



"It has been my belief that health diplomacy deserves some attention in a rapidly changing world. There is a need for us in the health sector to have a better understanding of the links between health and the broader policy environment including foreign policy."

- Dr Ala Alwan, Regional Director

2nd Regional Seminar on Health Diplomacy 16-17 February, 2013, Cairo

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.



Framework Convention on Global Health

– pillars for progress on the right to health for collective global action

Recognizing the increasing trend to promote global action and adopt rights based approach in health sector response; Friedman and Gostin propose a four-part approach to accelerating progress towards fulfilling the right to health and reducing both global and domestic health inequities: 1) national legal and policy reform, bringing the right to health obligations and principles including equity, participation, and accountability in designing , implementing, and monitoring health sector, and adopting all-government-approach in advancing the people centered health system response; 2) applying creative rights-based legal strategies, enhance training, and progressive improvement of court's effectiveness and legal judgments; 3) mobilize civil society and community participation through their empowerment and strengthening their role and capacities to claim and advance right to health elements and principles; and 4) Strengthening World Health Organization to resume their leading Global Health governance role on health and human rights to further clarify the international right to health and ensure sustainable development assistance and conform international legal regimens e.g. trade, intellectual property, and finance, to the human rights norms.

Proposed way of reaching these four objectives is seen to be a global health agreement – Framework Convention on

Global Health (FCGH) – that would enshrine the right to health in the global health agenda, centering it on equality, equity, non-discrimination, accountability, participation and empowerment – the key principles of the right to health. The Convention would also set clearer standards on progressive realization of indicators and states' obligations in regards to the International Covenant on Economic, Social, and Cultural Rights, General Comment No.14, while ensuring proper prioritization of health in other sectors such as trade, investment and environment.

Friedman and Gostin emphasized that the national policy reform should begin at the very top – with incorporation of the right to health into the national constitution to be trickled down to public health legislations, policies, standards and guidelines. National laws and policies should incorporate principles of the right to health, such as equity, participation and accountability. This will provide a solid foundation for action, whether related to reforms or litigation to enforce and translate commitments to action.

Authors identified health information and intelligence as an essential health system enabling function to apply a rights lens in support of monitoring the progressive realization of right to health and equity and inform policies and actions for the provision of people centered services.

In this effect, the suggested Global Framework Convention would offer a legal binding platform for coordination between WHO, OHCHR, and key actors in other organizations and stakeholders, such as the WTO, World Bank, IMF, ILO, UNODC, and UNEP and Civil society. The authors added that WHO should assume its constitutional mandate and strengthen its own capacity and scale up its prioritization of the human rights principles and elements. Such comprehensive approach to advancing the right to health supported by the global framework convention could act as a sound counterweight to various interests and political forces and guide the international community to carry out its responsible role in supporting countries to meet their own right to health obligations by increased funding for health and human rights, provision of technical support, facilitation of multi-stakeholder partnerships and exchange experiences and lessons learned to advance health and human rights in trade, health investment and finance, environment and other global health priorities.

Source: Friedman, Eric & Gostin, Lawrence (2012) *Pillars for progress on the right to health: Harnessing the potential of human rights through a Framework Convention on Global Health*. Health and Human Rights, Vol 14, Issue 1 (June)



Health in the post-2015 development agenda

The high-level meeting on health in the post-2015 development agenda took place on 4-6 March, 2013 in Gaborone, Botswana. It was part of a series of global and national thematic consultations in over 60 countries aimed at defining the global development goals beyond MDGs. The high-level meeting on health hosted by the Government of Botswana and convened by WHO and UNICEF brought together 50 high-level participants from the Ministries of Health, heads of international organizations, representatives from civil society and private sector, academia, experts and youth. It was a culmination of the process of collecting ideas and lessons from other regional and country consultations on health, aiming to build a powerful consensus around key issues, strategic directions and recommendations to be used as a basis for the inter-governmental decision-making process later in 2013.

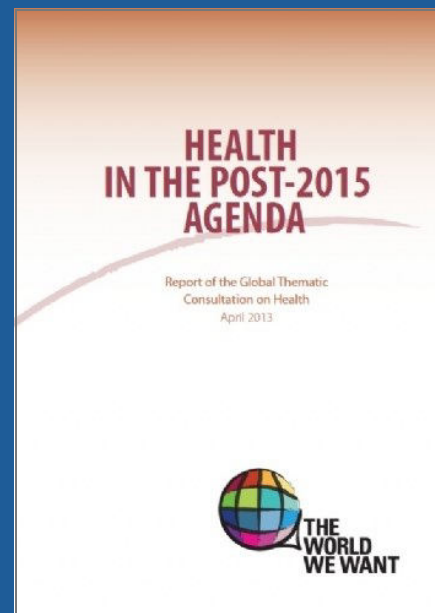
Participants agreed that despite of certain clear achievements of health MDGs, such as raising global health to the attention of the highest political level, increased development assistance for health, and considerable improvement of health status of the global population, there have been certain shortcomings. Lack of attention to human rights, equity and good governance are seen as significant shortcomings of health MDGs that will need to be prioritized in the post-2015 agenda. Further progress can only be achieved by focusing on human rights violations, reducing inequalities, eliminating gender inequality and all forms of discrimination.

The meeting has identified the following important guiding principles for future health agenda:

- Human rights, equity, gender equality, accountability and sustainability should be central;
- The approach should be people-centered and rights-based;
- The goals and indicators should pay duly attention to the most vulnerable, marginalized, stigmatized and hard-to-reach populations;
- The goals should encompass both health sectors' targets and other sectors, with importance of social determinants of health;
- The goals, targets and indicators should identify measurable targets for mortality and morbidity reduction at each stage of life. Stages of life should address gender-related factors including maternal health and disparities in access to health services;
- Country ownership and the process itself (not just the targets) should receive considerable attention.

Maximizing health at all stages of life was discussed as being an overarching health development goal, in its turn contributing to the sustainable wellbeing for all that could be an overall goal for the post-2015 development agenda. Within this, two specific goals were defined being:

- Accelerating progress on the health MDG (4,5 and 6) agenda: ending preventable maternal and child deaths; universal access to sexual and reproductive health services, including



- family planning, especially among youth; the elimination of malaria; and implementing the "Zero" strategies for tuberculosis and HIV/AIDS;
- Reducing the burden of major NCDs with a focus on the most important NCDs and targets: 25% mortality reduction (for cardiovascular disease, cancers, chronic respiratory disease and diabetes) by 2025, in accordance with the relevant WHO resolution.

Strengthening health systems is essential in order to address health priorities in a people-centered sustainable way. Greater attention should be paid to national and global governance structures and institutional capacity. In addition, since a considerable portion of health services is delivered through civil society and private sector, ways to assure quality and equity in the delivery of health services should be developed regardless of the nature of specific service provider.



DUBAI DECLARATION ON MATERNAL AND CHILD HEALTH

Recognizing that universal access to quality health care is a human right, as enshrined in the 1978 Alma-Ata Declaration on Primary Health Care and acknowledging that improving health of mothers, adolescents and children is key to achievement of development goals, noting that maternal and child health is at the core of multiple international agreements and strategies, on January 29-30, 2013 " in collaboration with UNICEF and UNFPA, WHO Regional Office for the Eastern Mediterranean organized a high-level meeting titled "Saving the lives of mothers and children: accelerating progress towards achieving MDGs 4 and 5 in the Eastern Mediterranean Region". The important event held under the patronage of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice-President and Prime Minister of the United Arab Emirates and Ruler of Dubai, and his wife, Princess Haya Bint Al Hussain, was attended by leading figures, including high-level officials from Member States, key partners, parliamentarians, ministers of health, higher education and planning and representatives of regional bodies and stakeholders. The two-day event provided a platform for a leadership dialogue to increase the profile and commitment to maternal, adolescent, and child health with a focus on equity, facilitate policy dialogue for accelerated action towards the achievement of universal access to maternal, adolescent, newborn and child health services in the Region, discuss and agree on evidence-based packages for care and implementation strategies across the continuum of care, and establish a high-level regional commission for women

and children to be tracking progress in implementation, advocate and mobilize resources, and hold countries accountable for improving the lives of women and children. One of the most important outcomes of the meetings was the Declaration on maternal and child health that specified defined commitments for the Member States and agreement on practical coordination mechanisms to accelerate progress towards MDGs 4 and 5 in the Region. In the Declaration, 22 countries of the region and international, regional and national agencies, stated their commitment to accelerate progress on improving maternal and child health between now and the end of 2015. Concrete commitments were the following:

- Develop and execute a national multisectoral, costed plan for maternal, adolescent and child health with clear coverage targets for an agreed package of interventions;
- Address social and environmental determinants of maternal, adolescent, newborn and child health, such as poverty, gender, water and sanitation, nutrition and education through strengthened multisectoral initiatives including community involvement;
- Take concrete steps to strengthen health systems and vital statistics, improving information systems for quality of data, particularly through better civil registration; building a skilled workforce, and improving availability of safe and effective life-saving commodities with a view to removing barriers and bottlenecks and providing equitable access to maternal,

"The hard truth is that in this region, around 39,000 women die as a result of pregnancy-related complications and around 923,000 children under five die of avoidable causes every year," said Princess Haya Bint Al Hussain. "Our development as a region, as individual nations and communities, is dependent on our ability to nurture our children, to give them the best we have to offer, and to ensure they have equal access to education, to health, and to ensure they grow into healthy mothers and fathers, and ultimately, healthy citizens. "

adolescent, newborn and child health services;

- Prioritize maternal, adolescent and child health in the design and implementation of humanitarian action and preparedness programmes;
- Establish sustainable financing mechanisms, mobilizing domestic and international resources through traditional and innovative approaches, strengthening regional solidarity and increasing budgets for better health outcomes for all mothers, adolescents and children;
- Improve coordination and accountability between all partners – state and non-state - and promote cooperation between countries within the Region to increase international exchange of experiences on good practices and lessons learned.

WORLD HEALTH ASSEMBLY 66 – ADVANCING WOMEN’S AND CHILDREN’S HEALTH



In line with Dubai Declaration adopted during the high-level meeting on accelerating efforts to improve maternal and child health held in January 2013, maternal and child health was one of the topics of focus at the 66th World Health Assembly that took place on 20-28 May 2013. Most of the Member States have pledged and made commitments to improving health of women and children globally, yet millions of women and children still die every year from health conditions that are easily preventable by inexpensive medical commodities. According to the report of the United Nations Commission on Life-Saving Commodities for Women and Children, which estimates that six million lives can be saved within five years by improving access to 13 specific, overlooked commodities and related products: oxytocin and misoprostol to treat post-partum haemorrhage, magnesium sulphate for eclampsia and severe pre-eclampsia, injectable antibiotics to treat newborn sepsis, antenatal corticosteroids for preterm respiratory distress syndrome, chlorhexidine for newborn cord care and resuscitation devices to prevent newborn asphyxia, as well as amoxicillin for pneumonia, oral rehydration salts and zinc for diarrhoea, along with female condom, contraceptive implants and emergency contraception for family planning purposes.

Recognizing the need to urgently address the barriers that prevent women and children from accessing appropriate

health care services, the Member States were urged to:

- improving the quality, supply and use of the 13 life-saving commodities and other essential commodities for reproductive, maternal, newborn and child health;
 - developing plans to implement at scale appropriate interventions in order to increase demand for and utilization of health services, particularly among underserved populations;
 - facilitating universal access for all members of society, in particular the poorest, to the 13 life-saving commodities as well as to other essential commodities for reproductive, maternal, newborn and child health;
 - improving regulatory efficiency by harmonizing registration requirements for the commodities and,
 - implementing proven mechanisms and interventions to ensure that health care providers are knowledgeable about the latest national guidelines for maternal and child health.
- to work with UNICEF, UNFPA, the World Bank, UNAIDS, UN Women, national, regional and international regulators, private sector actors and other partners in order to promote and assure the availability of safe, quality abovementioned commodities;
 - to support Member States in improving regulatory efficiency including granting priority to review of the life-saving commodities;
 - to provide support to the independent Expert Review Group on Information and Accountability for Women’s and Children’s Health in its work on assessing the progress made in the implementation of the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health, as well as in the implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children;
 - to report annually until 2015, through the Executive Board, to the World Health Assembly on progress achieved in the follow-up of the abovementioned recommendations.

In order to support the Member States’ efforts on the matter, the WHO has been requested:

To read more: <http://www.who.int/mediacentre/events/2013/wha66/>





**World Health
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