

Health diplomacy



Third Regional Seminar on Health Diplomacy, Cairo, 3-5 May 2014

Summary of the Third Seminar on Health Diplomacy

Dr Ala Alwan
WHO Regional Director for the Eastern Mediterranean

The role of diplomacy in health is vital. As health becomes an ever more critical element in foreign policy, security policy, development strategies and trade agreements, policy-makers in the areas of health and foreign policy need, and must acquire, new skills to negotiate for health in the face of other interests. An increasing number of health challenges can no longer be resolved at the technical level only – they require political negotiations and solutions, and often need to involve a wide range of actors. Health diplomacy takes place at many levels. Global health diplomacy focuses on those health issues that need the cooperation of many countries to address issues of common concern, but health diplomacy can also play a central role at the regional, bilateral and national level.

Health diplomacy refers to the negotiation processes that shape and manage the policy environment for health. It is conducted in many venues, some of which are focused on health negotiations during the annual meeting of the World Health Assembly, and some of which have a broader agenda, such as the United Nations General Assembly or the Human Rights Council. This can lead to international agreements, treaties and conventions. In some cases Member States are represented by high-level health officials, such as ministers of health; in other arenas, or major international conferences, negotiations are usually conducted by diplomats, but may also include other major players, such as international nongovernmental organizations.

Many examples show that health diplomacy works and that the alignment of health and foreign policy can generate significant benefits for health. There is an increasing recognition of health as a goal of foreign policy and as a key contributor to development, peace, poverty reduction, social justice and human rights. Health diplomacy can have an important role in supporting sustainable development by addressing health as a social and economic issue of high relevance and in dealing both individually and collectively with health challenges. It can support countries in protecting joint interests and in taking positions on matters of common concern, such as access to health security, health promotion, disease control, access to medicines and technologies, food security, water and the post-2015 agenda for sustainable development in the world.

Health diplomacy is important for the countries of the WHO Eastern Mediterranean Region because many of the development issues they face

relate directly to health and because it is disproportionately affected by manmade and humanitarian crises. It is gaining in relevance as the Region has to find solutions to issues that require global action and collaboration across borders, such as Middle East Respiratory Syndrome (MERS), humanitarian health relief, noncommunicable diseases and antimicrobial resistance. But experience also shows that health diplomacy at the national and regional level is critical for the implementation of health programmes through complex partnerships. For example polio eradication in the Region is dependent on successful negotiations with many players, whose trust has to be gained, in order to strengthen control programmes and create a safe and secure environment for vaccination campaigns.

With these issues in mind the WHO Regional Office for the Eastern Mediterranean hosted the Third Seminar on Health Diplomacy from 3 to 5 May 2014 in Cairo, Egypt. The objectives of the seminar were to build capacity among Member States, with a focus on issues of highest priority and relevance to the Region, and to raise awareness of the value of integrating concepts of health diplomacy into foreign policy. Participants included senior officials from ministries of foreign affairs and health, ambassadors, deans of diplomatic academies, regional public health institutes and heads of parliamentary committees.

We confirmed through this seminar that capacity-building in health diplomacy is essential. The Region is facing major health challenges that have critical political and socioeconomic dimensions and require political solutions at the domestic and international levels. The engagement of representatives of Member States in decision-making processes on global health issues is important in protecting their interests. There is a pressing need for stronger regional presence in global discussions on health or on other issues that have potential impact on health. Both health and foreign policy officials should be aware of the importance of reinforcing their engagement in such discussions. Equally important is to strengthen the interaction and coordination between health, foreign policy and other sectors at the domestic level, such as education, agriculture, industry and foreign trade. Improving health is a prerequisite to national security and socioeconomic development.

Global health security is integral to foreign policy

Nations have long recognized the central importance of health security to national security, and over many decades have often implemented actions to try to 'stop' diseases at borders, for example through measures of quarantine. In more recent years they have begun to recognize that health security is more than a national concern – it is a global issue affecting not only countries, but also a range of national industries and international corporations. This illustrates the increasing link between domestic and foreign policy.

In recent decades, global public health approaches have focused on diseases, care, prevention and research and monitoring. In an era of globalization and geopolitical shifts, new dimensions of the links between health and security are now coming to the fore. All countries, regardless of income or level of development, face systemic risks, such as disease outbreaks, with the potential for very significant impact on health, tourism, trade, exports and international relations. Emerging infections and biological risks are not the only area of concern; other hazards, such as chemical and radiological hazards, are equally important and are increasingly covered by a range of international instruments, frameworks and agreements. For infectious diseases and food-borne diseases these include the Pandemic Influenza Preparedness Framework, the Codex Alimentarius and the International Health Regulations (2005). The anticipated adoption of the Convention on Biological Diversity will also have implications for health security.

Health diplomacy in action

The third seminar on health diplomacy discussed a number of health challenges in the Region which require significant health diplomacy efforts. They include polio, war, displacement and different types of instability and insecurity, and control of noncommunicable diseases.

Polio: The global eradication of polio today depends on three countries where the poliovirus still exists, two of which are in the Eastern Mediterranean Region. In the week of the seminar on health diplomacy, WHO declared polio a Public Health Emergency of International Concern (PHEIC) and endorsed the recommendations to Member States made by the Emergency Committee convened under the International Health Regulations (2005). This includes recommendations related to requirements for vaccination before international travel. The declaration in 2012 by the World Health Assembly of polio eradication as a global programmatic emergency, acknowledged the social and political difficulties surrounding the final push to rid the world of this deadly infectious disease, particularly in the Eastern Mediterranean Region. This health challenge now requires a political solution and extraordinary health diplomacy efforts in the areas most affected.

The international consensus built up through global health diplomacy in the 1980s to eradicate polio, and the technical feasibility of this, demonstrated by the progress made in the past 25 years, is endangered. The lives of children and the success of the polio programme have become, to a large extent, and as the virus is exported to other countries, a political issue. Diplomacy – domestic and international – can help build political and community will, coordinate response, improve access to children and create the necessary atmosphere for community and political engagement.

Insecurity: A growing number of people in the Region are victims of the cycle of political instability that has affected the Eastern Mediterranean Region in recent decades and that has intensified in some countries in the past several years. The displacement and migration of populations across the Region, due to both natural and manmade disasters, have resulted in significant risks to health. The impact of insecurity is dramatically illustrated

It is crucial that diplomats in all countries understand the significance of international health agreements and the compliance with international law that follows. It is essential that nations take their commitments and the implementation of such agreements seriously to maintain both global and national health security. It is also crucial that foreign policy is well informed about anticipated risks, such as the growing threat to global health security of infections, disease outbreaks and antimicrobial resistance. Thus, it is necessary for the foreign policy sector to enhance its role, along with other sectors and ministries, in advocating for and engaging in an all-hazard approach to health security.

Health security events

- New emerging infectious diseases: HIV, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), pandemic influenza
- 'Old' infectious disease challenges: Ebola virus disease, cholera, antimicrobial drug resistance, polio
- Radiation, chemicals, contaminated food or water
- Disasters and civil unrest



The seminar discussed health challenges that require significant health diplomacy efforts

by the consequences of the conflict in Syrian Arab Republic where it is estimated that a decade of human development has been lost.

The health impact of insecurity is indirect as well as direct. Thus, the violation of international conventions has seen increasing attacks on health workers and facilities, as a means of intimidation and attempt at bargaining. The economic impact of insecurity has specific consequences for continued functioning of the health system, as resources are diverted both within the system and outside it. Humanitarian aid itself has been used sometimes as a political tool to try and influence the course of conflict resolution and recovery, sometimes with disastrous consequences, re-emphasizing the importance of maintaining neutrality and of not politicizing humanitarian issues.

Foreign policy, health diplomacy and humanitarian diplomacy have intersected at many levels during emergencies, to protect populations and health workers, as well as to call on donors to support humanitarian action. Foreign policy support from within the Region to operationalize a solidarity fund would reduce the reliance on foreign donors.

Noncommunicable diseases: The rapidly increasing epidemic in the Region threatens to have huge impact on the health systems and economies of Member States in the coming decades. Noncommunicable diseases are the leading cause of premature deaths in the Region and are

rapidly increasing in magnitude. Four major noncommunicable diseases are of concern: heart disease and stroke, diabetes, cancer and chronic lung disease. These are caused by four major risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, of which the first three are particularly relevant for the Region.

Health diplomacy is urgently needed at a national level to engage all the sectors and stakeholders that can have an influence in reducing deaths

due to these diseases, such as finance and taxation, the food industry and food standards authorities, agriculture, trade, transport, urban planning, youth, sport and nongovernmental organizations. Foreign policy is often dominated by trade issues and therefore it is equally important to be engaged at the international level in negotiations that affect countries' ability to set standards for health by controlling major risk factors, such as tobacco use and import of unhealthy food products, among other things.

How can foreign policy contribute to health diplomacy?

Central to the seminar was a panel discussion of senior diplomats on how foreign policy can contribute to health diplomacy. They agreed that there is a need for broader engagement of the countries of the Region in strengthening the interface of health and foreign policy, both within and across countries, with the support of WHO. This may mean the involvement of other ministries, in particular the ministries of finance, as well as the involvement of other stakeholders, such as the private sector and nongovernmental organizations. The goals of the process of engagement need to be clear, and transparency and accountability need to be ensured. Experience shows that time invested in developing intersectoral cooperation can bring major benefits but it requires the building of institutions and capacity. Several key points were highlighted by the ambassadors and other participants.

- ▶ Strengthening health diplomacy will depend on strong leadership and political commitment that positions health higher on both the political agenda and the development agenda. This can include the role of heads of government in taking health issues forward, helping set the agenda and strategic goals, and making political space and resources available.
- ▶ Broader engagement between countries would strengthen their ability to evolve common positions and thus strengthen their responses, not only on health issues, but also on issues that impact on health, such as nutrition, food and access to medicines and technologies. It would also encourage countries to share best practices and capabilities and to pool technical and other resources and capacities, rather than looking outside the Region, which is costly and often faces obstacles.
- ▶ While foreign policy has much to contribute to health diplomacy, so health itself supports many goals of foreign policy. Including health

diplomacy in the training of diplomats and strengthening the dialogue between diplomats and health professionals will significantly help to strengthen health diplomacy. Such a dialogue can also help to avoid the disconnect between agreements reached in different international forums, and ensure that health impact becomes a key consideration in all negotiations.

- ▶ Diplomacy should not be used to serve interests detrimental to health, nor should health be used as a political tool at the cost of the lives of people. However, health can be a bridge for peace, bringing significant benefits to crisis situations, diffusing tensions and helping to create positive environments for political dialogue. Health diplomacy can also contribute to the re-building of health systems by emphasizing the importance of universal health coverage for sustainable, equitable development.
- ▶ Health diplomacy contributes to relationship building. It can help overcome obstacles and be a cross-cutting catalyst for many initiatives. It can help develop community trust, create and coordinate response, improve access and create an atmosphere for engagement, while ensuring harmony with regional cultures.
- ▶ Health diplomacy can raise awareness that health is not just a national issue but has many global and trans-boundary dimensions and can significantly contribute to global public goods and people's welfare all around the world. It responds to the fact that many of the health challenges of the 21st century will require solutions that will be political rather than technical.

Post-2015 development agenda and the positioning of health

While the core elements of public health remain essential, other considerations, such as communications, economics, social justice, sustainable development and foreign relations, are now equally fundamental and firmly intertwined with global public health. This is illustrated by the social development goals set by the current United Nations (UN) Millennium Development Goals (MDGs) in 2001.

Health diplomacy will be an important element in ensuring that health goals and broader development goals are included and integrated into the common goals in the post-2015 development agenda now being discussed in the UN. It is worth recalling that the prime mandate of the UN is the promotion of global peace and security. The fact that in recent decades it has placed health and other development issues higher on its agenda confirms that these are crucial elements for socioeconomic security, and thus for overall peace and security.

A panel discussion on how countries should engage in the post-2015 debate highlighted the achievements made so far in the Region in regard to the MDGs. Some countries have made great progress and have met the health targets set. Others will not be able to achieve the targets by 2015 but there is still a lot that can be achieved by 2015 and it is important to

engage now in the discussions that will shape the goals that will be set for the following years.

It is critical that countries of the Region involve themselves in the global consultation process already in motion. In the near future a synthesis report will be presented by the UN Secretary-General to Member States to set the stage for negotiations leading up to the Heads of State and Government Summit in September 2015. In the context of health, maternal and child health, among other unfinished goals, are likely to remain on the agenda, and broader goals encompassing universal health coverage, the social and environmental determinants of health, and noncommunicable diseases will also be key issues.

The issue of noncommunicable diseases is one that countries in the Region need to be particularly cognisant of. The socioeconomic impact is increasing rapidly and there are regional specificities to the epidemic that need attention. Action is needed on many fronts that lie outside the health sector and countries need to be more proactive in addressing all aspects. Domestic health diplomacy across all sectors is crucial in this regard, as is regional engagement at the highest level in global policy-setting.

Conclusions: Framing health as a strategic priority in foreign policy dialogues and initiatives

Health diplomacy seminar/forum

1. It is proposed to establish an advisory group on global health diplomacy to support WHO on moving the global health diplomacy agenda forward in the Region.
2. WHO should organize this type of health diplomacy seminar/forum regularly in the Region to help raise awareness and bring stakeholders together. A wide range of decision-makers, including parliamentarians, need to be involved on a regular basis. Future seminars can explore different approaches, take up new issues and include a broader range of participants. For example: it could include a simulation exercise for diplomats to get acquainted with emergencies, a focus on global health law and the importance of regulation, trade and health and a debate on multistakeholder health diplomacy following the WHO proposals for working with non-state actors.

International negotiations

3. WHO must help decision-makers in different sectors to be well informed and prepare well for international negotiations that impact on health. A key role is to provide the health evidence that underpins the negotiations. It can also help countries address the tension between contributing to global health and ensuring the national/regional interest. In this vein the meeting endorsed the recommendations made at the second regional meeting held in preparation for the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, to be held at the United Nations General Assembly, 10-11 July 2014.
4. The Region as a whole needs to be more engaged and present in negotiations that are critical for health, as well as in discussions in many different political venues (regional and global). At present this is a priority in particular in relation to the post-2015 discussions taking place at the United Nations. The Region must do more to develop common positions to strengthen their response. Member States should strengthen their presence in the regular meetings held before the World Health Assembly and United Nations assemblies between the Regional Director and permanent representatives. In support of such engagement a network site hosted by WHO will be set up following this seminar.
5. Issues that are critical for the Region need to be taken forward proactively in different international negotiation venues based on common positions. For example, action is needed in relation to the "Health care in danger" initiative of the International Committee of the Red Cross, noncommunicable diseases, and the movement of people. Action is also encouraged on taking forward the regional emergency solidarity fund. Member States, particularly permanent missions at the United Nations in New York, need to scale up their engagement in negotiating the outcome document of the comprehensive review and assessment meeting on noncommunicable diseases, 10-11 July 2014.

Capacity-strengthening

6. The Region as a whole needs to significantly strengthen its capacity in health diplomacy. It can do so by pooling financial, technical and human resources available in the Region. One approach in this regard would

be to create a capacity-building group that will work with key training and academic institutions in the Region (both schools of diplomacy and health institutions), in order to make use of existing experiences in this field and move the health diplomacy agenda forward more quickly. Ministries of foreign affairs need to ensure that global health diplomacy is included in the training and education of diplomats. Joint education and training between health experts and diplomats should also be encouraged. Online training could also be explored. Providing training for lower-middle income countries can be an important contribution to South-South cooperation.

7. Countries can explore new mechanisms to strengthen the support for global health diplomacy "at home". This can include strengthening the departments of international relations in ministries of health or establishing a unit for global health diplomacy in the ministry of foreign affairs to make health diplomacy sustainable and advance the issues. National seminars, staff exchanges between ministries, appointment of health attachés and new types of committee should also be included.

Coordination and collaboration

8. Coordination with other agencies and organizations which can support a common health agenda, such as the Organization of Islamic Cooperation (OIC), must be made use of and close collaboration sought.
9. More contact should be established between parliamentarians and other decision-makers with regard to health equity, health issues in national security and national legislation, and to get them interested and involved in committees where health is impacted. There is also a need for national parliamentarians to become more familiar with international law and international agreements that affect health, for example the Framework Convention on Tobacco Control. One proposal was to consider setting up a health security coordination committee in every country.

Advocacy

10. WHO can help raise awareness among key actors of the interface between global and domestic/local health issues and health and foreign policy. This could be done through a regional conference on global health diplomacy. WHO can draw attention to trends at the regional and global level. The role of the WHO country offices in health diplomacy needs to be strengthened. A regular meeting of health attachés could be explored.
11. The Region's experiences, best practices and achievements in global health diplomacy should be analysed and shared widely also with other lower-middle income countries. A research programme to further develop the field should be considered. A collaborating centre could be designated for this purpose.
12. Efforts must be made to involve the media in global health diplomacy and to be part of the public diplomacy effort. Health diplomacy in the Region can also make more use of the new approaches to communication, especially social media. Digital diplomacy can support this agenda and WHO was asked to explore such approaches.