

WHO-EM/HHR/002/E

Summary report on the

Second regional seminar on health diplomacy

Cairo, Egypt
16–17 February 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean conducted a second regional health diplomacy seminar on 16-17 February 2013 in Cairo, Egypt. The objective of the seminar was to discuss with participants from health and foreign policy sectors the regional priority issues relevant to the forthcoming sessions of WHO governing bodies' meetings including the World Health Assembly in May 2013. The first regional health diplomacy seminar was conducted in May 2012, in response to the increasing demands from the Member States to strengthen health diplomacy capacity and intersectoral action between health and foreign affairs sectors in WHO's regional work in support of the priority programmes.

The seminar hosted international experts from the Global Health Programme of the Graduate Institute of International and Development Studies (Geneva), London School of Hygiene and Tropical Medicine and WHO headquarters. Participants included representatives of Ministries of Health and Ministries of Foreign Affairs, as well as permanent missions to the United Nations Office and other international organizations in Geneva from Member States of the WHO Eastern Mediterranean Region.

Discussions focused on the common regional issues and the intersecting aspects of health and foreign policy in complex multi-stakeholder global health. Participants jointly brainstormed and shared perspectives on how the Region can establish capacity in this region that enable it to play a constructive and active role in influencing global, regional and even national health issues.

2. Summary of discussions

Health diplomacy and the WHO in modern day global health arena

WHO is the specialized United Nations agency for health, providing a platform for coordination and coherence, setting norms and standards, providing scientific advice and generating evidence. In recent years, with globalization and the increasing number of actors in global health arena, it has become evident that in order to serve its mandate and reach global health targets, WHO needs to engage in negotiations beyond the health sector. Participants emphasized the importance of maintaining WHO's central role in global health in the context of an increasing number of health actors.

Health is not prioritized in the diplomatic agenda, often being completely left out of consideration by international policy-makers. This is partially due to lack of understanding of the relevance of health among foreign policy officials, as well as of foreign policy among ministries of health. Adding to the challenge is insufficient knowledge and capacity among health officials on how negotiations on foreign policy issues can be influenced.

One of the WHO's major disadvantages is its funding base. Overreliance on voluntary contributions – comprising up to 80% of the Organization's total budget, with the majority heavily earmarked – is one of the main factors that negatively impact WHO's global position, along with the limited financial resources to ensure its representation at the international forums, the traditional detachment of the Organization from foreign affairs, and the growing number of development agencies working on issues related to health and underlying determinants of health.

WHA 2013 – WHO reform

In the current public health landscape, characterized by globalization, migration, climate change, disasters and complex emergencies, multiple players and limited resources, there is an urgent need for WHO reform on programmatic, governance, management and financing levels, in order to maintain WHO's central role in global health.

The governance reforms aim to create better alignment between WHO governing bodies, strengthen their oversight, harmonize governance processes at global and regional levels, enhance strategic decision-making, and strengthen effective engagement with other stakeholders. The managerial reform is aimed at ensuring more effective technical and policy support for the Member States, staffing matched to needs at all level of the Organization, financing and resource allocation being aligned with priorities, improved managerial accountability, transparency and risk management, strengthened culture of evaluation, and improved strategic communications. At the financing level, reform envisions that the programme budget is approved by the WHA in its entirety, mechanisms are explored to facilitate receipt of supplements to assessed contributions, the coordination of resource mobilization, resource management, internal financial controls, and reporting is strengthened, and WHO's donor base is broadened.

Six programmatic priority areas have been identified through heavy consultation process with Member States and partner organizations: 1) health-related Millennium Development Goals; 2) advancing universal health coverage; 3) noncommunicable diseases and mental health; 4) implementation of International Health Regulations; 5) increasing access to essential, high quality and affordable medical

products; and 6) social, economic and environmental determinants of health.

Noncommunicable diseases – the need to reach beyond the health sector

Health experts and epidemiologists have been studying the problem of noncommunicable diseases in isolation for years. It is now recognized that in order to tackle the problem effectively, it has to be linked to socioeconomic development and be addressed as a public health rather than a purely medical issue. Mobilizing non-health sectors, such as foreign affairs, finance, planning, private sector and civil society is crucial. This process is supported by the changes taking place in the global health diplomacy arena, with health becoming recognized by foreign policy as an integral component to three major global agendas: security, economics and social justice.

The UN Political Declaration was a crucial step towards high-level recognition of noncommunicable diseases as a 21st century global health challenge undermining socioeconomic development and threatening the achievement of internationally agreed development goals. In this context, WHO succeeded in leading the different phases of the negotiation processes and mobilizing political support for priority public health actions.

Among the main identified risk factors for noncommunicable diseases are obesity, harmful dietary practices and lack of physical activity. In the modern context noncommunicable diseases are greatly linked to the issue of health security, poverty, and scarcity of natural resources. Major obesity and noncommunicable disease growth in the Region has resulted from the alteration of traditional dietary patterns, leading to adoption of new “fast” foods stimulated

by intense marketing. There is no assessment of the foods imported into the Region on the basis of nutritional quality, nor are there criteria for profiling of foods applied to regional trade agreements and policies. There is evidence, however, of preventive work in the form of dietary control at national level being effective for dramatic reduction of noncommunicable diseases such as diabetes, stroke and heart disease. Similarly, childhood obesity control has been shown to require strict controls of marketing of unhealthy foods and school foods in particular.

Obesity and noncommunicable diseases can only be controlled at national level by establishing norms for the quality of food, with relevant policies and public health laws in place to control the content of salt and trans-fats in food. The effect may be stronger if undertaken jointly in regional or subregional groups of countries. New concepts of dietary quality need to be recognized in diplomatic inputs to the WTO negotiations and any international schemes affecting the food trade and industry and major advertising businesses. A major challenge in this respect is the misalliance between the aims of the health sector and those of large corporations, as they represent a conflict of interest between the prospects of economic gain and the population's health.

In order to curb the noncommunicable diseases epidemic in the Region it is important to engage other sectors in health discussions. There is need for an effective mechanism to engage non-health sectors at the national level, involving ministries of education, economy, trade and sport along with the ministries of health to discuss issues related to noncommunicable diseases. Highest-level political commitment to countering the noncommunicable diseases is crucial to the process. Involvement of the Permanent Missions to the UN and other international organizations in Geneva is important.

There is need for provision of technical expertise to the Permanent Missions to better prepare them for the negotiations and equip them with multidisciplinary expertise to influence the negotiations related to health in an effective manner. At the national level, this has to be supported by establishing legal mechanisms for monitoring the food production industry and restricting fat/salt/sugar content. Greater investments are needed in agriculture, as one of the important means to improve population health.

There is a clear need for better evidence on best practices and success stories in the area of noncommunicable diseases and concrete examples answering the question “how was positive change achieved?”. Countries should focus on the regional framework for action and the “best buys”, not forgetting the link between noncommunicable diseases and the Millennium Development Goals.

Medical products – the need to reach beyond health sector

Globalization and free market expansion have undoubtedly had a positive impact on availability and choice of medical products available to consumers. However, open markets have also created wide opportunities for the manufacture and supply of substandard/spurious/falsely-labeled/falsified/counterfeit (SSFFC) medical products. The relative simplicity of purchasing manufacturing equipment, finding raw pharmaceutical ingredients and obtaining technical expertise, and the opportunities created by internet access, combined with prospects of mega-profits have facilitated the trade of SSFFC products as a widespread global phenomenon. This issue is recognized as an urgent and considerable risk to public health by WHO and Member States and by various international forums. Of similar concern from the public health standpoint is the relationship between public health goals and

international agreements on trade and intellectual property rights, which in many instances are in conflict. Within recent years the Eastern Mediterranean Region has also witnessed an increased influx of SSFFC medical products.

Directly violating a basic human right of access to safe and quality medicines, SSFFC medical products cause considerable damage to people's health and undermine public trust in medical products and health care professionals. At the 65th World Health Assembly held in May 2012, Member States adopted a resolution (WHA65.19) in which they decided to establish a new Member State mechanism for international collaboration regarding SSFFC medical products.

A steering group for the Member State mechanism, represented by each of the six regions, will meet during the spring of 2013 to finalize the workplan, and the progress is to be reported to the 66th World Health Assembly in May 2013. One of the challenges for WHO is to work on health aspects without entering into trade aspects and legal issues of SSFFC medical products. As for the Region, it is important for Ministries of Health and Ministries of Foreign Affairs to develop common positions on the issues related to SSFFC medical products and establish a strong lobby to support intersectoral negotiations.

Emergency preparedness and humanitarian assistance

During political crises and conflicts, health is often a strong but "unacknowledged" ground for continuing or resolving the struggle. Humanitarian aid often serves as a vehicle for dumping production surpluses including foodstuffs and also unsolicited medicine donations of questionable quality. Some countries and even leading international nongovernmental organizations use humanitarian aid as

a political tool to influence the course of conflict resolution and recovery, with their contributions being disbursed only while their strong presence in the field is secured. In addition, globally there is very little investment dedicated to crisis prevention and mitigation (only US\$ 3 out of every US\$ 100 spent on development assistance). Adding to the complexity of the situation is the fact that emergency management systems are poorly adapted to the realities of the fragmented and inefficient systems of countries affected by the conflict or emergencies.

Despite the direct relevance of health to emergency response and humanitarian assistance, public health is not present on the agenda at negotiation tables, nor is it a part of resulting treaties and agreements. The role of health diplomacy during crises and in the humanitarian context is essential, especially in the context of the UN humanitarian reforms, to build the negotiation skills of various sectors and to support the protection and promotion of public health in emergency situations. There is a pressing need to build self-reliance and mutual aid mechanisms through pre-negotiated agreements between countries of the Region.

International Health Regulations and risk mitigation

In the modern globalized world, diseases can spread fast and far by means of international travel and trade. A health emergency in an individual country can impact livelihoods and economies in other parts of the world. Outbreaks of emerging diseases can be examples of such global health crises.

The importance of the International Health Regulations (IHR) was emphasized in 2003, during the SARS outbreak. The IHR is a broad legally binding document signed by 195 states, including all

Member States of WHO, with only 2 reservations. Its aim is to help the international community prevent and respond to urgent public health risks that have the potential to cross borders and threaten people worldwide. The IHR provides comprehensive coverage of key subjects and areas, such as surveillance, response, regulation of international transport and travel, human rights, environment, food safety, immigration, industry, information, etc. The IHR helps to move from control at borders to also containment at source and development of core public health capacities in all countries, from a disease list to broad range of serious public health risks, and from preset health measures to generalized rules and risk assessment in the context of each event.

Due to the multidisciplinary and cross-border potential of infectious outbreaks, and the fact that they affect international health security and stretch well beyond usual population health matters, health diplomacy becomes especially relevant to the implementation of the IHR. It is necessary to promote negotiations and collaboration between neighbouring countries, especially across borders, along with exchange of relevant experiences. Successful implementation of the Regulations requires high-level commitment and mobilization of a number of sectors and stakeholders, supported by greater political oversight and leadership at the national level. Awareness beyond the health sector and capacity building of relevant specialists is necessary.

Millennium Development Goals and sustainable development goals

The health-related MDGs have generated momentum and certain successes since 2000. On one hand, they have influenced political discourse at the highest levels, are driven by concrete measurable goals and targets and have managed to attract more funding for

health. On the other hand, certain shortcomings have been identified within the Goals, such as lack of focus on human rights and noncommunicable diseases. As well, the process of development of health indicators was top-down in nature and attention to equity was missing, which has contributed to even more fragmentation in health programmes.

In preparation for the post-2015 agenda, in early 2012 the UN System Task Team was established to facilitate the process of identifying goals for the post-2015 UN development agenda. The task team comprised 60 UN entities and agencies and international organizations. It was preceded by extensive consultations at global, regional and national levels with all stakeholders, including Member States, civil society, academia and the private sector. A global thematic consultation on health was led jointly by WHO and UNICEF, and the Governments of Sweden and Botswana, and resulted in a synthesis document with summaries of the outcomes to be submitted to the UN high-level panel on the post-2015 development agenda and the UN Secretary-General. The synthesis document will also serve as a discussion paper to provide the basis for further deliberation of the post-2015 health agenda. The global consultation on the post-2015 health agenda will be held in Botswana in March 2013.

Since the MDGs were set, there have been certain changes in global development landscape, with greater roles for civil society and the public sector, and greater global diversity of actors. Among the post-2015 health priorities identified are universal health coverage as an overarching goal, with continuation of the “unfinished business” of the health-related MDGs, noncommunicable diseases and their risk factors, strengthening health systems, and more attention to specific health topics such as sexual and reproductive health, adolescent

health, nutrition, mental health and others. Equity and human rights are viewed as central elements, taking into account the underlying determinants of health. Health diplomacy in the Region can be a way to provide lobbying and stimulate dialogue around agreed goals in the post-2015 global agenda and with regard to “unfinished” MDGs, addressing regional priorities and influencing global discussion to support universal health coverage as an overarching goal.

3. The way forward

Evidence shows a pressing need to institutionalize health diplomacy in WHO’s work at regional level. Participants reiterated their request for WHO to continue regular regional seminars on health diplomacy at both regional and country levels, accompanied by parallel activities at the country level. They identified regional priorities and entry points to apply health diplomacy, proposed a set of strategic actions for WHO, including elements of a capacity-building plan, and identified next steps for countries and WHO to build on the discussions and conclusions of the seminar.

Regional priorities and entry points to apply health diplomacy

- IHR follow-up and implementation;
- Emergency preparedness and response;
- Regional plan of action on prevention and control of noncommunicable diseases;
- SSFCC medical products;
- Regional dialogue and advocacy in the post-MDG agenda and sustainable development goals related to health;
- National intersectoral collaboration and planning between ministries of health and foreign affairs.

Strategic actions for WHO

- Continue regular regional seminars on health diplomacy at both regional and country levels, accompanied by parallel activities at the country level.
- Strengthen communication channels and advocacy led by WHO senior management and follow up on recommended actions at the national level.
- Conduct a mapping exercise to identify regional capacity building needs and thematic priorities in the area of health diplomacy.
- Support the development of national health diplomacy strategies and capacity-building plans and establish a roster of regional experts on health diplomacy and database of the health diplomacy partners.
- Initiate implementation of the developed plans in pilot countries.
- Strengthen advocacy and partnerships through health diplomacy:
 - Identify mechanisms for direct communication with decision-makers at the Ministries of Foreign Affairs in support of identified regional priorities and entry points;
 - Strengthen intersectoral collaboration and communication with key global decision-making forums in Brussels, New York and Geneva and with other international and regional partners (OIC, GCC, League of Arab States, etc.).
 - Study ways of better engaging civil society in support of recommended actions and priorities.

Suggested elements of a capacity-building plan

- Develop a regional online course on health diplomacy and thematic priority areas.

- Design training module/guidelines on health diplomacy and health negotiations.
- Identify models and best practices of bringing health and foreign policy together to address pressing health issues, as well as document successful regional initiatives in the area of health diplomacy.

4. Next steps

For Member States

- Discuss the issue of WHO's funding jointly with other Member States, and raise the issue of funding in the next Global Programme of Work.

For WHO

- Send the final seminar report with a cover letter signed by the Regional Director to the Head of State, Minister of Health and Minister of Foreign Affairs of the countries of the Region. The letter would formally invite the line ministries to identify focal points on health diplomacy in each respective ministry to follow-up on the recommended actions both at regional and country levels.
- Invite Member States to host next regional health diplomacy seminar.
- Continue placing health diplomacy on the agenda of the upcoming Regional Committees.
- In preparation for meetings of the Executive Board and World Health Assembly, strengthen communication on the interagency, international, regional and country levels, and liaison with New York and Geneva, and study possibilities of joint meetings.

- Identify regional champions and experts in the area of health diplomacy.
- Develop a regional leadership capacity-building programme for regional experts and WHO country offices.



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