacy. *Medical Anthropology* 27 (4): 315–323.

Almeida, Celia. 2020. *Global health diplomacy: a theoretical and analytical review*. Oxford Research Encyclopedia of Global Public Health.

Altılı, Rüştü. 2021. Turkey's health diplomacy. *Journal of Emerging Economies and Policy* 6 (2): 394–405.

APEC. 2022. *Understanding the bio-circular-green economy model*. APEC SOM Committee on Economic and Technical Cooperation Accessed December 31, 2022. https://www.apec.org/docs/default-source/publications/2022/8/understanding-the-bio-circular-green-(bcg)-economy-model/222_sce_understanding-the-bio-circular-green-economy-model.pdf?sfvrsn=2c33f891_2.

Aretxaga, Begoña. 2003. Maddening states. *Annual Review of Anthropology*: 393–410.

Arunanondchai, Jutamas, and Carsten Fink. 2006. Trade in health services in the ASEAN region. *Health Promotion International* 21: 59–66.

Arunmas, Phusadee. 2023. *Ministry details soft power initiative*. Bangkok Post April 17, 2023. https://www.bangkokpost.com/business/2550950/ministry-details-soft-power-initiative.

Arya, Abha. 2021. *AYUSH and its significance in health diplomacy*. Science Diplomacy.

ASEAN. 2011. *Tourism Strategic Plan* 2015; https://www.asean.org/wp-content/uploads/images/archive/documents/ATSP%202011-2015.pdf. Accessed 14 Jul 2023.

ASEAN *Tourism Strategic Plan*. 2016-2025. https://asean.org/wp-content/uploads/2012/05/ATSP-2016-2025.pdf. Accessed 14 Jul 2023.

Asia News Network. 2023. "*Thailand boosts wellness tourism with 5-year traditional Thai medicine plan*." June 12, 2023. https://asianews.network/thailand-boosts-wellness-tourism-with-5-year-traditional-thai-medicine-plan/.

August, Ella, Lia Tadesse, Marie S. O'Neill, Joseph N.S. Eisenberg, Rex Wong, Joseph C. Kolars, and Abebe Bekele. 2022. What is global health equity? A proposed definition. *Annals of Global Health* 88 (1).

Bangkok Post. 2020. "*Thailand's exceptional strengths as the world's medical hub*." June 19, 2020. https://www.bangkokpost.com/business/1933812/thailands-exceptional-strengths-as-the-worlds-medical-hub.

Bangkok Post. 2023. *Embark on a transformative path: crafting your extraordinary meaningful wellness travel itinerary*. Bangkok Post June 21, 2023. https://www.bangkokpost.com/thailand/pr/2596526/embark-on-a-transformative-path-crafting-your-extraordinary-meaningful-wellness-travel-itinerary.

Bangprapa, Mongkol. 2021. *Cabinet approves new medical visa*. Bangkok Post November 30, 2021. https://www.bangkokpost.com/thailand/general/2224271/cabinet-approves-new-medical-visa.

Béland, Daniel, and Amy Zarzeczny. 2018. Medical tourism and national health care systems: an institutionalist research agenda. *Globalization and Health* 14 (1): 1–7.

Bell, Susan E. 2019. Interpreter assemblages: caring for immigrant and refugee patients in US hospitals. *Social Science and Medicine* 226: 29–36.

Birn, Anne-Emanuelle, Carles Muntaner, Zabia Afzal, and Mariajosé Aguilera. 2019. Is there a social justice variant of South–South health cooperation?: a scoping and critical literature review. *Global Health Action* 12 (1): 1–17.

Birn, Anne-Emanuelle, Yogan Pillay, and Timothy H. Holtz. 2017. *Textbook of global health*. Oxford University Press.

Board of Investment. 2016. "*BOI board approves policy to promote Thailand as a medical hub and measure to promote 3 southern districts*." http://www.boi.go.th/upload/content/NO95-Medical_Hub_and_Southern_Districts_47389.pdf. Accessed 14 Jul 2023.

Bower, Edmund. 2017. *In depth- sun and scalpels. Egypt looks to health care sector to heal tourism*. American Chamber of Congress in Egpty July 2017. https://www.amcham.org.eg/publications/business-monthly/issues/259/July-2017/3606/egypt-looks-to-health-care-sector-to-heal-tourism.

Büyüm, Ali Murad, Cordelia Kenney, Andrea Koris, Laura Mkumba, and Yadurshini Raveendran. 2020. Decolonising global health: if not now, when? *BMJ Global Health* 5 (8).

Cassaniti, Julia. 2017. *Wherever you go, there you… Aren't? Theories of the person in Thai mindfulness*. Chiang Mai, Thailand: 13th International Conference on Thai Studies (ICTS), Chiang Mai University July 17.
Centeno, M.A., N. Bandelj, and F.F. Wherry. 2011. The political economy of cultural wealth. In *In The cultural wealth of nations* , 23–46.
Chevala. 2021. "*LONG COVID recovery program*." https://www.chevala.com/program/category/long-covid-recovery-program/. Accessed 14 Jul 2023.
Chokevivat, Vichai, Anchalee Chuthaputti, and Pavana Khumtrakul. 2005. *The use of traditional medicine in the Thai health care system*, 22–24. Pyongyang, DPR Korea: Region consultation on development of Traditional medicine in the South East Asia region https://thaihealingalliance.com/wp-content/uploads/Traditional_Medicine_in_Thai_Healthcare.pdf. Accessed 14 Jul 2023.
Chorev, Nitsan. 2012. Changing global norms through reactive diffusion: the case of intellectual property protection of AIDS drugs. *American Sociological Review* 77 (5): 831–853.
Cohen, I.G. 2011. Medical tourism, access to health care, and global justice. *Virginia International Law Review* 52: 1.
Connell, John. 2016. Reducing the scale? From global images to border crossings in medical tourism. *Global Networks* 16 (4): 531–550.
Cooper, Andrew F. 1997. *Niche diplomacy: middle powers after the Cold War*. London: Palgrave Macmillan.
de Arellano, Ramírez, and B. Annette. 2011. Medical tourism in the Caribbean. *Signs: Journal of Women in Culture and Society* 36 (2): 289–297.
DNDi. 2021a. "*First hepatitis C treatment developed through South-South cooperation registered in Malaysia*." June 14, 2021. https://dndi.org/press-releases/2021/first-hepatitis-c-treatment-developed-through-south-south-cooperation-registered-in-malaysia/.
DNDi. 2021b. "*Ravidasvir + sofosbuvir*." Last modified March 1, 2022. https://dndi.org/research-development/portfolio/ravidasvir-sofosbuvir/.
Dolatabadi, Ali Bagheri, and Mehran Kamrava. 2021. The COVID-19 pandemic and Iranian health diplomacy. *Middle East Policy* 28 (3-4): 55–71.
Eastern Economic Corridor (EEC) Office. 2020. "*High value and medical tourism*." https://www.eeco.or.th/en/filedownload/1166/file-high-value-and-medical-tourism. Accessed 14 Jul 2023.
Farber, R. 2022. Gender, health, and labor in Thailand's medical hub. *Social Science & Medicine* 301: 1–9.
Fauci, Anthony S. 2007. The expanding global health agenda: a welcome development. *Nature Medicine* 13 (10): 1169–1171.
Fazal, Tanisha M. 2020. Health diplomacy in pandemical times. *International Organization* 78 (1): E78–E97.
Feinsilver, Julie M. 2010. Fifty years of Cuba's medical diplomacy: from idealism to pragmatism. *Cuban Studies* 41: 85–104.
Feldbaum, Harley, and Joshua Michaud. 2010. Health diplomacy and the enduring relevance of foreign policy interests. *PLoS Medicine* 7 (4).
Fidler, David. 2010a. "*The challenges of global health governance*." http://www.sadil.ws/bitstream/handle/123456789/160/Challenges-of-Global-Health-Governance.pdf?sequence=1&isAllowed=y. Accessed 14 Jul 2023.
Fidler, David. 2010b. "*Asia's participation in global health diplomacy and global health governance*." Asian J WTO & Int'l Health L & Pol'y.
Gabriel, Joseph M. 2019. *Medical monopoly: intellectual property rights and the origins of the modern pharmaceutical industry*. University of Chicago Press.
Gayard, Nicole. 2019. Health as niche diplomacy: assessing design and practices of Brazilian health diplomacy at the beginning of the 21st century. *Revista Brasileira de Política Internacional* 62 (1).
Greene, Jeremy, Marguerite Thorp Basilico, Heidi Kim, and Paul Farmer. 2013. Colonial medicine and its legacies. In *Reimagining global health: an introduction*, 33–73.
Hancock, John. 2013. Global trade and health diplomacy: maximizing cooperation and minimizing conflict through coherent international rules. In *Global Health Diplomacy*, 155–171. New York, NY: Springer.
Harris, Joseph. 2017. *Achieving access: professional movements and the politics of health universalism*. Cornell University Press.
Harris, Joseph. 2019. The politics of expanding healthcare access to the poor and informal sectors. *Sociological Forum* 34 (4): 818–837.

Hassanin, Ahmed, Serageldin Kamel, Imam Waked, and Meredith Fort. 2021. Egypt's ambitious strategy to eliminate hepatitis C virus: a case study. *Global Health: Science and Practice* 9 (1): 187–200.

Hopkins, Laura, Ronald Labonté, Vivien Runnels, and Corinne Packer. 2010. Medical tourism today: what is the state of existing knowledge? *Journal of Public Health Policy* 31 (2): 185–198.

Horch, A.J. 2020. *Medical tourism craters during coronavirus pandemic, hospitals lose billions*. CNBC November 9, 2020. https://www.cnbc.com/2020/11/09/medical-tourism-craters-during-coronavirus-pandemic.html.

IMTJ Team. 2021. *Malaysia: regional treatment hub for hepatitis C*. LaingBuisson News https://www.laingbuissonnews.com/imtj/news-imtj/malaysia-regional-treatment-hub-for-hepatitis-c/. Accessed 14 Jul 2023.

Janjaroen, Wattana S., and Siripen Supakankunti. 2000. *International trade in health services in the millennium: the case of Thailand*. Bangkok: Centre for Health Economics.

Jones, Christopher A., and Louis G. Keith. 2006. Medical tourism and reproductive outsourcing: the dawning of a new paradigm for healthcare. *International Journal of Fertility and Women's Medicine* 51 (6): 251–255.

Jongudomsuk, Pongpisut, Samrit Srithamrongsawat, Walaiporn Patcharanarumol, Supon Limwattananon, Supasit Pannarunothai, Patama Vapatanavong, Krisada Sawaengdee, and Pinij Fahamnuaypol. 2015. *The kingdom of Thailand health system review*. Vol. 5. Manila: World Health Organization, Regional Office for the Western Pacific.

Nye, Joseph, Jr. 2004. *Soft power: the means to success in world politics*. Public affairs.

Kickbusch, Ilona, and Austin Liu. 2022. Global health diplomacy—reconstructing power and governance. *The Lancet* 391 (10341): 2156–2166.

Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. 2021. *A guide to global health diplomacy: better health–improved global solidarity–more equity*. Geneva, Switzerland: Graduate Institute of International and Development Studies.

Kim, Haeok Liz, and Sunghyup Sean Hyun. 2022. The future of medical tourism for individuals' health and well-being: a case study of the relationship improvement between the UAE (United Arab Emirates) and South Korea. *International Journal of Environmental Research and Public Health* 19 (9).

Klijs, Jeroen, Meghann Ormond, Tomas Mainil, Jack Peerlings, and Wim Heijman. 2016. A state-level analysis of the economic impacts of medical tourism in Malaysia. *Asian- Pacific Economic Literature* 30 (1): 3–29.

Lee, Kelley. 2009. *Understandings of global health governance: the contested landscape*, 27–41. Global health governance: Crisis, institutions and political economy.

Lindbeck, Violette. 1984. Thailand: Buddhism meets the Western model. *The Hastings Center Report*: 24–26.

Link, Bruce G., and Jo Phelan. 2009. The social shaping of health and smoking. *Drug and Alcohol Dependence* 104: S6–S10.

Lunt, Neil, and Percivil Carrera. 2010. Medical tourism: assessing the evidence on treatment abroad. *Maturitas* 66 (1): 27–32.

Maddox, Samuel. 2021. Cartographies of care: urban development in Mexico in response to a graying America. In *In Care and the City*, 43–53. Routledge.

Malaysia Healthcare. 2022a. "*Journey to recovery from hepatitis C*." July 14, 2022. Youtube video, 1:12. https://www.youtube.com/watch?v=WVu10e7ZAHc.

Malaysia Healthcare. 2022b. "*Overcoming hepatitis C - a patient story*." July 28, 2022. YouTube video, 1:11. https://www.youtube.com/watch?v=8LDlUMiVgpI&t=3s.

Malaysia Healthcare. 2022c. *Curing the stigma of hepatitis C to enrich lives*. Malaysia Healthcare December 1, 2022. https://www.malaysiahealthcare.org/ArticlesDetail?irclickid=75h12DiN50J1HodYmg1XP&id=1144.

MHTC. 2021a. *Malaysia healthcare travel industry blueprint 2021-2025*. Malaysia Healthcare Travel Council (MHTC) November, 2021. https://www.mhtc.org.my/malaysia-healthcare-travel-industry-blueprint/.

MHTC. 2021b. "*Official launch of InsigHT2021*." November 15, 2021. Facebook video, 1:01:08. https://www.facebook.com/mhtcmalaysia/videos/408735810901695/.

MHTC. 2021c. *Malaysia as the hepatitis C treatment hub of Asia*. Malaysia Healthcare Travel Council (MHTC) November 16, 2021. https://www.mhtc.org.my/wp-content/uploads/2021/11/press-malaysia-hepatitis-c-treatment-hub.pdf.

MHTC. n.d. *Malaysia healthcare travel council*. Malaysia Healthcare Travel Council https://www.mhtc.org.my/discover-mhtc/#:~:text=The%20Malaysia%20Healthcare%20Travel%20Council,for%20Your%20Peace%20of%20Mind. Accessed 14 Jul 2023.

Michaud, Josh, and Jennifer Kates. 2013. Global health diplomacy: advancing foreign policy and global health interests. *Global Health: Science and Practice* 1 (1): 24–28.

Mol, Rajani, Bawa Singh, Vijay Kumar Chattu, Jaspal Kaur, and Balinder Singh. 2022. India's health diplomacy as a soft power tool towards Africa: humanitarian and geopolitical analysis. *Journal of Asian and African Studies* 57 (6): 1109–1125.

National News Bureau of Thailand. 2022. "*Health ministry highlights medical tourism potential*." December 14, 2022. https://thainews.prd.go.th/en/news/detail/TCATG221214123709827.

PR Newswire. 2022. *Malaysia, first in the South East Asia to offer affordable and efficacious hepatitis C treatment solution*. Malaysia Health Care Travel Council January 6, 2022. https://www.prnewswire.com/ae/news-releases/malaysia-first-in-the-south-east-asia-to-offer-affordable-and-efficacious-hepatitis-c-treatment-solution-834560326.html.

Ormond, Meghann, and Heidi Kaspar. 2018. *South–South medical tourism*, 397–405. Routledge, Handbook of South–South Relations.

Ormond, Meghann, and Dian Sulianti. 2017. More than medical tourism: lessons from Indonesia and Malaysia on South–South intra-regional medical travel. *Current Issues in Tourism* 20 (1): 94–110.

Oxford Business Group. 2017. "*The report: Thailand 2017: tourism*." https://oxfordbusinessgroup.com/node/924817/reader. Accessed 14 Jul 2023.

Pessot, Elena, Daniele Spoladore, Andrea Zangiacomi, and Marco Sacco. 2021. Natural resources in health tourism: a systematic literature review. *Sustainability* 13 (5): 2661.

Pocock, Nicola S., and Kai Hong Phua. 2011. Medical tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia. *Globalization and Health* 7 (1): 1–12.

Bangkok Post. 2022. *Thailand moving together: drive tourism-transportation safely in an endemic era*. Bangkok Post June 20, 2022. https://www.bangkokpost.com/thailand/pr/2330068/thailand-moving-together-drive-tourism-transportation-safely-in-an-endemic-era.

PR Thai Government. 2022. "*Health and wellness*." Facebook, May 29, 2022. https://fb.watch/hXVYui0LKq/.

PR Thai Government. 2023. "*Government boosts tourism by emphasizing wellness*." April 9, 2023. https://thainews.prd.go.th/en/news/detail/TCATG230409161404424.

Pratt, Mary Louise. 2012. Arts of the contact zone. In *Negotiating academic literacies*, 171–185. Routledge.

Quark, Amy A. 2012. Scientized politics and global governance in the cotton trade: evaluating divergent theories of scientization. *Review of International Political Economy* 19 (5): 895–917.

Kasikorn Research. 2017. "*Medical tourism growth continues; private hospitals to get more foreign patients*." Issue 2721. https://kasikornresearch.com/en/analysis/k-econ/business/Pages/35132.aspx.

Kowalski, A. 2011. When cultural capitalization became global practice. In *The cultural wealth of nations*, 73–89.

Reiter, K. 2021. Does a public health crisis justify more research with incarcerated people? *Hastings Center Report* 51 (2): 10–16.

Ruckert, Arne, Ronald Labonté, Raphael Lencucha, Vivien Runnels, and Michelle Gagnon. 2016. Global health diplomacy: a critical review of the literature. *Social science and medicine* 155: 61–72.

Şahinol, Melike, and Burak Taşdizen. 2021. Medicalised masculinities in Turkey and Iran: the eigensinn of hair in hair transplantation. *Somatechnics* 11 (1): 48–67.

Senachai, Prarawan, Jakaphun Julsrigival, and Raksmey Sann. 2022. Social marketing strategy to promote traditional Thai medicines during COVID-19: KAP and DoI two-step theory application process. *International Journal of Environmental Research and Public Health* 19 (14).

Shaikh, Babar Tasneem, Saima Hamid, and Assad Hafeez. 2018. *Capacity building on health diplomacy: a training experience from Pakistan*. Special issue on scaling up health workforce in the Eastern Mediterranean Region.

Sklair, Leslie, and Peter T. Robbins. 2002. Global capitalism and major corporations from the Third World. *Third World Quarterly* 23 (1): 81–100.

Sun, Jing, Hanchao Cheng, Muhammad Radzi Abu Hassan, Huan-Keat Chan, and Jean-Michel Piedagnel. 2021. What China can learn from Malaysia to achieve the goal of "eliminate hepatitis C as a public health threat" by 2030–a narrative review. *The Lancet Regional Health-Western Pacific* 16.

Sunanta, Sirijit. 2021. Globalising the Thai 'high-touch' industry: exports of care and body work and gendered mobilities to and from Thailand. In *Thai-Western Mobilities and Migration*, 31–49. Routledge.

TAT. 2020. "*Amazing Thailand SHA certification steps up information sharing and outreach*." July 3, 2020. https://www.tatnews.org/2020/07/amazing-thailand-sha-certification-steps-up-information-sharing-and-outreach/.
TAT. 2021. "*Thailand trusted report EP 5: embrace a new holistic wellness experience in Bang Kachao*." April 1, 2021. https://www.tatnews.org/2021/04/thailand-trusted-report-ep-5-embrace-a-new-holistic-wellness-experience-in-bang-kachao/.
TAT. 2022. "*TAT strengthens presence in the Middle East market to boost tourism to Thailand*." May 5, 2022. https://www.tatnews.org/2022/05/tat-strengthens-presence-in-the-middle-east-market-to-boost-tourism-to-thailand/.
TAT. n.d. "*Chevala wellness center Hua-Hin*." https://www.tourismthailand.org/Spa/chevala-wellness-center-hua-hin. Accessed 14 Jul 2023.
Thai Health Promotion Foundation. 2014. *Thai Health 2013: Thailand reform: restructuring power, empowering citizens*. Institute for Population and Social Research, Mahidol University.
Thailand SHA. 2022. *About Us*. https://web.thailandsha.com/about/details. Accessed 14 Jul 2023.
Thaiprayoon, Suriwan, and Richard Smith. 2015. Capacity building for global health diplomacy: Thailand's experience of trade and health. *Health Policy and Planning* 30 (9): 1118–1128.
Thompson, Charis. 2008. Medical tourism, stem cells, genomics: EASTS, transnational STS, and the contemporary life sciences. *East Asian Science, Technology and Society: An International Journal* 2 (3): 433–438.
Timmermans, Stefan, and Oh. Hyeyoung. 2010. The continued social transformation of the medical profession. *Journal of Health and Social Behavior* 51 (1): S94–S106.
Turner, Leigh. 2007. 'First world health care at third world prices': globalization, bioethics and medical tourism. *BioSocieties* 2 (3): 303–325.
Whittaker, Andrea, and Chee Heng Leng. 2016. 'Flexible bio-citizenship' and international medical travel: transnational mobilities for care in Asia. *International Sociology* 31 (3): 286–304.
WHO. 2017. *A pharmacovigilance system for traditional medicine in Thailand*. New Delhi: World Health Organization, Regional Office for South-East Asia.
WHO. 2020. "*Hepatitis C in Malaysia: from crisis to hope*." July 28, 2020. https://www.who.int/malaysia/news/detail/28-07-2020-hepatitis-c-in-malaysia-from-crisis-to-hope.
WHO EMRO. 2015. "*Egypt marks World Hepatitis Day in Cairo*." July 28. 2015. https://www.emro.who.int/media/news/egypt-commemorates-world-hepatitis-day-in-cairo.html.
WHO EMRO. 2022. "*Global health needs global health diplomacy*." https://www.emro.who.int/health-topics/health-diplomacy/about-health-diplomacy.html. Accessed 14 Jul 2023.
Wipatayotin, Apinya. 2022. *Medical tourism eyed as cash cow*. Bangkok Post December 14, 2022. https://www.bangkokpost.com/thailand/general/2459830/medical-tourism-eyed-as-cash-cow.
Yeginsu, Ceylan. 2021. *Why medical tourism is drawing patients, even in a pandemic*. The New York Times.
Yılmaz, Volkan, and Puren Aktas. 2021. The making of a global medical tourism destination: from state-supported privatisation to state entrepreneurialism in healthcare in Turkey. *Global Social Policy* 21 (2): 301–318.
Yin, Robert K. 2014. *Case study research: design and methods*. 5th ed. Los Angeles: SAGE.

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