WHO events addressing public health priorities

Moving health diplomacy forward

Why is health diplomacy important?
Increasingly, 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. Thus diplomacy plays an ever growing and crucial role in shaping and managing the policy environment for health. Health diplomacy refers to the negotiation processes that shape and manage that environment and 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.

Health diplomacy is gaining even further relevance as the Region seeks 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 health diplomacy at the national and regional level is also 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, to be able to carry out safe and secure vaccination campaigns.

Promoting health diplomacy in the Region
WHO has placed increasing emphasis in recent years on the value of health diplomacy. Following two previous seminars in 2012 and 2013, respectively, 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 this 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.

Ala Alwan, WHO Regional Director for the Eastern Mediterranean, underlined why building capacity in health diplomacy is essential. The Region continues to face major health challenges that have critical political and socioeconomic dimensions and require political solutions at the domestic and international levels. Furthermore, there is a pressing need for a stronger regional presence in global discussions on health and on other issues that might affect health. Both health and foreign policy officials should be aware of the importance of engaging in such discussions. Equally important is to strengthen the interaction and coordination between health, foreign policy and other sectors at the domestic level.

Key discussions of the seminar

Global health security is integral to foreign policy
Today, health risks and hazards cannot be confined within borders and can have a very significant impact, not only on global health but on tourism, trade, exports and international relations. Health is therefore an important component of security, both national and global. A range of international instruments, frameworks and agreements governs global health security. It is crucial that diplomats understand the significance of such agreements, and that nations take their commitments to them seriously. 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.

Health diplomacy in action
There are several health challenges in the Region that currently require health diplomacy efforts.

Polio: In the final push to eliminate polio from the world, including in the two remaining endemic countries in the Eastern Mediterranean Region, the success of the polio programme has become a foreign and domestic policy issue. Diplomacy at national and international levels can help build political and community will and
engagement, coordinate response and improve access to children.

**Insecurity:** The displacement and migration of populations across the Region, due to natural and manmade disasters, have resulted in significant risks to health, but populations left behind are often at equal or greater risk. In the Syrian Arab Republic, for example, a decade of human development is estimated to have been lost because of the ongoing conflict. In these situations, foreign policy, health diplomacy and humanitarian diplomacy intersect at many levels to protect populations and health workers, as well as to gain support for humanitarian action.

**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. Tobacco use, unhealthy diet and physical inactivity are the main risk factors and are very prevalent in the Region. Health diplomacy is needed at a national level to engage all the sectors and stakeholders that can have an influence in reducing deaths due to these diseases, while it is equally important to be engaged at the international level in negotiations that affect countries’ ability to set standards for imported food products, among other things.

**Contribution of foreign policy to health diplomacy**

A panel discussion of senior diplomats was held 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 and other stakeholders, including the private sector. The goals of the process of engagement need to be clear, and transparency and accountability needs 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.

**Post-2015 development agenda and the positioning of health**

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. In the context of health, some unfinished goals, such as maternal and child health, 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. It is critical that countries of the Region involve themselves in the global consultation process already in motion.
The way forward: framing health as a strategic priority in foreign policy dialogues and initiatives

A number of recommendations and actions were proposed to further raise the profile of health diplomacy and ensure that health and foreign policy officials in the Region are equipped to engage in discussions and negotiations that affect health security at all levels. These are summarized in Box 1.

Box 1 Recommendations and actions

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 health diplomacy seminars/forums regularly in the Region to help raise awareness and bring stakeholders together.

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.
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).
5. Issues that are critical for the Region need to be taken forward proactively in different international negotiation venues based on common positions.

Capacity-strengthening

6. The Region as a whole needs to significantly strengthen its capacity in health diplomacy.
7. Countries can explore new mechanisms to strengthen the support for global health diplomacy “at home”.

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.

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.
11. The Region’s experiences, best practices and achievements in global health diplomacy should be analysed and shared widely and research undertaken to further develop the field.
12. Efforts must be made to involve the media in global health diplomacy.

*A policy brief on health diplomacy, which includes the full recommendations, is freely accessible at: http://applications.emro.who.int/docs/Policy_Brief_2014_EN_15340.pdf.*