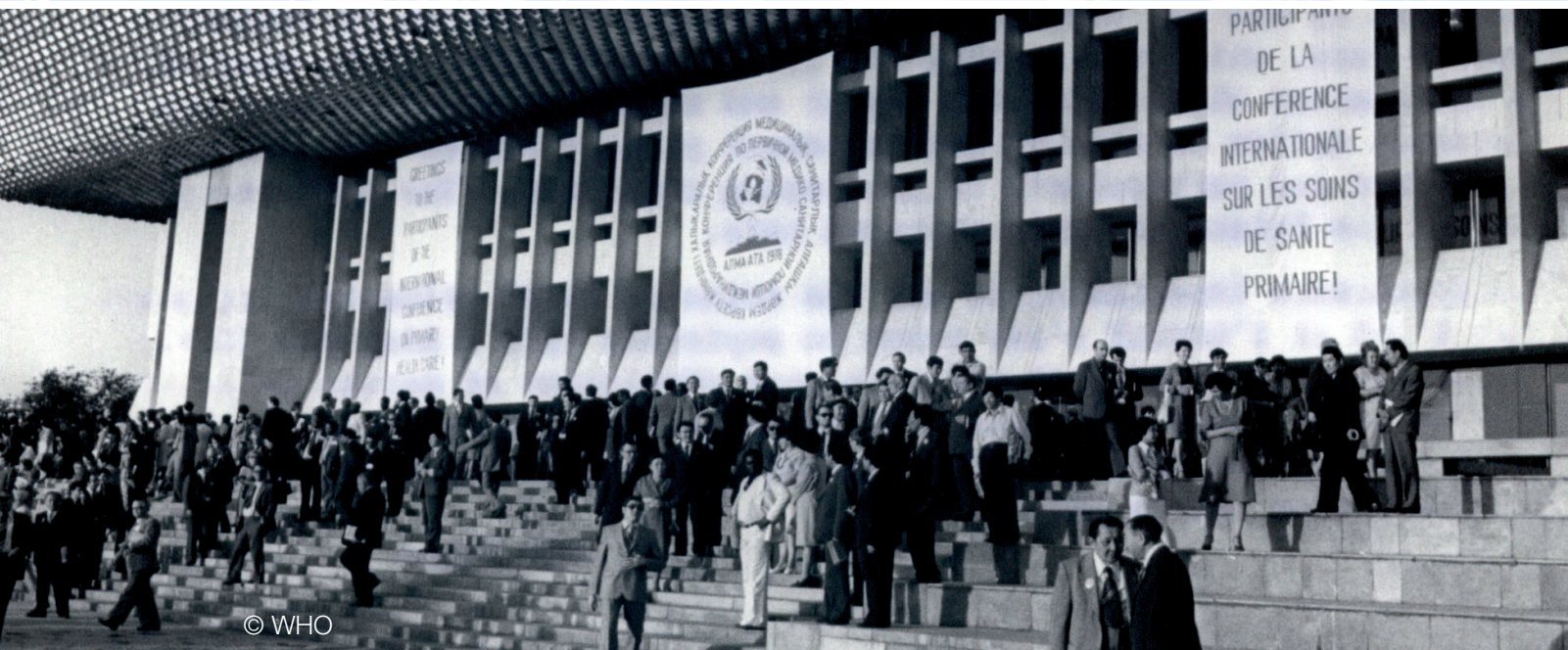


Health in foreign policy and development cooperation: public health is global health



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World Health
Organization

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Sixtieth session

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Health in foreign policy and development cooperation: public health is global health

At its sixty-fourth session in December 2009, the United Nations General Assembly adopted resolution A/RES/64/108 on Global Health and Foreign Policy. The resolution was informed by a detailed report entitled *Global health and foreign policy: strategic opportunities and challenges* prepared in collaboration with WHO pursuant to an earlier General Assembly resolution (63/33 of October 2008).

At its third session in March 2010, the Seventeenth Standing Committee of the Regional Committee (SCRC) agreed that a discussion should be held at the sixtieth session of the Regional Committee about the implications for European Member States and the Regional Office of the 2009 General Assembly resolution.

United Nations General Assembly resolution A/RES/64/108 is contained in an annex to this paper and a draft resolution is attached, for consideration by the Regional Committee.

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Executive summary

This paper summarizes recent developments in the field of health and foreign policy and their relevance to countries in the European Region of WHO. It recommends several lines of action for the WHO Regional Office for Europe.

United Nations General Assembly resolution A/RES/64/108 on Global health and foreign policy (Annex) was adopted by consensus in December 2009. The resolution recognizes the increasing interdependence between global health and foreign policy. It highlights the need for countries to:

- consider health issues in the formulation of foreign policy
- create stronger coherence between health and foreign policy
- increase training of diplomats and health officials on global health and foreign policy.

Resolution A/RES/64/108 is highly relevant to Member States in the European Region of WHO. While recognizing the central role of WHO, it calls on the Organization to examine ways in which the links between global health and foreign policy can be strengthened at national, regional and international levels. The European Region needs to position itself at the forefront of this debate owing to its significant influence on decision-making in the global arena.

The paper highlights the broadening of the scope of foreign policy to include health and gives examples of recent initiatives, such as the Foreign Policy and Global Health Initiative launched by the ministers of foreign affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in 2006. It describes some of the steps that have been taken at global, regional, subregional and country levels to strengthen the relationship between these two domains. It also acknowledges some of the potential challenges and lists foreign policy issues that have significant impact on global health.

In order to take forward the debate on the interface between global health and foreign policy, three strategic priorities for the WHO Regional Office for Europe are proposed in the document:

- initiating an increased dialogue on foreign policy, development and health among key institutions, organizations, ministries and other interested stakeholders in the Region, in order to improve policy coherence across sectors and international organizations and to yield better outcomes for global health and foreign policy, both within the European Region and beyond;
- supporting the systematic cataloguing and analysis of foreign policy and health activities in the Region; and
- initiating and supporting, where possible, closer links between academic institutions that engage in the interdisciplinary field of health and foreign policy.

Introduction

1. At its recent sixty-fourth session in December 2009, the United Nations General Assembly adopted by consensus resolution A/RES/64/108 on Global health and foreign policy. This resolution recognizes the close relationship between global health and foreign policy and their interdependence. The resolution welcomes existing coordinated international efforts – on global pandemics or attainment of the Millennium Development Goals (MDGs), for instance – but it also underscores the fact that global health challenges require more concerted and sustained responses at national, regional and international levels. In particular, the resolution highlights the need for countries to:

- consider health issues in the formulation of foreign policy
- create stronger coherence between health, development and foreign policy
- increase training of diplomats and health officials on global health and foreign policy.

2. Resolution A/RES/64/108 was informed by a detailed report entitled *Global health and foreign policy: strategic opportunities and challenges* (United Nations General Assembly, 2009), prepared by the United Nations Secretary-General in collaboration with the World Health Organization pursuant to General Assembly resolution A/RES/63/33 of 2008 (United Nations General Assembly, 2008). The present briefing paper draws extensively on that report, in order to ensure consistency and continuity.

Relevance to countries in the European Region of WHO

3. Resolution A/RES/64/108 is highly relevant to Member States in the European Region of WHO. It explicitly recognizes the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate. It calls on the Organization to examine ways in which foreign and health policy coordination and coherence can be strengthened at national, regional and international levels and asks it to make concrete recommendations on a better interface between global health and foreign policy as a contribution to the General Assembly's High-level Plenary Meeting on the MDGs to be held in September 2010.

4. In responding to these recommendations, Member States in the European Region have the opportunity to position themselves at the forefront of an important shift in the relationship between health and foreign policy. These Member States have a significant influence on decision-making in the global arena: some of them are members of the group of eight of the world's most industrialized nations (G8) and the group of twenty advanced and emerging economies from all regions of the world (G20); together they constitute the largest block of donors; they sit in the decision-making bodies of many global organizations, including the Bretton Woods institutions and the World Trade Organization; they constitute a significant trading block; and many of them are members of important regional organizations that help shape the global agenda. This position brings with it a great responsibility towards the global community and towards the most disenfranchised. The Swedish statement on behalf of the European Union (EU) in the General Assembly debate expressed this by underlining "that discussions on health and foreign policy link two areas that form the basis of the entire UN system: the fight against poverty and the pursuit of peace and human security." (European Union, 2009).

A new relationship between nations and sectors

5. Health is somewhat different from other global challenges, in that poor health is frequently a consequence of another global crisis, such as food shortages or climate change; this is one key reason why health impact needs to be considered in so many different policy arenas. Another reason is that other sectors bear the impact if health challenges are not well managed; indeed, the economic consequences of governance failures in health are significant. Poor health will hinder development, health care costs may escalate, and outbreaks of diseases such as severe acute respiratory syndrome (SARS) and Pandemic (H1N1) 2009 or H5N1 (avian) influenza can negatively influence economic growth. Policy negotiations in global health – often referred to as global health diplomacy – therefore need to deal with a wide range of concerns and tensions, not only between countries but also between sectors.

6. The relationship between global health and foreign policy raises questions about important principles in the relationship between nations and sectors and about the major challenges of inequality and injustice. It involves changing priorities in both global health and foreign policy and giving consideration to the social determinants of health in development policies. Such a policy shift is as much concerned with human security as it is with state security – and it is based on the understanding that state security has a fundamentally different meaning in an interdependent world. The diplomat Robert Cooper has described this as the post-modern perspective of foreign policy: “The objective of foreign policy is taken to be peace and prosperity, rather than power and prestige” (Cooper, 2004).

7. Increasingly, global health is considered to be an investment in both human development and economic development, as well as a central building block in fighting poverty; health security has become a cornerstone of the human security agenda. Global health is integral to the cluster of global challenges and crises – food, environment, energy, finance and water – all of which require new forms of collective action, as well as new policy instruments. Today, global health is at the core of an integrated response to the challenges of globalization and of the most ambitious development agenda ever set: attainment of the MDGs. Many development organizations and philanthropic organizations have since attempted to increase coherence and impact by focusing their work on the MDGs.

8. Global health issues and initiatives appear with increasing frequency in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes and multilateral institutions. This means that a commitment to global health in the context of foreign policy must be understood to be much more than a focus on specific diseases or an instrument of foreign policy – it implies using the broad scope of foreign policy tools to advance a more comprehensive health agenda in both health and non-health “venues”, for the benefit of both developing and developed countries. This has been termed “smart power”. The contribution of the Member States in the WHO European Region will be critical in moving such an agenda forward.

The changing interface of foreign policy and health

9. The scope of foreign policy has broadened – diplomats today increasingly deal with complex transboundary challenges in a wide variety of venues, often far removed from their classical activities of even 50 years ago. Foreign policy today requires mechanisms that manage relations between an ever-increasing number of actors at different levels of governance. Especially in global health, the programmes, organizations and institutions have grown exponentially. This has increased the relevance of multilateral international diplomacy – either

within long-standing international organizations or within newly created mechanisms such as the G20.

10. The interface between foreign policy and health is not new – health has long been a tool of foreign policy in the interest of trade, military conquest, political allegiance and national security, and it continues to be. Examples abound: diplomats were engaged in negotiating the first sanitary agreements in the mid nineteenth century; quarantine has been applied to restrict the spread of disease; disease eradication was an integral part of ideological campaigns during the Cold War; and health programmes and medical aid continue to be provided to ensure good will between nations (Cueto, 2007). Negotiations on international health agreements, as well as contributions to foreign aid for global health initiatives, have included and always will include foreign policy considerations, in particular with a view to ensuring their coherence with national interests, security concerns and considerations of sovereignty. The systematic history of this instrumental relationship between foreign policy and health still remains to be written.

11. While the governance of health systems remains a core area of national policy-making, protecting the health of the population is increasingly situated between domestic and foreign affairs, because most health risks (whether related to communicable or noncommunicable diseases) in the twenty-first century are transnational. Health is as dependent on the decisions taken in international and regional bodies and in other countries as it is on decisions “at home”. For example, pandemic preparedness and control, access to and the price of medicines, or the mobility of health care professionals are now also negotiated at the global level or in regional bodies such as the EU. This interdependence in health blurs the dividing line between domestic and foreign policy, between health and security and between health and other policies such as trade; it also leads to tensions between different sectors of government and within the health sector itself. For EU member countries, it can lead to tensions between national responsibilities and those delegated by countries to the European Commission.

12. In a globalized world, both foreign policy and health policy need to be conducted differently and they need to relate in new ways, not only with one another but also with a global agenda. Foreign policy can most simply be defined as a set of strategies and approaches chosen by a national government to achieve its goals in relation to external entities. In the past, these goals were defined mainly as the national interest – today, foreign policy implies both promoting a country’s interest and advancing the interests of the global community (Muldoon et al., 2005). Similarly, health policy can be defined as the strategies and approaches chosen by a national government to achieve its goals in relation to the health of its population. Today, it is also defined by a dual responsibility: to promote a country’s health and to advance the health interests of the global community. In his introduction to *Health is global: a UK government strategy 2008–13*, the then Prime Minister of the United Kingdom expressed this in the following way: “Quite simply, healthy populations mean a more secure and economically productive world. Global health is a force for good, whether in tackling the effects of climate change, reducing the threat from epidemics or pandemic diseases, or increasing access to medicines and innovation.” (United Kingdom, 2008).

The changed strategic place of health in the global agenda

13. In just over two decades, global health has gained a degree of political visibility and status that some authors (Fidler, 2007; Alcazar, 2008) have called a political revolution. Global health holds a new strategic place in the global agenda, and significant resources (amounting to roughly US\$ 20 billion annually) have been made available. The consideration of global health in key foreign policy arenas such as the United Nations General Assembly, the G8 summits and the World Trade Organization, the involvement of heads of state, and its inclusion on the agenda of meetings of business leaders, such as the World Economic Forum, are all an

indication that the political status of global health has been elevated. Health is no longer only an instrument of foreign policy; it has become a driver and agenda-setter and a priority in its own right. Resolution A/RES/64/108 reinforces this major change in perspective by urging Member States to “consider health issues in the formulation of foreign policy”.

14. Global health has gained this political prominence because three agendas have reinforced one another in a variety of ways:

- a security agenda, driven by the fear of global pandemics or the intentional spread of disease in an era when viruses have the potential to spread from one part of the world to another in a matter of hours;
- an economic agenda, which not only is concerned with the economic impact of poor health on development or of pandemic outbreaks on the global market place, but also increasingly considers the economic relevance of the health sector, of certain industries such as tobacco, food and pharmaceuticals and of the growing global market for health-related goods and services;
- a social justice agenda, where health is advocated as a social value and a human right, which includes acting on the social determinants of health, ensuring access to medicines, supporting work towards the health-related MDGs and actively engaging philanthropic bodies in a broad range of global health initiatives.

15. The ministers of foreign affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, launching the Foreign Policy and Global Health Initiative in Oslo in September 2006, stated that “in today’s era of globalization and interdependence there is an urgent need to broaden the scope of foreign policy. [...] We believe that health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time.” (Amorim et al., 2007) In the Oslo Ministerial Declaration, they have argued that the relationship between health and foreign policy needs to shift fundamentally – from being an instrument of foreign policy, health must become “a point of departure and a defining lens” that countries use to examine key elements of foreign policy and development strategies, and to engage in a dialogue with many other sectors on how to deal with policy options from this perspective. In the Declaration, they outline an agenda for action based on three priority areas: building capacities for global health security, facing threats to global health security and making globalization work for all.

Challenges in foreign policy and health

16. Report A/64/365 (United Nations General Assembly, 2009b) identifies the strategic entry points where health and foreign policy come together. It provides the following list of health-related challenges facing those making foreign policy:

- addressing the role of health in national and global security;
- meeting the health-related Millennium Development Goals;
- ensuring access to and affordability of medicines;
- controlling emerging infectious diseases, including sharing biological materials with pathogenic potential, and increasing access to vaccines, drugs and other benefits;
- bolstering international support for strengthening health systems;
- addressing the challenges facing global health governance; and
- integrating health into all policies and addressing noncommunicable disease.

17. The report then goes on to list those foreign policy issues that have a significant impact on global health. Increasingly, these issues are the subject of deliberations in health ministries and international health organizations – but because of the policy decisions required in other sectors to address them, the primary objective must be to increase the foreign policy community’s awareness of their health impact:

- security, arms control, armed conflict and post-conflict challenges
- the global economic and financial crisis
- natural disasters and emergency responses
- climate change
- food insecurity
- promotion of health as a human right
- migration.

Health governance under conditions of interdependence

18. The closer relationship between foreign policy and health is one of the many manifestations of a new type of health governance also referred to as “health in all policies”. Indeed, the Oslo Ministerial Declaration proposes making the impact on health a defining feature of foreign policy. As the level of foreign policy involvement and interest in global health has grown dramatically, the relationship between global health and foreign policy must be approached more systematically at all levels of governance. Yet it is still poorly understood. This change also reinforces the importance of concerted and sustained mechanisms and processes that ensure the interface between different policy arenas. In recognition of this, many states have actively moved health higher on their political agendas, understanding more clearly its role in many different spheres of policy, in overall economic development, foreign policy, security, trade and humanitarian activities. This also means that development policies need to be reconsidered, and a new balance must be struck between development support and the financing of global public goods for health. The expansion of health considerations and the global dimensions of many spheres of policy-making make for tougher negotiations than in the past because the stakes for nation states are higher. In particular, the emerging economies have been very proactive and strategic in their approaches to the negotiation of health matters in the international system.

19. At the international level, many global health issues become highly politicized and move out of the purely technical arena of global public health – but this also means that they gain a strategically important place in the agenda of foreign policy and development policies. This has also been underlined by a shift in the role played by WHO. As the United Nations specialized agency for global health, WHO has become a hub for foreign policy action; it has increasingly engaged in initiatives and activities that heighten the linkage between foreign policy and global health, by using its constitutional mandate to adopt major health treaties such as the International Health Regulations (2005) and the Framework Convention on Tobacco Control (2003). This tendency has also increased the relevance of the Organization’s instruments of “soft law”. The importance of the issues discussed within WHO – the deliberations of the WHO-convened Intergovernmental Working Group on Public Health, Innovation and Intellectual Property and the associated global strategy and plan of action, or the adoption of a code of practice on the international recruitment of health personnel, for example – has led not only to the increasing involvement of diplomats and foreign policy representatives in the negotiations but also to the inclusion of many other stakeholders in the deliberations.

20. In these dynamics of interdependence, health is no longer automatically subject to other interests, but other policies may have to adjust in order to meet the health prerogative: this was at the core of the Doha Ministerial Declaration and the Decision on implementation of paragraph 6 of the Doha Declaration on the TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement and Public Health. The ensuing complexity also means that the health sector can no longer deal with the emerging challenges on its own. The systemic challenges and the equity and human rights issues at stake not only require support from other sectors; they also need a commitment by political leaders, as reflected in the growing importance of summit diplomacy. They are also dependent on the strong voice and support of civil society and the increased social responsibility of the private sector.

21. WHO has taken steps to deepen understanding of the relationship between foreign policy and global health by commissioning research, sponsoring symposia, creating a unit on the topic and supporting the development of global health diplomacy. It has also supported the work of the Oslo Declaration Group and prepared the report for the United Nations General Assembly debate on the subject in 2009. Some of WHO's regional offices have also taken up the issue, and in the European Region a panel at the Regional Committee's sixtieth session will discuss the relationship between foreign policy, health and development and the relevance of the General Assembly resolution to the work of the Regional Office.

22. At country level, a number of Member States have strengthened the international department in their health ministry and have elevated its political importance – if not its budget – and included the head of that department on the ministry's management board. But one constraint is the fact that most countries have not yet developed mechanisms for financing global public goods. The budget of the department is dominated by earmarked funds which “belong to” development; this is a major limitation on the development of global health governance. In some countries, there are also dedicated health desks or units in the ministries of foreign affairs, or diplomats working in ministries of health. The strong involvement of ministries of development or agencies for development cooperation in implementing the MDGs has also led many countries to increase their financial commitments to global health. Too frequently, though, these are not part of a broader strategic approach to global health challenges that integrates foreign policy, health and development goals. This is critically important for the new group of European countries who are now taking steps to become global health donors. A few countries have established national global health strategies, in order to bring the different sectors together and establish better policy coherence and more effective foreign policy action on global health. Such strategic policy planning for global health matters is becoming more recognized. In many countries, however, an understanding of the close relationship between national and global health matters is still lacking, also within ministries of health.

23. To date, Switzerland developed a strategy called *Swiss health foreign policy* in 2006 (Federal Department of Home Affairs/Federal Department of Foreign Affairs, 2006), and the United Kingdom of Great Britain and Northern Ireland issued its government-wide policy document *Health is global: A UK government strategy 2008–13* in 2008; this is now being revised owing to a change in government. Such efforts have aroused interest in other countries in potentially moving towards formal, coordinated foreign policy strategies and global health; countries such as France, Norway, Belgium and the Netherlands have established coordination mechanisms within and between ministries. Other countries – such as Sweden and Norway – are now developing WHO strategies, in order to be more strategic at all levels of WHO governance. The Norwegian WHO strategy has been developed in a joint policy process between the Ministry of Health and the Ministry of Foreign Affairs, it has included input by other stakeholders and has been discussed in Cabinet. These approaches should be compared and analysed in more detail, in order to inform countries about the mechanisms and instruments that now exist in the European Region.

24. It is becoming more important for countries to be able to conduct negotiations for health consistently over time and at different levels of governance. This has led to the increase in the number of health attachés assigned to embassies, both in third countries and particularly in representations to the United Nations. One model is for the ministry of health to second a health professional to the ministry of foreign affairs to conduct health negotiations on a regular basis, especially in Geneva, the location of WHO and many other health agencies. The willingness of states to cooperate with one another, as well as with other players, has become an important dimension of global health governance, and the continuity provided by health attachés is becoming critically relevant for successful negotiations. It also strengthens the contribution of ministries of health to the negotiations.

25. At regional and subregional levels, a range of organizations, such as the Association of South-East Asian Nations, the Asia-Pacific Economic Cooperation forum, the EU, the African Union, the Common Market of the Southern Cone, the Union of South American Nations, the Stability Pact for South-eastern Europe and the Shanghai Cooperation Organization, have taken steps to improve regional cooperation on health. The most recent notable effort was made on 10 May 2010, when the EU Foreign Affairs Council adopted a set of conclusions with the overall aim of enhancing the EU's role in global health (EU Council, 2010; European Commission, 2010). The process leading to these conclusions was jointly led in the Commission by the commissioners for development, health and consumer Policy, and research and development. This new policy framework aims to be a turning point in promoting the right to health and better addressing global health challenges. The Council conclusions recognize the need to take action to improve health, reduce inequalities and increase protection against health threats, based on the EU's common agreed values of solidarity towards equitable and universal coverage of quality health services. The Council calls on the EU and its Member States to act together in all relevant internal and external policies and actions, by prioritizing their support on strengthening comprehensive health systems in partner countries. It further calls on EU Member States and the Commission to support an increased leadership role of WHO at all levels. The Council also considers these conclusions to be part of the overall process of establishing the EU position for the General Assembly's High-Level Plenary Meeting on the MDGs in September 2010.

Conclusions

26. The debate on the interface between global health and foreign policy has only just begun in the context of the WHO Regional Office for Europe. It should be intensified and taken forward along three major lines of action, closely aligned on the recommendations made by the United Nations General Assembly:

- (a) The Regional Office should initiate an increased dialogue on global health and foreign policy among the key institutions, organizations, ministries and other interested stakeholders in the Region, in order to improve policy coherence across sectors and international organizations and to yield better outcomes for global health and foreign policy, both within the European Region and beyond. This includes giving consideration to the mechanisms available to fund work on global health priorities, in particular for the financing of global public goods, including non-earmarked funding to WHO. The Regional Office should link such a dialogue with the efforts under way in the European Region to achieve the MDGs, and it should engage representatives of foreign affairs and development more in the work of the Regional Office and sessions of the Regional Committee. The discussions at the Regional Committee's sixtieth session are a first step in this direction. Through such a dialogue, the Regional Office together with Member States should identify priority global health issues in the Region that require foreign policy action and which are consistent with efforts being made at the global level of WHO.

- (b) The Regional Office should support the systematic cataloguing and analysis of foreign policy and health activities in the Region, as well as their interface with development initiatives. Some countries in the Region have been leaders in moving this agenda forward (France and Norway as initiating members of the Oslo Group; Switzerland and the United Kingdom in developing government-wide strategies, or Sweden and Spain in strongly supporting the work on the Council communication during their respective EU presidencies). Others have pioneered secondments from the ministry of health to the ministry of foreign affairs or have introduced a full-time dedicated health attaché from the ministry of development. No systematic overview and analysis of these innovations exists – it should be conducted through the Regional Office, so that Member States can engage in the actions recommended by the United Nations General Assembly resolution based on well-researched information.
- (c) The Regional Office should initiate and support, where possible, closer links between academic institutions that engage in the interdisciplinary field of health and foreign policy. It should also engage in capacity-building efforts, seek to support the training of diplomats and health officials in global health diplomacy, and develop training standards and open-source information, education and training resources for this purpose.

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Annex

United Nations

A/RES/64/108



General Assembly

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Sixty-fourth session
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Resolution adopted by the General Assembly

[without reference to a Main Committee (A/64/L.16 and Add.1)]

64/108. Global health and foreign policy

The General Assembly,

Recalling its resolution 63/33 of 26 November 2008, entitled “Global health and foreign policy”,

Recalling also the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recalling further that achieving the health-related Millennium Development Goals is essential to socio-economic development, concerned by the relatively slow progress in achieving them, and mindful that special consideration should be given to the situation in sub-Saharan Africa,

Noting the adoption by the World Health Assembly on 24 May 2008 of its resolution 61.18,¹ by which it initiated its annual monitoring of the achievement of the health-related Millennium Development Goals,

Recalling its resolutions 58/3 of 27 October 2003, 59/27 of 23 November 2004 and 60/35 of 30 November 2005, all entitled “Enhancing capacity-building in global public health”, the resolutions of the World Health Assembly, in particular resolution 60.28 of 23 May 2007² and resolution 62.10 of 22 May 2009,³ both entitled “Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits”, and resolution 62.16 of 22 May 2009, entitled “Global strategy and plan of action on public health, innovation and intellectual property”,³

Noting the contribution of the High-level Forum on Advancing Global Health in the Face of Crisis, which took place at United Nations Headquarters on 15 June 2009 and engaged multisectoral high representatives from around the world in the

¹ See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19–24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1).

² See World Health Organization, *Sixtieth World Health Assembly, Geneva, 14–23 May 2007, Resolutions and Decisions, Annexes* (WHASS1/2006-WHA60/2007/REC/1).

³ See World Health Organization, *Sixty-second World Health Assembly, Geneva, 18–22 May 2009, Resolutions and Decisions, Annexes* (WHA62/2009/REC/1).

global health debate on protecting vulnerable populations, building resilient health systems and enhancing coherence towards multi-stakeholder strategic partnerships,

Welcoming the outcome of the annual ministerial review held by the Economic and Social Council in 2009, on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”,⁴

Recognizing the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

Noting the role and contribution of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration entitled “Global health: a pressing foreign policy issue of our time”⁵ to placing health as a foreign policy issue on the international agenda,

Noting also the outcome of the Thirty-fourth Summit of the Group of Eight, held in Tōyako, Hokkaidō, Japan, from 7 to 9 July 2008, which highlighted the principles for action on global health to achieve all the health-related Millennium Development Goals,

Emphasizing that the United Nations system has an important responsibility to assist Governments in the follow-up to and full implementation of agreements and commitments reached at the major United Nations conferences and summits, especially those focusing on health-related areas,

Underscoring the fact that global health is also a long-term objective which is local, national, regional and international in scope and requires sustained attention, commitment and closer international cooperation beyond emergency,

Reaffirming the commitment to strengthening health systems that deliver equitable health outcomes as the basis for a comprehensive approach, which requires appropriate attention to, inter alia, health financing, the health workforce, the procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery and political will in leadership and governance,

Appreciating the contribution made by civil society, including non-governmental organizations and the private sector, on issues related to foreign policy and global health,

Welcoming the ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals, held at United Nations Headquarters on 25 September 2008, and at the corresponding follow-up high-level event held on 23 September 2009,

Noting with concern that for millions of people throughout the world, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, still remains a distant goal and that, in many cases, especially for those living in poverty, this goal is becoming increasingly remote,

⁴ See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3 (A/64/3/Rev.1)*.

⁵ A/63/591, annex.

1. *Notes with appreciation* the report of the Secretary-General⁶ and the recommendations contained therein;
2. *Recognizes* the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global challenges require concerted and sustained efforts by the international community;
3. *Stresses* the importance of achieving the health-related Millennium Development Goals;
4. *Welcomes* the ministerial declaration adopted during the annual ministerial review held by the Economic and Social Council in 2009 which focused on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”,⁴ and in that regard calls for enhanced coordination within the United Nations system;

I

Control of emerging infectious diseases and foreign policy

5. *Welcomes* the international coordinated actions in response to the recent influenza A (H1N1) pandemic as a good example of synergies between global health and foreign policy;
6. *Emphasizes* the need for further international cooperation to meet emerging, new and unforeseen threats and epidemics, such as the recent influenza A (H1N1) pandemic, and the H5N1 and other influenza viruses with human pandemic potential, and acknowledges the growing health problem of antimicrobial resistance;
7. *Recognizes* the need for a fair, transparent, equitable and efficient framework for the sharing of the H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable vaccines, diagnostics and treatments, to those in need, especially in developing countries, in a timely manner;
8. *Acknowledges with serious concern* that current global influenza vaccine production capacity remains insufficient to meet anticipated need in pandemic situations, particularly in developing countries, and that some countries cannot develop, produce, afford or access needed vaccines and other benefits, and acknowledges also in this regard the interlinkage with production capacity of seasonal influenza vaccines and the ability to ensure their effective use;
9. *Calls for* the strengthening of surveillance and response capacity at the national, regional and international levels through the full implementation of the International Health Regulations;⁷
10. *Stresses* the importance of finalizing any remaining elements of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits;
11. *Acknowledges* that communication with the public must be improved in order to increase awareness of the steps in basic hygiene that citizens can and should take in order to lessen their risk of contracting and transmitting influenza;

II

Human resources for health and foreign policy

⁶ See A/64/365.

⁷ See World Health Organization, *Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005, Resolutions and Decisions, Annex (WHA58/2005/REC/1)*, resolution 58.3.

12. *Notes with concern* the lack of health workers, as well as their uneven distribution within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines the health systems of developing countries;

13. *Emphasizes* the need for countries to review policies, including recruitment policies and retention policies that exacerbate this problem;

14. *Underlines* the importance of national and international actions, including the development of health workforce plans, which are necessary to increase universal access to health services, including in remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel, and in this regard encourages the finalization of a World Health Organization code of practice on the international recruitment of health personnel;

15. *Urges* Member States to affirm their commitment to the training of more health workers by promoting training in accredited institutions of a full spectrum of high-quality professionals, as well as community health workers, public health workers and para-professionals, in particular through international cooperation programmes including South-South cooperation, North-South cooperation and triangular cooperation;

III Follow-up actions

16. *Urges* Member States to consider health issues in the formulation of foreign policy;

17. *Encourages* Member States, the United Nations system, academic institutions and networks to increase their capacity for the training of diplomats and health officials, in particular those from developing countries, on global health and foreign policy, by developing best practices and guidelines for training and open-source information, and educational and training resources for this purpose;

18. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization, with the participation of relevant programmes, funds and specialized agencies of the United Nations system, and in consultation with Member States, to submit a report to the General Assembly at its sixty-fifth session, under the item entitled "Global health and foreign policy", which, inter alia:

(a) Examines ways in which foreign and health policy coordination and coherence can be strengthened at the national, regional and international levels;

(b) Identifies institutional linkages;

(c) Makes concrete recommendations, with a specific focus on making foreign policy contribute better to creating a global policy environment supportive of global health, as a contribution to the High-level Plenary Meeting of the General Assembly to be held in September 2010.

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