

An initiative to leverage health diplomacy and leadership to urgently address threats to healthcare in the Eastern Mediterranean Region

Hanan Balkhy¹

¹Regional Director, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

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When I became the Regional Director for the WHO Regional Office for the Eastern Mediterranean in February 2024, I took on the immense dual responsibility of ensuring that the people of this region attain the highest standard of physical, mental and social wellbeing, while also amplifying the voices of the region in global health debates. From day one, my team and I began crafting an ambitious Regional Strategic Operational Plan 2025–2028, featuring 3 flagship initiatives (1,2), while engaging political and public health leaders at national, regional and global levels.

Successfully achieving the health goals while positioning health in the political sphere requires strong leadership^a and diplomacy^b. This editorial highlights the importance of global health diplomacy and leadership in advancing health priorities in the Eastern Mediterranean Region (EMR). It introduces a new programme designed to equip policymakers with the skills to navigate health diplomacy effectively.

The need for leadership and diplomacy in EMR

EMR comprises 22 countries and territories^c with vast geopolitical and socioeconomic diversity. Several of the countries are in conflict or facing economic and diplomatic sanctions (3). The region hosts more than 58% of refugees and more than 40% of internally displaced persons globally (4). Almost two-thirds of the population lacks full coverage of essential health services, and 1 in 8 people face financial hardship due to out-of-pocket healthcare costs (5). Disease outbreaks have been increasing—from 31 outbreaks in 2021 to 80 in 2024—as many countries experience demographic and epidemiologic transitions (6), including ageing populations, increasing burden of

noncommunicable diseases and polio endemicity. A lack of political will to translate health-related commitments into action has hindered progress, indicating the need for leadership capacity-building in healthcare.

However, there is also progress. Many countries are prioritizing health in their constitutions and political agendas. The high- and middle-income countries are transforming their health systems towards more equity, efficiency and sustainability. Examples include Saudi Arabia's Health Sector Transformation Programme 2030, Egypt's Universal Health Insurance programme, and the expansion of primary health care in the Islamic Republic of Iran (7–9). Several of the fragile and conflict-affected countries are on the path to recovery from long-term conflicts, leveraging the humanitarian-development-peace nexus. EMR countries are also increasingly participating in regional and global fora that aim to advance global health priorities. Effective participation in these discussions requires diplomatic competencies.

Public health: a political imperative

Public health is no longer just a specialty, it is deeply intertwined with geopolitics and diplomacy. It increasingly involves diverse stakeholders, where politics and science converge. High-level meetings of the United Nations General Assembly (UNGA) in the last two decades have addressed a wide spectrum of health priorities—from infectious diseases (HIV/AIDS in 2001) to health security (health emergency preparedness and response in 2023), to major development imperatives (UHC in 2023) (3). Decisions at UNGA highlight the responsibility of the health sector in positioning health as part of a country's foreign policy (10). There is also a growing recognition of the need to address the social determinants of health

^a Leadership is about giving a sense of direction and needed energy to move ahead.

^b Diplomacy is the art, science and means by which nations, groups or individuals conduct their affairs, in ways to safeguard their interests and promote their political, economic, cultural or scientific relations, while maintaining peaceful relationships. <https://www.cyber-diplomacy-toolbox.com/Diplomacy.html#:~:text=Diplomacy%20is%20the%20art%2C%20the,relations%2C%20while%20maintaining%20peaceful%20relationships>.

^c EMR consists of 22 countries and territories expanding from Morocco in the west to Pakistan in the east. It is home to more than 730 million people, with 1 in 7 individuals as of January 2025 (one-third of those globally) being in need of acute humanitarian assistance – due to conflicts (in Afghanistan, Libya, the occupied Palestinian territory, Sudan, Syria and Yemen) and/or natural disasters, e.g. floods in Pakistan, Libya and Morocco; droughts in Djibouti and Somalia; and earthquakes (latest in Morocco and Syria).

through “Health in All Policies”, as well as the vital role of partnerships with civil society and the for-profit sector (11,12).

Global health diplomacy and leadership in EMR

WHO has a longstanding tradition of building leadership capacities in public health for mid-level managers, with a focus on the health sector (15). As health becomes increasingly complex, a distinct set of leadership competencies is required for leaders, to ensure progress on the global, regional and national health goals. That is why I am launching a Global Health Diplomacy and Leadership (GHD&L) programme for policymakers in health and related sectors. The programme addresses issues that transcend national boundaries and require collective action (13,14). It aims to enhance the diplomatic and leadership skills of high-level representatives of EMR Member States, so that they can have a greater influence on the global health agenda and better advocate for regional and national priorities. It also seeks to build competencies in the implementation of national priorities that require multisectoral action, and in leveraging the interface between domestic and foreign policy in relation to health priorities. Participants will learn how to harness diplomacy for the improvement of health domestically and globally.

A tailored approach

Most public health training programmes focus on the acquisition of technical public health skills. GHD&L is designed for ministers of health and high-level health officials, ministers from related sectors (e.g. foreign affairs, economy, labour and social affairs), ambassadors to the United Nations, and health attachés. The programme will equip EMR representatives to the WHO governing bodies with the required skills to effectively position our region in discussions. It will empower EMR Member States to apply the skills they have acquired to negotiations at regional and global meetings, including those of the League of Arab States, the Gulf Cooperation Council, the World Bank, International Monetary Fund, United Nations, and the G20.

The way forward

In the post-pandemic world, investing in health is central to economic development (15). Dr Tedros Ghebreyesus, WHO Director-General, has highlighted that “the best vaccine is peace” (16). As the geopolitical context increases in complexity, EMR Member States must become strong health advocates and actors for their people. Through GHD&L, we aim to position health as a driving force for promoting and advancing peace in the EMR.

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