



Address by

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WHO EASTERN MEDITERRANEAN REGION
to the
FIFTH SEMINAR ON HEALTH DIPLOMACY

Cairo, Egypt, 7-8 May 2016

Your Excellencies, Ladies and Gentlemen,

It is my pleasure to welcome you to the fifth annual seminar on health diplomacy. We have a distinguished group of high-level participants this year, representing ministries of health, foreign affairs, ambassadors, directors of diplomatic institutes, as well as members of parliament and experts in the field. Thank you for accepting our invitation - your presence here today reflects the commitment of the Region to enhancing health diplomacy efforts.

At the beginning, I would like to extend my sincere appreciation and gratitude to His Excellency Mr Amr Moussa for joining us today and enriching the discussions with his insightful views, perceptions and guidance. Also, I would like to thank His Excellency Ambassador Hisham Badr, Assistant Foreign Minister of Egypt who supported this initiative since its launch.

Today, health is recognized as a leading contributor to development, peace, poverty reduction, social justice and human rights. Global health has gradually become a major topic on foreign policy agendas over the past few years. In response, we launched this regional initiative five years ago, and have since witnessed its evolution and maturation to an annual event to discuss contemporary health diplomacy concepts and key global health issues.

Whether a WHO governing bodies' meeting such as the World Health Assembly or Executive Board, United Nations General Assembly session or other international forum, it is often the foreign policy sector that negotiates and influences health-related treaties and agreements. The engagement of diplomats has led to a number of international negotiations that have resulted in key treaties and declarations such as the Framework Convention for Tobacco Control (2005), the International Health Regulations (2005), the United Nations Political Declaration on Noncommunicable Diseases (2011), the 2030 Sustainable Development Agenda and the Sustainable Development Goals endorsed by the United Nations General Assembly in 2015, and just a few days ago the United Nations Security Council resolution on protecting health care in armed conflict.

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 issues and decisions.

Ladies and Gentlemen,

The beauty of health diplomacy is that it expands health issues to areas beyond the health sector, to address challenges from a political, economic and social perspective. So for health diplomacy to succeed, stakeholders from different disciplines – government, non-State actors and parliament – need to come together, mindful of different policies adopted by countries and their impact on national health.

In this respect, let me share with you some practical examples of health diplomacy.

First: In the third seminar we organized in 2014, I mentioned how the Ebola virus outbreaks that were being reported from Africa were a clear demonstration of the close link between health and foreign policy and national and global security. A few months later, we witnessed the overwhelming increase in magnitude of the Ebola crisis in the three West African countries concerned and its devastating socioeconomic impact, as well as the threat it posed for national and global security. A similar threat exists today because of the Zika virus outbreaks in the Americas Region. We all know that communicable diseases and emerging infections know no boundaries. Therefore, international cooperation to achieve national, regional and global security is higher now than it has ever been because it is recognized that action from one country alone is not enough to halt the spread of epidemics. This is a clear example of the importance of health diplomacy in the context of global health security.

The following example of how important health diplomacy is relates to the United Nations political declaration on noncommunicable diseases. Heads of state and government met, having in mind the economic burden of heart disease, cancer, diabetes as well as other chronic conditions. Hence, the global discussions on this subject moved from the World Health Assembly, where ministers of health meet, to the UN General Assembly where heads of state and ministers and high-level officials from foreign affairs and other sectors discuss the multisectoral dimensions of addressing such a global threat. Thus, foreign policy and global health joined together in negotiating solutions to an epidemic that threatens both public health and socioeconomic development in all countries worldwide and especially in our countries with the highest infection rates of these diseases and conditions.

Third: our Region is undergoing conflicts and crises affecting more than half of its 22 Member countries and devastating national health systems that health and humanitarian situation is exacerbated and enormous deaths occur. Here, health diplomacy can play a major role in providing humanitarian relief to communities in urgent need of it, and more frequently it plays a role in cessation of hostilities to allow humanitarian assistance to take place, as well as contribute to creating a positive environment for political dialogue.

At the same time, we also have interesting experiences, in many countries of this Region, suggesting how health interventions can actually contribute to resolution or amelioration of political crisis and conflict. This is what some people call “health as a bridge for peace”.

Your Excellencies, Ladies and Gentlemen,

Indeed, it is my belief that this area deserves our undivided attention in this rapidly changing world of ours. There is a need for those of us in the health sector to have a better understanding of the links between health and policies of other sectors, including foreign policy. We see how important it is for this region to be more engaged with, and present in, negotiations that are critical for health, as well as in discussions in many different regional and global political venues. That is why, over the past four years, we have continued to bring together policy-makers in health, foreign affairs, parliament and other sectors – so that we can help in raising awareness, enhancing coordination and building capacity at the national level and in order to ensure that our countries are actively and effectively engaged in global discussions on the challenges that face health and socioeconomic development in this region and worldwide.

Mutual understanding and coordination between health and foreign policy sectors are of paramount importance. I think most of us have seen that it is not just different countries that have different positions on certain health issues. Reaching consensus on the different aspects affecting health is often a complex matter within the same country. Different interests and different positions exist across various sectors, and often compete, between the health sector, foreign affairs, finance, industry, development cooperation and other sectors. It is remarkable too, to see how the positions and strategies of countries vary, according to who represents the country in international negotiations. I have personally seen many times how, on certain issues, what is accepted unanimously by Member States in Geneva, where Ministers of health convene, becomes controversial and contentious in New York.

This situation happens, probably, because there are several factors that influence foreign policy. There are other important considerations in the foreign policy sector. These include pursuing economic growth, protecting national interests, fostering development, and supporting human rights. We have seen health initiatives create controversy because of divergent economic interests. We have seen tensions between trade and health, some arising within the World Trade Organization in the areas of tobacco, food safety, technical barriers to trade, trade in services, access to essential medicines and the protection of intellectual property rights. These all are examples that will be debated in our seminar and require mutual understanding by health sector and other sectors including foreign affairs and agreement on positions that serve national development in general.

Again, I welcome you all and look forward to your fruitful deliberations.