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It has long been recognized that the key determinants of health lie outside the control of the health sector itself, but only in recent times has significant discussion taken place on the global stage of how best to address the multisectoral issues concerned. Health diplomacy refers to the active engagement of governments and non-State actors in negotiations that are critical for health. It brings together a wide range of actors in areas that affect public health. Among the main goals of health diplomacy are better health security and population health, and improved relations between states and commitment of a wide range of actors to work together to improve health.

In this regard, annual seminars on health diplomacy have been held in the WHO Regional Office for the Eastern Mediterranean since 2012. The seminars aim to spread the word that building capacity in health diplomacy is important for WHO's Member States in the Eastern Mediterranean Region and to contribute to that effort.

Fifth Seminar on Health Diplomacy

The fifth seminar was held in Cairo on 7–8 May 2016. It brought together senior officials from ministries of foreign affairs and health, ambassadors, representatives of permanent missions to the United Nations in Geneva, deans of diplomatic institutes, heads of parliamentary health committees, regional members of the WHO Executive Board and experts in health diplomacy. The keynote speaker was Ambassador Amre Moussa, Former Secretary-General of the League of Arab States and former Minister of Foreign Affairs of Egypt.

The objectives of the fifth seminar were to: i) discuss recent global health issues that require full engagement of the whole of government, including foreign policy and legislature; ii) strengthen capacity of participants to understand, act upon and positively influence diplomatic outreach for public health issues of highest priority and relevance to the Region; iii) and integrate modern concepts and approaches of health diplomacy within foreign policy platforms to address critical health challenges that are global in nature.

In his opening address, Dr Alwan noted that for health diplomacy to succeed, stakeholders from different disciplines – government, non-State actors and parliament – needed to come together, mindful of different policies adopted by different government sectors and their impact on

national health and security. The outbreaks of Ebola, Middle East respiratory syndrome (MERS-CoV) and Zika virus and the crises affecting the people of more than half the countries in our Region highlight the importance of health diplomacy in halting the spread of epidemics and in providing humanitarian relief to communities in need.

Ambassador Amre Moussa, in his address, emphasized the fact that the Region continues to lack full awareness of the role of health diplomacy within the framework of global action in the development arena and it was also incumbent on developing countries to make better use of health diplomacy in bilateral and multilateral negotiations, nationally and internationally.

Discussions

In addition to highlighting the interface between health and foreign policy, participants discussed a range of themes that illustrated important areas in which health diplomacy has helped to achieve positive outcomes for global health, as well as areas where it is needed.

Prevention and control of noncommunicable diseases

In 2011, WHO and its Member States achieved a substantial victory in raising the global epidemic of noncommunicable diseases (NCDs) to the attention of the United Nations General Assembly, which recognized the socioeconomic impact of these conditions and the consequences of not taking action. The resultant political declaration established a clear roadmap with commitments and set time-bound targets for all countries to achieve. The follow-up meeting in 2014 concluded that progress was uneven and insufficient and there was much work to be done to meet the targets set by 2018. The commitments of Member States have been translated into a regional framework of action but for countries to achieve significant progress in implementing the framework, a much higher level of engagement of non-health sectors and a more robust involvement of the community and nongovernmental partners is needed. Health diplomacy has an important role to play in ensuring that this agreement is implemented. Active engagement and negotiation with almost all government sectors, in addition to civil society and industry, will be needed to meet the targets. Parliament can play an especially important role in enacting and monitoring the enforcement of crucial legislation.

Health security

Health security is an integral part of national and global security and the International Health Regulations (IHR 2005) are a key component in maintaining that security. Since the World Health Assembly endorsed the IHR in 2005, governments have worked hard to build up the core capacities required under the regulations, many of which are outside the health sector. Member States were required to report annually to WHO on their progress in implementing the core capacities, based on self-assessment. The Ebola outbreak of 2013–2014 highlighted the

gaps in countries' core capacities and the challenges governments faced in meeting their commitments, even when they had felt themselves to be in a relatively secure position. In 2015–2016 WHO and the Global Health Security Agenda developed a harmonized framework for monitoring and evaluating IHR core capacities through a joint external evaluation tool. The new approach facilitates engagement between countries, international organizations, donors and technical experts involved in the assessment processes. It also promotes transparency in exchanging information on the results of assessments. The regulations are the outcome of health diplomacy but continued health diplomacy is needed to ensure that they reach their full potential in protecting the world. All participants agreed on the urgent need for all countries to give a higher priority to health security and to build capacity in assessing IHR core capacities and in addressing the gaps. The health sector cannot meet this task without other sectors fully engaging and taking an active part in addressing the challenge.

Emergencies and humanitarian crises

The Region is experiencing unprecedented health crises, both in number and in magnitude and impact, overburdening already stretched health systems. Populations have been displaced across borders, within and beyond the Region. The need for emergency response and relief is overwhelming in many countries and years of development and health gains have been lost. Health workers and facilities continue to be targeted despite repeated calls for their protection in accordance with international conventions. Communities have been isolated in areas that are under siege or otherwise hard to reach, resulting in deprivation, suffering and enormous loss of life. Health diplomacy is essential to ensure that health workers are protected and enabled to continue their essential work. Inter-regional coordination and collaboration are vital in ensuring that the needs of refugees are met.

Health and the Sustainable Development Goals

At the United Nations General Assembly in September 2015, heads of government endorsed an agenda for sustainable development to 2030. The agenda set 17 goals (SDGs) and 169 targets cutting across economic, environmental and social spheres to ensure that "no one is left behind". SDG 3, the health goal, captures the key aspects of achieving good health. Thirteen targets are included under SDG3, covering key challenges to health development. Health is also closely linked to the other 16 goals. Thus, improving health is a prerequisite to sustainable development for the world as a whole and requires the commitment and action of all governments and sectors. Achieving the SDGs and targets will require harmonization of existing national strategies and plans and their monitoring will need stronger health information systems than currently exist in most countries.

Conclusions

Health diplomacy contributes to both global health security and to the wider issue of security in general. Challenges to global health security, such as the outbreaks of Ebola virus disease and

Zika virus, and the continuing conflicts in the Region are also challenges to global security. Better global health promotes stability, security and growth. Awareness needs to be raised at all levels of the value of health diplomacy in promoting both health and security.

The WHO Eastern Mediterranean Region is gradually increasing its knowledge and capacity in health diplomacy. Governments are engaging more prominently in global negotiations on key issues of relevance to health, are improving linkages between ministries of health and foreign affairs, and between health and non-health sectors. Nevertheless, there remains much to be done to strengthen coordination between health and foreign policy and to engage non-health sectors.

The participants proposed a number of actions for WHO and Member States to work together on to promote health diplomacy and utilise it to address important global health issues. The recommended actions include the following.

1. Advocate for inclusion of global health issues, and the urgent need to strengthen the capacity of countries, in a special session of the United Nations Security Council, as a key component of global peace and security in general.
2. Establish health diplomacy units within ministries of health to coordinate common positions with ministries of foreign affairs, or strengthen existing international health departments.
3. Emphasize the importance of data and policy briefs to promote certain health-related positions within the country (internal health diplomacy).
4. Initiate preparations for the high-level meeting on prevention and control of noncommunicable diseases of the United Nations General Assembly in 2018, including analysis of why Member States are not making adequate progress in implementing the measures recommended by the Political Declaration and may not be able to deliver on some of the progress indicators. The preparations should also focus on investment in generating baseline data for monitoring progress, and study of the influence of industry on prevention efforts.
5. Support implementation of the IHR (2005), including by identifying sustainable financing for funding the national action plans developed after the external assessment missions, and reinforcing WHO’s role when Member States do not comply with the recommendations of the Director-General in the event of an outbreak.
6. Support efforts to strengthen global health security by investing in evidence-based advocacy (data) and working with other sectors, particularly the agriculture and animal sectors, on translating the global action plan on antimicrobial resistance into appropriate national plans.
7. Ensure representation of Member States at the forthcoming UN General Assembly session on antimicrobial resistance and promote dialogue at the national level to raise awareness of the urgent need for action in the agricultural, animal and human health sectors.

8. Consider strengthening the role of country offices in managing emergency events with the support of other levels of WHO based on the principle of subsidiarity, and within the context of WHO reform.

9. Identify new mechanisms for a comprehensive solution for displaced populations, especially those living with host communities, and invest in strengthening national health information systems to support this.

10. Explore means of strengthening multisectoral collaboration and working across sectors to achieve the targets of the Sustainable Development Goals.

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