Summary report on the
Seminar on global health diplomacy

Cairo, Egypt
6–7 May 2012

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int
Summary report on the

Seminar on global health diplomacy

Cairo, Egypt
6–7 May 2012

World Health Organization
Regional Office for the Eastern Mediterranean
Contents

1. Introduction: health with a global dimension............................1

2. Summary of discussions............................................................4

3. The way forward.......................................................................7
1. Introduction: health with a global dimension

1.1 Background

The world has entered a new era of global health diplomacy. As globalization progresses, it is becoming clear in many areas that matters which were once confined to national policy are now issues of global impact and concern. Under its Constitution, the World Health Organization (WHO) works with its Member States towards the attainment by all peoples of the highest possible level of health. The context in which WHO and its Member States pursue this goal has changed radically since 1946. In today’s multi-polar world many economic and geopolitical interests influence the health and foreign policy agenda, a fact which can both support and hinder progress in health development. This link has been recognized repeatedly at the United Nations General Assembly, which since 2008 has issued a number of resolutions reflecting on heightened foreign policy concerns about global health. In resolution 65/95 of 10 February 2011 the General Assembly called for more attention to health as an important policy issue on the international agenda and recognized the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate.

It is critical that WHO is well prepared for the increased levels of foreign policy and diplomatic involvement in health issues. Therefore a number of initiatives have been started within the Organization to better prepare Member States and staff for the changed context within which health challenges need to be addressed. In the context of such initiatives, the WHO Regional Office for the Eastern Mediterranean organized a seminar on global health diplomacy on 6–7 May 2012 in Cairo, Egypt. The seminar brought together representatives from ministries of health and
foreign affairs in countries of the Eastern Mediterranean Region, experts in health and diplomacy from the Graduate Institute of International and Development Studies, Geneva, and WHO staff from the Regional Office and headquarters to discuss approaches to strengthening capacity for health diplomacy in the Region. During the seminar, participants explored the multidimensional relationships that exist between health and foreign policy and discussed experiences with global health diplomacy in the Region and in the WHO governing bodies.

The seminar was facilitated by experts from the Global Health Programme of the Graduate Institute of International and Development Studies, Geneva. During the seminar, the history and concepts of global health diplomacy and approaches to negotiations were presented and discussed in depth.

1.2 Key themes

The discussions revolved around four key themes.

*Foreign policy goals can hinder health.* For example, friction between trade and health has arisen within the World Trade Organization in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and trade concerns have also complicated advocacy for better collective action against the pandemics of tobacco-related diseases and childhood and adult obesity, and further challenged the national response as result of the “brain drain” of health care workers who migrate from low-income countries to work in high-income nations.
Foreign policy can support health. As foreign policy makers come to understand health’s growing importance to economic and social development they support taking the health agenda forward. The United Nations’ eight Millennium Development Goals (MDGs) contain three health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality and environmental sustainability). Efforts to address the key challenges of HIV/AIDS and noncommunicable diseases have also been supported by high-level political declarations by heads of state at the United Nations, and many countries invest in these areas of health action as an instrument of foreign policy – using health as a means to build better relations between countries and peoples.

Emerging infectious diseases are a regular and integral security concern of foreign policy. Such diseases include HIV/AIDS, drug-resistant tuberculosis and malaria, severe acute respiratory syndrome, avian influenza A (H5N1), influenza A (H1N1) and those spread through bioterrorism. The political and economic implications of these threats have forced foreign policy makers to engage in crafting national responses and international action.

Health during conflicts and in post-conflict reconstruction has become an important focus of foreign policy. Ensuring health responses to natural disasters has become part of foreign policy’s mandate in providing assistance during humanitarian crises. Health interventions are being used in complex and contradictory ways in conflict situations. The public health community has sought to implement “health as a bridge to peace,” claiming that health interventions can be specifically designed in such a way as to simultaneously have a positive effect upon the health of the
population and contribute to the creation of a stable and lasting peace.

Pandemics, emerging diseases and bioterrorism are readily understood as direct threats to national and global security. But health issues are also important in other core functions of foreign policy, such as pursuing economic growth, fostering development, supporting human rights and human dignity and preventing conflict. Health is today a growing concern in foreign policy. Many recent examples at WHO show that much can be achieved when public health experts and diplomats work together: the Framework Convention on Tobacco Control and the International Health Regulations (2005) are powerful tools to safeguard health within a robust foreign policy framework.

2. Summary of discussions

The participants agreed that developing capacity in global health diplomacy is an important issue for the Regional Office to pursue together with Member States. Some countries even indicated that they were already considering how to strengthen health diplomacy at the national level. The need to promote a culture of consensus for public health was highlighted, beyond ideological prejudices, to avoid acting in unilateral way and to create shared values between the health, foreign policy and economic sectors for the benefit of health in the Region and beyond.

Efforts are needed to raise awareness and promote actions on health diplomacy in order to mobilize political will and commitment and translate them into action, and to ensure the sustainability of such action within WHO’s work in the Region. A number of issues were
raised how health diplomacy could be furthered developed and deepened.

**Advocacy and leadership.** It was emphasized that health diplomacy requires a mindset that goes beyond the health sector and medical perspectives, requiring a much broader engagement. The need to strengthen partnerships and the capacities of Ministries of Foreign Affairs and Health was underlined. Ministries of health need to better understand the global dimensions of their work; in many cases national health can only be addressed adequately if there is support through international agreements and solidarity. Advocacy is needed for foreign ministries to better understand why public health is important and requires their support and the strengthening of their own international health departments. Setting the “global health agenda” is always a political as well as a technical undertaking, and countries need to be well prepared and coherent in their approaches in international organizations in order to have their voice heard. In particular investing in global public goods a key issue that requires close cooperation, particularly with regard to the post-2015 Millennium Development Goals agenda and articulation of the next global health development goals.

**Negotiations.** The issues at stake related to negotiations in WHO and other organizations such as the World Trade Organization, World Intellectual Property Organization or the Human Rights Council need to be studied together. Ethical issues in health diplomacy need to be explored, for example in areas such as human rights and right to health, pharmaceutical sector, food industry, medical devices and information technology. Right to health values, elements, and principles cannot be neglected and need to be discussed in depth. It was agreed that it is essential to better prepare Member States representatives for such negotiations, in particular to participate
more actively in the WHO governing bodies (Programme Budget and Administration Committee, Executive Board, World Health Assembly, Regional Committees). Best practices and guidelines would be welcomed by countries. There was also an expressed need for more familiarity with the approaches of other health actors and to explore new approaches to global health governance and governance for global health.

Health and conflict. The importance of focusing on health during conflicts and in post-conflict reconstruction was recognized. Ensuring health responses to natural disasters has become part of foreign policy’s mandate in providing assistance during humanitarian crises, examples from the Region using Health as a Bridge for Peace was mentioned. The question on how health could contribute to preventative diplomacy should be explored further also with partners such as the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent (IFRCRC).

Capacity building. Capacity in global health diplomacy needs to be developed. Global health diplomacy should be included in the training of public health professionals and initiatives should be undertaken to mainstream health diplomacy in foreign affairs and international relations. The development of regional training courses was discussed involving research institutions, centres of excellence and individual experts both in public health and international relations from the Region. Long distance learning on health diplomacy should be organized as well.

Sustainability. Participants underlined the need to have structural capacities and responses to ensure the continuity of global health diplomacy, e.g. to establish a health desk in foreign affairs ministries
and foreign affairs expertise in the ministries of health and to explore the value added by a health attaché in Geneva. Health diplomacy needs to be an ongoing activity of WHO’s work and it is essential to create an overview to assess what is ongoing in countries, to harmonize and align ongoing activities and to address identified gaps (knowledge, management and financial resources) at the Regional Office level and within countries. It was suggested to prepare regional, bilateral and humanitarian case studies on good practices and document experiences in health diplomacy in the Region as well as the regional contribution to the global agenda and global negotiations.

3. The way forward

Participants agreed that the seminar is a first step towards the engagement of the Regional Office and Member States in health diplomacy in the Region. Many participants believed that it was timely to work together to give the Region more voice at the global level. One goal would be to identify those areas of collective interest in which the Region has specific contributions to make that could advance the global health agenda. A series of actions are needed at regional and country level which will allow proper development of global health diplomacy in the Region.

In this regard, participants proposed the following action points for Member States and WHO:

- considering the addition of global health diplomacy to the agenda of the Regional Committee and its potential for inclusion as a cross-cutting component of other topics on the agenda;
strengthening preparations for the World Health Assembly at both national and regional level and increasing country interactions during the Health Assembly;

building alliances with regional organizations that can help take forward the health agenda;

promoting cooperation and partnerships between countries on priority health issues such as the International Health Regulations and polio eradication;

promoting rights based approach in health sector response to enhance health equity and universal health coverage;

considering the role of WHO country offices in strengthening global health diplomacy as a means to improve the coordination, coherence and effectiveness of health governance to translate international, regional and national commitments to action.

Additional action points for WHO were as follows:

- assessing countries capacities and experiences in global health diplomacy;
- identifying regional institutions and potential partners in foreign policy and health and promoting research in this area;
- compiling options for training initiatives (for example distance learning and ad hoc training courses) at country and regional level, including organizing training in negotiation skills;
- strengthening networking and support in the area of global health diplomacy at country, regional and global levels;
- organizing a regional follow-up meeting in the latter part of 2012.
Summary report on the
Seminar on global health diplomacy

Cairo, Egypt
6–7 May 2012