



GLOBAL HEALTH DIPLOMACY BRIEFING

GOOD GLOBAL HEALTH BEGINS AT HOME

POLICY COHERENCE AT NATIONAL LEVEL*

THREE OUTCOMES OF WELL-CONDUCTED GLOBAL HEALTH DIPLOMACY:

- better health security and population health for each (and all) of the countries involved and an improved global health situation;
- improved relations between states and the commitment of a wide range of actors to work together to improve health, and;
- agreements that are deemed fair and support the goals of reducing poverty and increasing health equity.

How can a country prepare better address global health issues, be better represented and have a stronger voice in international negotiations, both in health and non-health organisations, in assemblies, boards and other relevant governance structures, as well as with donors and other actors at international and regional levels? Much depends on achieving policy coherence at the national level.

The approach adopted by each country to global health diplomacy reflects the specific issues the country faces, their understanding of global health challenges, and the capability they have to address them. Therefore, there are different entry points to allow an engagement by government authorities on global health issues and to support a more strategic and coherent approach within government and by reaching out to other stakeholders. National global health strategies can be important tools for countries, enabling them to achieve better negotiation results at international level in both health and non-health organisations.

The relationship between sectors and across levels of government is often defined by competition. There is not always an awareness of the high level of mutual dependence in relation to health. Many of the determinants of health are influenced

and decided by other sectors – in turn many other sectors require a healthy population to achieve their goals. In a similar fashion a domestic focus on population health does not need to compete for attention with an international focus because in a global health system, strengthening one level also means strengthening the other (Frenk, 2010). In a global world, many *global health issues and concerns cannot be separated from domestic health issues and concerns: there is a dynamic interface where the local is global and the global impacts the local. It is for this reason that policy coherence is critical.*

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NATIONAL GLOBAL HEALTH STRATEGIES

The word strategy is derived from the Greek for the 'office of a general'. It refers to the art and science of deploying all available national resources to achieve common objectives, in war or peace. While the word is often used to refer to a document produced to express joint proposals for action, the art of developing a strategy lies in the diplomacy required to ensure that all participants subscribe to its objectives and are able to make the maximum possible contribution to their achievement.

A national global health strategy can help ensure policy coherence and a common vision at national level with values and principles for global health. These can include good governance, justice, poverty reduction, global responsibility and global citizenship. Its primary goal will be to improve health 'at home' through contributing to the development of global public goods for health. It explores the extent to which it can combine the protection of national (as well as foreign policy) interests with global commitments.

A coherent approach to global health can strengthen a country's role as a negotiating partner in the bilateral and global arena. Ideally the good preparation 'at home' is supported by a strong representation in Geneva and other venues of health decision making (e.g. New York and WHO regional offices) through health attachés and/or health ambassadors.

The process towards such a coherent strategy requires an **analysis of strengths and weaknesses of national governance structures for global health** – for example within the ministries of health and the ministries of foreign affairs. Weaknesses can include: poor alignment with national priorities and capacities; mismatch between priorities and funding; competition among health actors at national level; duplication of efforts and gaps which remain unattended; weak representations abroad as well as in international governing bodies and unclear country position in global negotiations.

ELEMENTS OF NATIONAL GLOBAL HEALTH STRATEGIES

A national global health strategy must move beyond the traditional sectoral approach. The issues elaborated in the strategy will have to range from trans-border questions, regional cooperation and development issues to global challenges (global health security, health system strengthening, etc.) This will require cross-ministerial collaboration including the ministries of trade, finance, and/or planning as appropriate.

By analysing several national global health strategies, we can identify the following elements which seem common to most of the existing written strategies:

- a rationale for developing a global health strategy, stating principles and values on which the strategy is based;
- objectives and areas of engagement/action;
- actors involved; and
- established mechanisms or instruments, including expected results, resources, and implementation and monitoring procedures.

Goals: Most of the examples of such strategies for global health aim to both improve international health conditions and to protect the health of their own citizens. In low-income countries the emphasis is placed on actions to address the health needs of citizens in the face of global threats. Thus, there will be greater emphasis on immediate priorities and coordinating donor and civil society support. The involvement of a wide range of actors in setting the goals is crucial.

Instruments: Instruments that support a national global health strategy include the establishment of a coordination structure among ministries (i.e. international department in the ministry of health (MoH) and/or a global health department within the ministry of foreign affairs (MFA), staff exchange, foreign missions and secondments among ministries, regular briefings with relevant ministries, and capacity-building activities for the staff involved, etc.). When deciding on instruments it is helpful to conduct a gap analysis:

- Information gaps – between ministries, between stakeholders.
- Capacity gaps – in global health diplomacy, in cross-sectoral cooperation.
- Funding gaps – insufficient support for global health activities, multilateral work.
- Administrative gaps – in the organisational set-up; lack of rules.
- Policy gaps – lack of national global health strategy (Kickbusch, 2012).

Resources: In terms of resources, financial implications to implement a national global strategy need to be clearly considered. Resources can come from funding mechanisms from the concerned ministries or departments and/or technical expertise from other sectors. Finally, implementation and monitoring mechanisms are necessary to review the impact of such strategy.

PROCESS TO DEVELOP A NATIONAL GLOBAL HEALTH STRATEGY

Depending on the level of development, different ministries and sectors play a key role in ensuring policy coherence at national level and consequently, in the elaboration of a national global health strategy. The key institutions involved relate to foreign policy, trade, and development and represent different interests at the national level. In addition, each country has its own mix of national and global interests. National global health strategies are expected to bring the different sectors together, to reconcile and further domestic and foreign policy interests, and to respond to global responsibilities, such as to support action for global health as a global public good.

The development of a national global health strategy is a process involving trust-building and perseverance. It will take its own time. The different actors (i.e. ministries) at national level may not have had regular contact before. They not only need to get to know each other but also learn that the specific

interests of one actor are subordinated to the larger purpose of the strategy. The win-win situation for each actor emerges through the creation of policy coherence which increases and strengthens the impact of the host country's global health policy and the added value for the foreign policy interests of the host country.

The process usually comprises two phases: the political phase and the drafting phase. In most examples of national global health strategies, we can identify an initiator or a leading governmental institution (i.e. the MoH or the MFA). Support from a higher level of the government is usually expressed through a discussion paper or any other official document. Specific activities may differ: for example, inter-ministerial consultations, brainstorming workshops with representatives from different ministries. These activities aim to create a common understanding in framing global health issues and to receive the political will. The drafting process varies for each country. In some settings, focal points from involved ministries can work together at a first step and engage in consultation afterwards.

Sometimes non-state actors are involved at a very early stage. It is advised that all government authorities (at national, provincial, and local level) are involved in the process. Moreover, close consultation with national parliament ensures the adoption of the written strategy. In each of these situations, reaching consensus among all actors will greatly contribute to the development of a strong strategy. Although the implication of non-state actors proved to be significant, this process is consultative as the final decision remains in the hands of the government.

For example in the case of Switzerland, relationships between the MoH, the ministry of development and the FMA were most crucial. The subsequent UK strategy 'Health is global', also focused at first on these three key actors, but also consulted with NGOs and CSOs involved in this field, the ministry of trade, and the public and private sectors (NHS, pharmaceutical, information technology, and others).

The progressive involvement of other sectors can also be seen in the global health strategies of other high-income countries such as the USA, Sweden, Japan, and Norway. In the case of middle-income countries such as Brazil, China, and India, strategies for global health also involve these sectors and in China they include links and exchanges at provincial and city level and the ministry of finance. Indonesia and Thailand could be said to represent a further development in establishing truly cross-government and cross-sector cooperation for health. Box 1 provides a short summary of the process towards the development of the UK global health strategy: Health is Global.

Box 1. Developing this strategy

'In 2007, England's Chief Medical Officer, in his capacity as the Chief Medical Adviser to the UK Government, issued Health is Global: Proposals for a UK Government-wide Strategy. The Prime Minister and Cabinet approved the discussion paper, which set out the rationale for a strategic framework for global health. An interministerial group led the development of the strategy, and in July 2007, several government departments and devolved administrations joined forces with the Lancet, the London School of Hygiene and Tropical Medicine, and the Royal College of Surgeons of Edinburgh to host workshops for a wide range of stakeholders to debate what a UK government-wide strategy should say. We also received written responses and reviewed commentaries published in the medical press. We published the outcome of the workshops on the Department of Health website and the results of these discussions helped shape the strategy. There was a consensus that we should use explicit criteria on what topics should be covered, and deciding what to exclude has not been easy. It is possible to argue that almost any area of public policy affects global health – indeed, there were advocates for most areas of public policy to be included in the strategy. We needed to draw boundaries, so we chose not to focus on agriculture, economic development, wider trade policy, roads and infrastructure, nuclear weapon proliferation, and the rights and wrongs of going to war. Perhaps there will be future opportunities to set out in detail the relationship between these areas and global health. The strategy builds on what is already being done and identifies future areas for action. The health targets of the MDGs are among those least likely to be met, and Health is Global dovetails with health's place as a vital component in the Prime Minister's MDG Call to Action. It complements UK foreign policy set out in Better World, Better Britain, particularly the contribution that health can make to UK competitiveness and to a low-carbon, high-growth global economy. There also are strong links between a number of government policies and strategies, for example our three White Papers on international development and the UK National Security Strategy.'

Source: Health is Global 2008-2013 Strategy paper, p. 15

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