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Key developments from the 59th session of the Regional Committee for the Eastern Mediterranean

The 59th session of the Regional Committee for the Eastern Mediterranean was held on 1–4 October 2012 at the premises of the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. Functioning as WHO highest governing body at the regional level, attended by the WHO Director-General Dr Margaret Chan and the Regional Director Dr Ala Alwan, the Regional Committee addressed a number of significant health issues and topics, among the most important being WHO reform, health systems strengthening, noncommunicable diseases and the International Health Regulations. The session focused on existing challenges and gaps, effective ways to address them and the way forward.

The session concluded with a number of resolutions that called on Member States to take concrete actions to strengthen performance of health systems in order to improve population health and to strengthen national health information systems by improving reporting of births, deaths, morbidity and causes of deaths in addition to risk factors and determinants of health. It also called on Member States to improve quality, safety, efficacy and rational use of health technologies, as well as rational use of medicines. As for the International Health Regulations (IHR), the Regional Committee urged Member States to strengthen and empower national IHR focal points to enable effective performance of all core functions of the IHR and fill the gaps. Another resolution was issued calling for further integration of eye care and prevention of avoidable blindness and visual impairment within the health care delivery system and to enhance partnerships with civil society working in the field.

Resolutions and other documents of the 59th session of the Regional Committee:

<http://www.emro.who.int/about-who/rc59/>



WHO reform in the Eastern Mediterranean Region

WHO's reform programme seeks to attract more active engagement and more informed participation by all Member States in governance processes, and to rebalance the way in which Member States exercise their role as informed and active participants in the work of the governing bodies.

Based on in-depth analysis of the global challenges facing health development in the Region, five priority areas were identified in which WHO's capacity has to be increased and technical support to Member States strengthened. The five areas are: health system strengthening; maternal, reproductive and child health; nutrition; noncommunicable diseases; communicable diseases; and emergency preparedness and response.

In a resolution the Regional Committee endorsed the introduction of a compliance function in the Regional Director's office to increase accountability and performance management and reaffirmed the determination of the Regional Office to work more closely with WHO headquarters and other regional offices. It requested Member States to consider the possibility of increasing the contributions due to decrease of their value over the years.

Strengthening health systems

Strengthening health systems is especially important as it directly relates to development and expansion of health care services to cover all populations. A technical paper on this topic discussed the obstacles and challenges in the Region, including the need to secure high-level political commitment to achieve universal health coverage, strengthening capacity of health ministries, reducing out-of-pocket

expenditure, promoting the contribution of the private sector to public health and its regulation, preparing skilled workforce and approving practical models of family medicine practice. Members of the Committee discussed the means to strengthen health systems through seven interventions: 1) strengthening multisectoral mechanisms with representation from public sector ministries, civil society organizations, the private health sector, community representatives and other stakeholders; 2) making national strategic health plans the basis for all health development programmes and activities; 3) reviewing and updating public health laws and developing norms and standards in order to ensure equity, quality and safety of care; 4) developing national capacities to strengthen governance, production and deployment of a well-balanced health workforce; 5) strengthening and integrating primary health care facilities, considering family practice as an effective approach to service provision; 6) strengthening national health information systems by improving reporting of births, deaths and causes of death, improved monitoring of exposure to risk factors and social determinants of health; 7) improving quality, safety, efficacy and rational use of health technologies, including medicines, by strengthening national regulatory authorities

International Health Regulations

The technical paper on the topic proposed strategies to advance IHR activities in the Region. These are: 1) review and implement the national plans based on the gaps identified; 2) strengthen and empower the National IHR Focal Points, to enable effective performance of all core functions; 3) establish mechanisms for intersectoral and multisectoral coordination and effective communication to facilitate implementation

of core public health capacities, including by addressing risk management for all hazards; 4) establish mechanisms of coordination and collaboration among neighbouring countries to ensure implementation of core public health capacities of surveillance and response; 5) provide technical, logistical and financial support to other States Parties, to the extent possible.

Noncommunicable diseases

Recognizing the growing burden of noncommunicable diseases, the Regional Committee endorsed the Riyadh Declaration of the International Conference on Healthy Life styles and Noncommunicable Diseases in the Arab World and the Middle East and the Regional Framework of Action on the commitments of Member States to implement the United Nations Political Declaration on NCDs. The Regional Committee reviewed strategies to prevent and control noncommunicable diseases. Member States agreed to implement the set of core interventions specified in the Regional Framework for Action, establish/strengthen mechanisms for engaging non-health sectors in its implementation, strengthen surveillance for noncommunicable diseases and their risk factors by implementing the WHO surveillance framework covering monitoring of risk factors, morbidity and mortality, and health system performance; scale up the integration of the essential interventions for the prevention and management of noncommunicable diseases into primary health care; and strengthen partnerships with all stakeholders including the UN agencies and civil society organizations.





UPCOMING EVENT

The next seminar on health diplomacy is planned on 16–17 February 2013 at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt



Regional workshop on health diplomacy: challenges and ways forward , 11 July 2012, Cairo, Egypt

On 11 July 2012, the WHO Regional Office for the Eastern Mediterranean organized a one-day regional workshop on health diplomacy for WHO Representatives in the Eastern Mediterranean Region within the framework of the 26th meeting of the Regional Director with WHO Representatives and Regional Office staff. This workshop was the second activity conducted by the Regional Office with the aim of better preparing Member States and staff for the changing global context within which health challenges need to be addressed. The seminar brought together representatives from ministries of health and foreign affairs in countries of the 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 strengthen capacity for health diplomacy. During the workshop, WHO Representatives were familiarized with the concept and approaches of global health diplomacy including humanitarian diplomacy and diplomacy in fragile states. They explored future steps to strengthen and apply global health diplomacy in the Region in order to promote discussion of global health issues and negotiate international initiatives, agreements and treaties in a multi-stakeholder environment.

Way forward

There is a recognized need for institutionalization of health diplomacy in the work of WHO in the Eastern Mediterranean Region in order to support its priority programmes and commitments both at the regional and country levels. Among suggested ways forward are two parallel tracks of activity:

- a) institutional and human resources capacity-building in the Region;
- b) strengthening partnerships with ministries of foreign affairs and health attachés in Geneva and New York, in support of priority programmes, and regional and global forums such as the Executive Board and World Health Assembly.





Key themes discussed

The concept of foreign policy has changed drastically over the years and now differs from that of the 20th century, with nations today not able to look after their interests sufficiently (Robert Cooper, 2006). Foreign policy today recognizes that certain global public goods need to be negotiated and their provision ensured, and that regimens in the area of trade and economic development need to be complemented by those of the environment and health sectors.

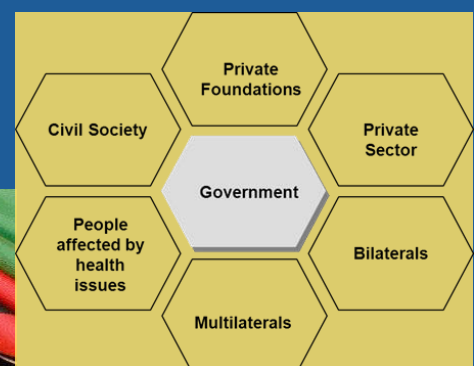
The context of diplomacy has changed as well. Present day diplomacy needs to function within a multipolar world and multidimensional global governance structure. It is no longer conducted by professional diplomats only, and today its tasks include managing relations not only between states, but also between states and other non-state actors including the private sector and the public. At present health diplomacy has three dimensions: 1) in multilateral negotiations it is a method for reaching compromise and consensus in matters pertaining to health, usually in the face of other interests (power, security, economic interest); 2) in bilateral/geopolitical contexts it is a soft power strategy using health for foreign policy goals, including security; and 3) in conflict and emergency situations health diplomacy is a 'bridge to peace'. The main goals of health diplomacy are better health security and population health, improved relations between states with a wider range of actors working together

to improve public health, and outcomes that are deemed fair and support the goals of reducing poverty and increasing equity.

Multilateralism has now changed, moving from an international and intergovernmental model to multi-stakeholder hybrid organizations and initiatives of global transitional nature. This change is taking place in parallel with changes in the strategic relevance of health, as health has become an integral part of economic, geopolitical agenda, security, and social agenda, including but not limited to human rights.

A crucial aspect of health diplomacy is recognizing the importance of the quality of political relationships and partnerships in achieving health goals, the need for negotiations with an increasing diversity of partners and the political potential of collective decisions and networks, accountability and transparency. Global diplomacy is experiencing growing participation of nongovernmental organizations in international affairs including through alternative development models and insertion of such organizations into national and international development aid policy-making processes. Social movements for development and health, comprising a diverse set of partners beyond traditional health institutions, have created a new model of global governance.

In this context, multi-stakeholder diplomacy can be viewed as a collective and collaborative public effort to examine an issue from different points of view prior to taking a decision. It operates through deliberative processes to strengthen policy design by building recognition of common values, shared commitments and emerging issues, and by providing a comprehensive understanding of causal relationship. An upcoming challenge for WHO is to act as the coordinating authority on international health work within the complex new global governance model. It will be necessary for WHO to: a) focus on its core functions by clearly interpreting its mandate for the 21st century; b) ensure representation and stakeholder involvement in WHO's work; c) ensure transparency and accountability, thus enhancing trust towards the Organization; d) improve financing, including through innovative financing mechanisms and a more stable financial basis; and e) ensure the necessary skills base in WHO, including but not limited to law, economics, diplomacy, human rights, policy development and analysis.



Health diplomacy and special topics

Confronting the tobacco epidemic in a new era of trade and investment liberalization

To date there have been various empirical and descriptive studies that have analysed the links between trade liberalization and tobacco consumption. These studies tend to agree that trade liberalization increases supplier competition, which in turn leads to lowering of prices and results in more active marketing, thus stimulating public consumption. This trend is relevant for the tobacco industry as well.

Currently there is evidence that international trade legislation can clash with national provisions aimed at combating tobacco consumption. Many aspects of the contradictory nature of WTO legislation have now been clarified through dispute settlement, even though WTO claims relating to tobacco control measures have been scarce.

The studies clearly show that regional and bilateral free trade agreements provide an avenue through which tobacco control laws may be challenged. Legal disputes under international investment agreements between foreign investors and states have become more common. For example, Philip Morris (Switzerland) recently initiated a claim against Uruguay, arguing that Uruguay's tobacco packaging rules violate the bilateral investment treaty between Switzerland and Uruguay. Similarly, Philip Morris has initiated an investment claim against Australia in respect of its regulation on plain packaging of tobacco products, referring to the bilateral investment treaty between

Australia and Hong Kong. As evident, multinational corporations can use international trade and investment legislation to overrule national public health measures.

Nevertheless, there are steps that states can take to minimize potential risks and protect themselves from claims of this type. The most important normative development aimed at combating threats of international trade legislation used in contradiction with public health measures is the WHO Framework Convention on Tobacco Control (WHO FCTC), which obliges parties to implement a variety of tobacco control measures. In relation to trade and investment, among other relevant provisions the Convention states that States should not grant the tobacco industry incentives for investment and should restrict their dealings with the industry.

There have also been other normative developments in respect to trade and public health. The Doha Declaration on the TRIPS Agreement and Public Health has helped clarify the flexibilities that permit WHO Member States to protect health under the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS). Health Assembly resolution WHA59.26 International trade and health emphasized the need for Member States to seek coherence in their trade and health policies. Finally, the Punta del Este Declaration on Implementation of the



WHO FCTC reinforces the flexibility that States have in implementing tobacco control measures, thus granting them greater authority.

It is important to remember that at domestic level, international trade and investment agreements can pose serious threats to the measures aimed at protection of the population health. The dubious nature of WTO trade and investment regulations can be used by multinational corporations against domestic policies regardless of their potential harm. States need to be careful in coordinating their trade and investment affairs in a manner conducive to public health goals.

Further reading

Confronting the Tobacco Epidemic in a New Era of Trade and Investment Liberalization. Geneva, World Health Organization Online, 2012.

WHO Framework Convention on Tobacco Control (WHO FCTC) : <http://www.who.int/fctc/>

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