The third health diplomacy meeting discussed a number of health challenges in the Region which require significant health diplomacy efforts. They include polio, war, displacement and different types of instability and insecurity, and noncommunicable diseases.

Polio

The global eradication of polio today depends on three countries where the polivirus still exists, two of which are in the Eastern Mediterranean Region. In the week of the seminar on health diplomacy, WHO declared polio a Public Health Emergency of International Concern (PHEIC) and endorsed the recommendations to Member States made by the Emergency Committee convened under the International Health Regulations (2005). This includes recommendations related to requirements for vaccination before international travel. The declaration in 2012 by the World Health Assembly of polio eradication as a global programmatic emergency, acknowledged the social and political difficulties surrounding the final push to rid the world of this deadly infectious disease, particularly in the Eastern Mediterranean Region. This health challenge now requires a political solution and extraordinary health diplomacy efforts in the areas most affected.

The international consensus built up through global health diplomacy in the 1980s to eradicate polio, and the technical feasibility of this, demonstrated by the progress made in the past 25 years, is endangered. The lives of children and the success of the polio programme have become a foreign policy issue as the virus is exported to other countries. Diplomacy – domestic and international – can help build political and community will, coordinate response, improve access to children and create the necessary atmosphere for community and political engagement.

Insecurity

A growing number of people in the Region are victims of the cycle of political instability that has affected the Eastern Mediterranean Region in recent decades and that has intensified in some countries in the past several years. The displacement and migration of populations across the Region, due to both natural and manmade disasters, have resulted in significant risks to health, but populations left behind are often at equal or greater risk. The impact of insecurity is dramatically illustrated by the consequences of the conflict in Syrian Arab Republic where it is estimated that a decade of human development has been lost.

The health impact of insecurity is indirect as well as direct. Thus, the violation of international conventions has seen increasing attacks on health workers and facilities, as a means of

intimidation and attempt at bargaining. The economic impact of insecurity has specific consequences for continued functioning of the health system, as resources are diverted both within the system and outside it. Humanitarian aid itself has been used sometimes as a political tool to try and influence the course of conflict resolution and recovery, sometimes with disastrous consequences, re-emphasizing the importance of maintaining neutrality and of not politicizing humanitarian issues.

Foreign policy, health diplomacy and humanitarian diplomacy have intersected at many levels during emergencies, to protect populations and health workers, as well as to call on donors to support humanitarian action. Foreign policy support from within the Region to operationalize a solidarity fund would reduce the reliance on foreign donors.

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. Noncommunicable diseases are the leading cause of premature deaths in the Region and are rapidly increasing in magnitude. Four major noncommunicable diseases are of concern: heart disease and stroke, diabetes, cancer and chronic lung disease. These are caused by four major risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, of which the first three are particularly relevant for the Region.

Health diplomacy is urgently needed at a national level to engage all the sectors and stakeholders that can have an influence in reducing deaths due to these diseases, such as finance, the food industry and food standards authorities, agriculture, trade, transport, urban planning, youth, sport and nongovernmental organizations. Foreign policy is often dominated by trade issues and therefore 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.

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