



Regional seminar on health diplomacy, Cairo, Egypt, 6–7 May 2012

The Regional Office organized the first regional seminar on global health diplomacy on 6–7 May 2012 in Cairo. The seminar brought together representatives of ministries of health and foreign affairs in countries of the Eastern Mediterranean 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 strengthening regional capacity for health diplomacy.

In today's multi-polar world, many economic and geopolitical interests influence the health and foreign policy agenda, a fact which can both support and hinder health. Recognizing this link, the United Nations General Assembly has issued a number of resolutions reflecting heightened foreign policy concerns about global health. In resolution 65/95 of 10 February 2011, the General Assembly called for more attention to health as an important policy issue on the international agenda and recognized the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate.

Way forward

The seminar was the first step towards strengthening regional and national capacities and establishing multi-stakeholder partnerships in the area of health and diplomacy. Eventually this will give countries of the Region a voice in global health development negotiations.

The seminar concluded with recommended next steps for sustained action in global health diplomacy in the Region. Among the main recommended actions were to:

- a) produce a regional global health diplomacy newsletter;
- b) establish a network of public health experts, diplomats, and economists;
- c) strengthen human and structural regional capacities on global health diplomacy;
- d) promote a rights-based approach in health sector response to enhance health equity and universal health coverage; and
- e) add global health diplomacy as a cross-cutting component to the agenda of the Regional Committee.



Key themes discussed

The discussion revolved around four key themes.

- *Foreign policy goals can hinder health*, as seen in the friction between trade and health, which is addressed by the World Trade Organization in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and trade concerns have also complicated advocacy for better collective action against the pandemics of tobacco-related diseases and childhood and adult obesity.
- *Foreign policy can support health*. Foreign policy-makers are principle stakeholders in global health development. This is increasingly relevant with its growing economic and social aspects. Results of this support can be seen in the Millennium Development Goals, which contain three health-specific targets and seek improvements in four key social determinants of health. The challenges of HIV/AIDS and noncommunicable diseases have also been supported by political declarations and national investments.
- *Emerging infections diseases are a regular and integral security concern of foreign policy*. Political and economic implications of threats such as HIV/AIDS, drug-resistant tuberculosis and malaria, SARS and H5N1 and H1N1 and those spread through bioterrorism have forced foreign policy-makers to engage in national responses and international action.
- *Health during conflicts and in post-conflict reconstruction has become an important focus of foreign policy*. The public health community has sought to implement “health as a bridge to peace”, claiming that health interventions can be specifically designed in such a way as to simultaneously have a positive effective upon the health of population and contribute to stability and peace.



Issues raised and conclusions

Global health diplomacy was agreed as an important area of work for the Regional Office to pursue together with the Member States focusing on the following areas.

Advocacy and leadership. Emphasis was placed on broader engagement beyond health sector and medical perspective. In particular, it is important for ministries of health to better understand the global dimensions of their work and to develop closer better partnership with ministries of foreign affairs.

Negotiations. Issues related to negotiations in WHO and other organization such as the World Trade Organization, World Intellectual Property Organization and Human Rights Council need to be studied together. Ethical issues in health diplomacy, for example in areas of human rights and the right to health, pharmaceuticals, food industry, medical devices and information technology need to be explored and discussed in depth. It was agreed that it is essential to better prepare Member States representatives for such negotiations.

Health and conflict. The importance of focusing on health during conflicts and in post-conflict reconstruction was recognized. Ensuring health responses to natural disasters has become part of foreign policy's mandate in providing assistance during humanitarian

crises. The question of how health could contribute to preventative diplomacy should be further explored in collaboration with the International Committee of Red Cross and International Federation of Red Cross and Red Crescent.

Capacity-building. Global health diplomacy should be included in the training of public health professionals and initiatives should be undertaken to mainstream health diplomacy in foreign affairs. Development of regional training courses was discussed, involving research institutions, centres of excellence and individual experts both in public health and international relations from the Region.

Sustainability. Health diplomacy needs to be an ongoing activity of WHO's work and it is essential to assess what is ongoing in countries, harmonize and align ongoing activities and address identified gaps in terms of knowledge, management and resources) at the Regional Office level and within the countries. Establishing a health desk in foreign affairs ministries and foreign affairs expertise in the ministries of health, exploring value added by the health attaché in Geneva and preparing regional, bilateral and humanitarian case studies on good practices and experiences in health diplomacy in the Region were recommended.



Dr Ala Alwan

Dr Ala Alwan assumed his duties as the WHO Regional Director for the Eastern Mediterranean on 1 February 2012. From 2008 until the end of 2011, he was Assistant Director-General for Noncommunicable Diseases and Mental Health at WHO headquarters, where he led WHO's work that resulted in the adoption by the United Nations General Assembly in September 2011 of the Political Declaration on the Prevention and Control of Noncommunicable Diseases.

Dr Alwan joined WHO in 1992 as Regional Adviser for Noncommunicable Diseases in the Regional Office for the Eastern Mediterranean. During his subsequent career he has served as WHO Representative in two countries, Jordan and Oman, as Director of Health Systems Development in the Eastern Mediterranean Region, and as Director for Noncommunicable Diseases Prevention and then Director of the Department of Noncommunicable Diseases Management at WHO headquarters. From 2005 to January 2008, he was Representative of the Director-General and Assistant Director-General for Health Action in Crises.

At a national level, Dr Alwan has served as Dean of the Faculty of Medicine, Mustansiriyah University, Iraq, and from 2003 to 2005, as Minister of Education and Minister of Health in the Government of Iraq.



“Health is moving up to the global agenda”

Dr Margaret Chan, 2008

Historical background

Global health concerns appeared on foreign policy agendas when health initiatives created controversies because of diverging health and economic interests. Simultaneously, political and economic implications of global health threats forced foreign policy-makers to engage in crafting appropriate national responses and joint international action.

Tensions between trade and health have arisen within the World Trade Organization in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and trade concerns also complicated advocacy for better collective action against 1) the pandemics of tobacco-related diseases and childhood and adult obesity, and 2) the so-called “brain drain” of health care workers leaving low-income countries for employment in high-income nations.

Health problems also affected foreign policy’s involvement in development, which forced foreign policy-makers to recognize health’s growing importance to economic and social development. As one of the results, the UN’s eight Millennium Development Goals (MDGs) contain three health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality, and environmental sustainability).

In addition to development, health increased in prominence in other areas in which foreign policy-makers engage. The importance of focusing on health during conflicts and in post-conflict reconstruction was recognized. Ensuring health responses to natural disasters became part of foreign policy’s tasks in providing assistance during humanitarian crises. Health interventions are being used in complex and contradictory ways in conflict situations. The public health community has sought to implement “health as a bridge to peace,” claiming that health interventions can be specifically designed in such a way as to simultaneously have a positive effect upon the health of the population and contribute to the creation of a stable and lasting peace. (Drager and Fidler, 2008)

These are the precedents that resulted in health “moving up to the global agenda.” “Pandemics, emerging diseases and bioterrorism are readily understood as direct threats to national and global security. But health issues are also important in other core functions of foreign policy, such as pursuing economic growth, fostering development, and supporting human rights and human dignity. Health is today a growing concern in foreign policy.” (Chan, 2008)

Reflecting on heightened foreign policy concerns about global health, the United Nations General Assembly recognized the close relationship between foreign policy and global health.

Sources

- Chan M, Støre G, Kouchner B. Foreign policy and global public health: working together towards common goals. *Bulletin of WHO*, 2008, 86:498.
- Drager N, Fidler D. *Global health and foreign policy: strategic opportunities and challenges*. Background paper for the Secretary-General’s report on global health and foreign policy. Geneva, WHO, 2008.

Further reading

- Drager N, Fidler D. Foreign policy, trade and health: at the cutting edge of global health diplomacy. *Bulletin of WHO*, 2007, 85:162.
- Kickbusch I, Silberschmidt G, Buss P. Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. *Bulletin of WHO*, 2007, 85:243–4.

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