

Global health diplomacy: five years on

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In the 132nd session of the Executive Board of the World Health Organization (WHO), held in January of this year, the phrase “health diplomacy” was mentioned time and time again. Indeed, the Director-General used it in her opening remarks: “Health diplomacy works.”¹ In two papers published in this *Bulletin* in 2007, we underscored the importance of global health diplomacy, particularly the need to build capacity in this domain within WHO and in WHO’s Member States, in line with changes in the global environment.^{2,3} During the years that have since transpired, it has become amply clear that health diplomacy is not a transient fashion. In fact, the Global Health Programme 2012, launched by The Graduate Institute in Geneva to promote research and knowledge translation and diffusion, represents a turning point in global health diplomacy training. This training takes the form of face-to-face as well as online courses for diplomats, health attachés and staff of international organizations. WHO staff at headquarters, regional offices and country offices take part in the programme, and China, Hungary, Indonesia and Turkey are now co-hosting courses with the Institute or WHO.⁴

Four elements have contributed to the ascent of global health diplomacy. First, foreign affairs ministries are becoming more involved in health because of its relevance for soft power, security policy, trade agreements and environmental and development policy. Countries need to address trans-border challenges that can undermine global stability, such as pandemics and climate change.⁵ Health touches on matters of national and economic interest; it embodies the tensions between national sovereignty and global collective action. New skills are needed to negotiate global regimes. Some countries have addressed this by seeking greater coherence “at home” between foreign policy and health policy through national global health strategies that bring together different ministries concerned with

domestic and global issues so they can speak with one voice in the global arena.⁶

Second, the venues of health diplomacy are expanding; many new actors outside WHO have become (health) diplomats.⁷ “Global health diplomacy” refers to both a system of organization and to communication and negotiation processes that shape the global policy environment in the sphere of health and its determinants. Health is part of summit diplomacy in the United Nations and of club and head-of-state diplomacy involving countries such as the group of eight (G8), the group of twenty (G20) and BRICS (Brazil, the Russian Federation, India, China and South Africa). The European Union (EU) has adopted the European Council’s conclusions on the EU’s role in global health in 2010 and the Organisation of Islamic Cooperation has recently established a unit for health issues. Global issue diplomacy continues in connection with human immunodeficiency virus infection, children’s health and non-communicable diseases – and it is particularly in this area that nongovernmental organizations, foundations and companies have become health diplomats. The ministries of health now play a dual role: to promote the country’s health and to advance the health of the global community.

Third, globalization, new donor–recipient relationships, new types of health alliances and the rise of cooperation between low- and middle-income countries have heightened the need for health diplomacy.^{8,9} More long-term negotiation processes for both binding and non-binding agreements are taking place. One example is the WHO Pandemic Influenza Preparedness Framework. Approved by the World Health Assembly in 2010, it is a milestone in global health governance.¹⁰ The 2011 United Nations (UN) High-Level Meeting on Non-Communicable Diseases adopted the Political Declaration on the Prevention and Control of Non-communicable Diseases. The Protocol to Eliminate Illicit Trade in Tobacco

Products was adopted by the parties to the WHO Framework Convention on Tobacco Control in 2012. New challenges are in the wings: negotiating ways to implement the recommendations of the Consultative Expert Working Group on Research and Development; finalizing decisions on the WHO reform process; embedding health within a UN Framework Convention on Climate Change and, of course, establishing health goals in the post-2015 development agenda.

Fourth, we need competent health diplomats more than ever. Fly-in, fly-out negotiations for health no longer suffice.¹¹ The many health negotiations taking place in different venues involve interactions at many levels of governance and a new interface between domestic and foreign policy. Representatives of countries and other interested actors are continuously engaged in negotiations in hubs such as Geneva, New York, Brussels and Addis Ababa, and health attachés play an important role, but not many countries can dedicate substantial resources to these negotiation processes. At the recent session of WHO’s Executive Board, Member States underlined the importance of good preparation at the national and, increasingly, at the regional level.

Global health diplomacy, if well conducted, results in improved global health, greater equity, better relations and trust between states and a strengthened commitment on the part of stakeholders to work together to improve health nationally and globally. We hope that there will be increasing willingness to support countries seeking to strengthen their capacity not only in the governance of health systems, but also in global health diplomacy. ■

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