

Global health and health diplomacy

Technical briefing –
Lunch break, Monday,
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Structure

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| 13:00 | Professor Ilona Kickbusch, Graduate Institute, Geneva | Introduction to the field of global health diplomacy |
| 13:15 | Dr Gaudenz Silberschmidt | Approaches to capacity-building in global health diplomacy |
| | Mr Fredrik Lennartsson | Relevance of global health diplomacy for the Member States of the WHO European Region. |

The changing context

“In the past” – says Robert Cooper, one of Europe’s foremost diplomats – “it was enough for a nation to look after itself. Today that is no longer sufficient.”¹ This is particularly true in the field of health. An increasing range of issues transcends national boundaries and requires action on the global forces that determine people’s health. International negotiations on health are gaining in importance and the broad political, social and economic implications of health issues have brought more diplomats into the health arena and more public health experts into the world of diplomacy.

International negotiations on health now need to involve the private sector, nongovernmental organizations, scientists, activists and the media, among others, since all these are part and parcel of the negotiating process. In view of changing contexts, actors and issues, this requires a specific set of skills. This has led to the development of the field of global health diplomacy.

Global health diplomacy

The term “global health diplomacy” aims to capture the multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health. It may be thought of as a political activity that meets the dual objectives of improving health and maintaining and strengthening international relations. It aims to establish policy coherence between the commitment to development goals and the need to define collective action in an interdependent world. This emerging field draws on a broad range of disciplines, including international

¹ Cooper, R. *The Breaking of Nations. Order and Chaos in the Twenty-first Century*. New York, Atlantic Books, 2003.

relations, medical anthropology, political science, history and public health. It juggles the art of diplomacy with the science of public health and balances specific national interests against the abstract collective concerns of the larger international community in the face of intensive lobbying and advocacy.

The new momentum

The World Health Organization remains an important focal point of global health diplomacy; indeed, it has recently gained new momentum through the negotiation of the WHO Framework Convention on Tobacco Control (2003) the International Health Regulations (2005) and the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010). But the centre of gravity of global health diplomacy has shifted to include other spaces of negotiation and influence, such as the World Trade Organization, the World Economic Forum, the G8 and the United Nations General Assembly. The profound changes that are under way require new mechanisms and new skills for global health diplomacy. Many professionals do not feel well prepared for the challenges confronting them.

These developments underline the need to build capacity for global health diplomacy by training both public health professionals and diplomats in order to address two sets of imbalances: that which can emerge between foreign policy and public health experts and that which exists in the negotiating power and capacity between countries. United Nations General Assembly resolution A/RES/63/33 on Global health and foreign policy has called for increasing capacity-building in this area. The programme developed at the Graduate Institute in Geneva aims to address the current gap in this area.

Capacity-building in global health diplomacy

Capacity-building should be directed in particular at representatives of ministries of health and foreign affairs, the staff of international organizations and non-state actors who engage in health negotiations with other countries. It should increase their understanding of the dynamics of global health governance and improve their negotiating skills. It should also provide insight into institutions and instruments, mechanisms of policy coherence and frameworks for negotiation. Participants need to:

- engage in a multidisciplinary learning process
- practise strategic thinking about the interface between global health and diplomacy
- understand instruments and mechanisms in global health governance
- understand negotiating strategies from the multinational perspective
- practise negotiating skills through role-playing
- discuss values and ethics in global health diplomacy.

Capacity-building in global health diplomacy: summary

1. Global health diplomacy: the nature of global health diplomacy in the context of the evolution of diplomacy, from the interests of states to global interests and vice versa; functions of diplomacy.
2. Global health: the evolution of health; 21st century cross-border health challenges; the concepts of global health, global health agendas and how they are set; health as a global public good.
3. The actors, stakeholders and other interested parties in global health diplomacy: the multipolar international system; the landscape and roles of global health actors; concepts of global health governance; concepts of power and legitimacy; the power shifts in global health; loose coalition diplomacy; multilateral regional diplomacy; enhanced role of personal diplomacy (heads of state, celebrities, foundation leaders); knowledge communities.
4. The widening content of diplomacy and the key interface with health: health and security; health and foreign policy; health and trade; fusion of domestic and foreign agendas; state and commercial interests; interdependence and development; human rights; conflicts and disasters.
5. The settings of global health diplomacy: the evolution of global health governance from international sanitary agreements to global health law; key challenges in global health security; international institutions and norms; WHO as a key focal point of global health diplomacy; non-health focal points of global health diplomacy; collective normative values.
6. Key methods, processes, instruments and mechanisms in global health diplomacy: multilateral processes; the role of consensus; the increase in multilateral governance diplomacy; the essence of international health law; use of hard and soft law (binding and non-binding rules) in global health governance (treaties, agreements, conventions, protocols, declarations, codes, guidelines, action plans); new governance mechanisms in the global health arena; blocs and groups.
7. The dynamic of global health negotiations: different value systems in global health; case studies on the negotiation of key international agreements, such as the Framework Convention on Tobacco Control, the International Health Regulations and such measures as the creation of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property or new finance mechanisms, such as the Global Fund to Fight Aids, Tuberculosis and Malaria or UNITAID.
8. The value base of global health diplomacy: health as both an end and a means; health as an aspect of foreign policy; social determinants of health; concepts of development and poverty reduction; North-South relationships; South-South relationships; human rights.