Global health has become an increasingly important topic during the past decade. Health has been recognized as one of the key goals of foreign policy and is also a leading contributor to development, peace, poverty reduction, social justice and human rights. The level of foreign policy involvement and interest in global health has also grown dramatically over the past 10–15 years. The inclusion of health diplomacy in WHO governing bodies’ agendas, as well as those of the United Nations General Assembly, is testimony to this importance. Health diplomacy has led to a number of international negotiations that have resulted in key treaties and declarations.

It is becoming clear, in many areas, that issues which were once confined to national policy are now issues of global concern, with implications that extend beyond national boundaries. As countries become more informed on health diplomacy, they become more equipped to play a bigger role in influencing global health decisions. Health diplomacy expands health issues to areas beyond the health sector, to address challenges from a political, economic and social perspective. But for health diplomacy to succeed, stakeholders from different disciplines – government, non-State actors and parliament – need to come together, mindful of the global health agenda and its impact on national health.

At the national level, health diplomacy operates in a different way. Just as reaching consensus on the different aspects affecting health between different countries can be a complex matter, it can also be complex within the same country. Competing interests and positions often exist, between the health sector, foreign affairs, finance, industry, development cooperation and other sectors. Moreover, the positions and strategies of countries vary, according to who represents the country in international negotiations. Foreign policy concerns go beyond the direct threats to national and global security posed by global health issues, for example the pursuit of economic growth, protection of national trade interests, fostering development and supporting human rights.

Member States of the Region have agreed on five priority areas for collaboration with WHO, that represent the main challenges to health development: health system strengthening towards universal health coverage, health security and the unfinished agenda of communicable diseases, the epidemic of noncommunicable diseases, maternal and child health, and preparedness and response to emergencies and crises. The Region cannot achieve a comprehensive strategy to address them without strengthening capacity in health diplomacy.

WHO’s message of commitment to strengthening health diplomacy in the Eastern Mediterranean Region has been echoed by Member States, who have realized its imperative role in today’s globalized world, and have requested the support of WHO in strengthening capacity at national level. Thus, the fourth annual seminar on health diplomacy took place in Cairo, Egypt from 2 to 5 May 2015 at the WHO Regional Office for the Eastern Mediterranean. High-level representatives of health and foreign affairs participated, including ministers, ambassadors, deans of diplomatic institutes and public health schools, heads and members of parliamentary health committees, and eminent experts in the field.

This fourth annual seminar continued to confirm the value and importance of raising awareness of the need for health diplomacy in the Region. The third seminar, held in 2014, had proposed the establishment of an advisory group to support WHO in moving the global health diplomacy agenda forward in the Region. This group was established and will advise on enhancing health diplomacy in the Region, taking into account the experiences in the Region and the conclusions of the four seminars.
**The interface between global health and foreign policy.**

Health diplomacy has direct impact around the world. As the world moves from an era of donor/recipient relationships to an era of technical partnership between States, global legislation and policy solutions enable them to negotiate those partnerships. The goal of health diplomacy is to pursue health, health equity and human rights as a collective goal for everyone. This is particularly relevant in areas where the cooperation of many countries is needed to address issues of common international concern but also at national level, where the cooperation of many sectors and stakeholders is needed to address issues of domestic concern. However, health diplomacy does not only benefit health. Health gains result in wider socioeconomic gains, and contribute in a major way to sustainable development and national and global security. Health diplomacy can also help to achieve broader foreign policy goals and, in crisis situations, to promote peace.

**Leveraging the lessons of noncommunicable diseases.**

The global epidemic of noncommunicable diseases (NCDs) is responsible for 63% of deaths, of which 80% are caused by cardiovascular diseases, cancers, diabetes and chronic respiratory disease, and 57% are premature deaths. There is overwhelming evidence that the majority of NCDs are preventable by addressing the four main risk factors: tobacco use, unhealthy diet, physical inactivity and alcohol misuse. The World Health Assembly had long recognized and endorsed the need to tackle the issue, but it was only in 2011, when WHO and Member States were able to transfer NCDs on to the agenda of the United Nations, that the global political commitment necessary for collective action was attained. Raising this serious health issue to a higher level enabled governments to appreciate the socioeconomic consequences of NCDs, realizing it as a health security issue. The resulting UN political declaration on prevention and control of noncommunicable diseases showed the real power of working, and fostering collaboration, with the foreign policy sector.

**Positioning health in the post-2015 development agenda.**

As 2015 comes to an end, the world will look to a final assessment of its achievements in relation to the Millennium Development Goals (MDGs) set by the United Nations in 2000. However, the efforts to achieve sustainable development for everyone will not end. In September 2015, heads of state and government will convene at the United Nations again to endorse a new development agenda for the nations of the world. The post-2015 agenda proposed through a series of global consultations and conferences will propose 17 broad sustainable development goals. While only one of the proposed goals is directly related to health, the comprehensive nature of the proposed goals provides an opportunity for the health community and health policy-makers to intersect health with and across the goals and targets of other development areas and to integrate health in all policies.

**Framing health security in foreign policy.**

Health security is centred around preventing the spread of infectious disease(s), within and beyond countries. It is in every country’s interests to ensure that health security is framed as a foreign policy issue, and that foreign policy is scrutinized through a health lens. National and regional health security in general, and global in particular, are interdependent. Neither can be guaranteed without the other. Through the World Health Assembly, Member States endorsed the International Health Regulations (IHR 2005), aimed at helping the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

The 2014 Ebola virus disease epidemic highlighted the lack of preparedness of countries around the world to fully implement IHR 2005. The global health diplomacy that resulted in the IHR 2005 needs to be stepped up to ensure that all States are able to implement the regulations. However, it also highlighted to the world, as have previous epidemics, the immediacy of health security as a global security issue and the forces that can be mobilized around the world when the political will is present.

The polio outbreaks of 2014, in the Middle East and the Horn of Africa, are another example of health diplomacy in action. Positive and rapid action as a result of diplomacy not only brought the outbreaks under control but also reinvigorated the final push to eradicate polio, alerting the global community to the threat to eradication, and bringing on board new actors and stakeholders, such as the Islamic Advisory Group. Other current threats to global and regional health security include food contamination and antimicrobial resistance. Both of these areas urgently need global visibility through health diplomacy at national and global level.

**Managing crisis and humanitarian response with health diplomacy.**

Health diplomacy aimed at alleviating suffering in crisis situations can positively impact peace efforts. All countries in the Region, and many beyond, are currently affected, either directly or indirectly, by the acute and chronic emergencies taking place across the Region. Development gains across the Region have been set back and future health gains are being compromised. Conflict situations are the most difficult situations in which to operate, and are themselves the result of political and development failures.
Health, unlike some other types of aid, can only be delivered on the ground and this is where the role of health diplomacy is crucial. It supports the development of humanitarian space in which to intervene and alleviate suffering, and can provide opportunities to support peace efforts. WHO and other international organizations have shown this time and again in countries in the Region. Health diplomacy also has a crucial role to play in ensuring international treaties, such as the Geneva conventions, are upheld during conflict and crisis. Health workers and health facilities must be protected at all times, and must be allowed to do their work unimpeded.

Communicating for impact and change.

Creating positive momentum and critical mass to advance change requires innovative use of the different communication tools and forums available. Health diplomacy comes in many forms and shapes, and can be delivered through many different channels. Formal engagement with foreign policy and other sectors through national and international forums is one option. However, government, politicians, diplomats and organizations are increasingly using social media and mobile phones to convey information and messages to wider audiences. Social media requires a high level of personal engagement to assure credibility and trust. Organizations need to set policies for engagement and focus on the comparative advantage they can bring to social media, rather than trying to engage in everything.

Conclusions: delivering action on health diplomacy in the Region

Health is not an isolated discipline, but subject to a wide range of determinants. The decisions that shape how health issues are addressed at global, regional and national level are subject also to decisions made across government. Many of the health challenges facing individual countries, the Region and the world in general have critical political and socioeconomic dimensions that require political solutions, at both the domestic and international levels. Ministries of health and other stakeholders need to focus on these intersections with health and work across sectors to ensure the linkages are understood.

Health diplomacy is important for the Eastern Mediterranean Region. Not only is it disproportionately affected, compared with other WHO regions, by manmade and humanitarian crises but these crises are increasing and the scale of emergencies is expanding, not shrinking. Political solutions are therefore of direct relevance. Ministries of health need to exercise leadership in health diplomacy in order to enhance coordination and joint work between health and foreign policy.
The following are key action points raised by the participants. WHO will continue to work with Member States in promoting health diplomacy and addressing, whenever possible, these action points.

**Leadership and advocacy**

1. Enhance coordination and joint work between health and foreign policy by exercising leadership in health diplomacy issues.

2. Document the unique experiences of the Region in health diplomacy and develop guidance based on the lessons learnt, particularly in the context of emergency and humanitarian action.

3. Continue to host the annual seminar on health diplomacy, and to support health diplomacy strengthening in Member States.

**Coordination and collaboration**

4. Explore the identification (or establishment) of focal points or units for global health within ministries of foreign affairs as well as the offices of senior executives, such as prime ministers.

5. Continue to engage with partners in building capacity across the Region, as well as in the practice of health diplomacy.

6. Make greater efforts to engage with non-State actors and civil society to support health goals, including through more effective use of social media.

**Health diplomacy at the national level**

7. Raise awareness on the value and importance of health diplomacy at highest level of government through health and foreign affairs champions. National seminars on health diplomacy can greatly facilitate this, as well as the adoption of a strategic approach.

8. Promote interaction and coordination between health, foreign policy and other sectors at the domestic level.

9. Continue to advocate with and build capacity of parliamentarians, including through involvement in national seminars, to support health development and strengthen health diplomacy across sectors.

**Capacity-building**

10. Strengthen negotiation skills in the health sector and build capacity in understanding global health issues in the foreign policy sector.

11. Engage public health institutions to play a valuable role in support the development of health diplomacy capacity at national level, through training of diplomats, parliamentarians and key actors across sectors.

12. Advocate for inclusion of a health diplomacy module in the training of diplomats and Foreign Service employees.