

Global Health Diplomacy

Dr Patrick Kadama highlights the need to build capacity for Global Health Diplomacy in Africa

The participation of African states and civil society organisations (CSOs) in regional and global health policy spaces is weak. Foreign policies increasingly concern themselves with health and global health security, including trans-border threats of disease outbreaks, trade agreements for medicines and medical products as well as for environmental and development policy. The African Centre for Global Health and Social Transformation (ACHEST) is working on initiatives to promote effective African voices and competence in global health diplomacy. It trains partner CSOs and other institutions on the concept and practice of Global Health Diplomacy (GHD). One such course was conducted in September 2018, bringing together 55 participants (27 females and 28 males) from Uganda, Kenya, Malawi, Tanzania, Zambia and the Netherlands, representing 25 CSOs and institutions.

The objectives of this training were:

- To build knowledge for institutions and initiatives that are fundamental to current global health diplomacy activities and functions, and how these influence global health outcomes.
- To enhance negotiation capacity of CSOs by giving real-world examples where global health diplomacy either helped or limited global health outcomes.
- To provide a platform for sharing basic policy analytical methods in global health.
- To support initiatives for informed input into national, regional or global action plan on GHD, especially for reproductive, maternal, newborn, child and adolescent health (RMNCAH).

Multidisciplinary training approach

Facilitating this type of training requires a wide range of skill sets. This must include experts with extensive practical knowledge as well as substantial hands-on field experience in health diplomacy. ACHEST has assembled such skills and has incorporated experts from government, the Dutch Embassy, the World Health Organization (WHO), UN-Women, as well as partner CSOs such

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as Center for Health, Human Rights and Development (CEHURD) and other inter-governmental agencies. The content included exchanges and sharing of experiences on global governance issues arising, not only from the wide range of stakeholders' interests in global health, but also from the challenges of complex linkages between health and foreign policy. This in turn created space for global health diplomacy discussions that ensure social justice and equitable health outcomes, for the wellbeing of all people.

At this meeting, it was noted that the field of global health is often thought of purely in medical or public health terms. However, the general consensus among participants was that there are important geopolitical and policy dimensions of global health that underlie programmatic responses to global health challenges. During group discussions, the negotiation processes that shape and manage the global policy environment



From a WHO-commissioned infographic on Global Health Diplomacy, 2015, by Marwa Mahmoud, Omid Mohit and Omar El Arnosy³

for health were highlighted. It was noted that these are increasingly becoming recognised tools for conducting negotiations between public health experts representing health ministries of states and other major players at national regional and global level. As health moves beyond the purely technical people to become a more critical element in foreign policy, security policy and trade agreements, new skills are now needed to negotiate global regimes, international agreements and treaties, and to maintain relations with a wide range of actors.



Global Health Diplomacy training in Uganda, September 2018

Hands-on practice-based methods of training

During the training, several methods of work including plenary presentations, panel discussions, group work, and interactions with experts were deployed. Therefore, the training in health diplomacy was focused on its relation to health issues that transcend national boundaries thus becoming a part of the foreign policy agenda. Consequently, these issues are now being addressed by different groups and at different levels of governance.

Actors and participants in GHD

Considering this, the training took a regional perspective to include participants from all the health systems related countries in the Africa region. The training was funded by the Dutch Government through the Health Systems Advocacy Project (HSAP), which is implemented in five African countries. HSAP aims at strengthening health systems to enable communities realise their right to the highest attainable sexual, reproductive health and rights (SRHR). This in turn creates space for a strong civil society to engage effectively with governments, the private sector and other stakeholders accountable for health systems, to deliver equitable, accessible and high-quality SRH rights and services. The training was to enhance the capacity of CSOs to identify barriers that restrict their ability to play their roles in GHD for HSS and to hold governments and private sector accountable. Some of the barriers they identified included lack of organisational and individual capacity that resonates with African institutions as reflected in, the lack of clear mandates to manage resources, inadequate leadership structures, inability to plan and design sustainable lobby and advocacy programmes.

RMNCAH

RMNCAH was used as an entry point to discuss various dynamics of GHD which are a litmus test for health systems. The improvement of Sexual and Reproductive Health (SRH), particularly the reduction of maternal, new born and child morbidity and mortality, feature among the key challenges for governments and people of the region. Improving these indicators requires concerted efforts in Health Systems Strengthening (HSS), Human Resources for Health (HRH), governance and leadership.

Opportunity and space was provided in this training to discuss selected issues in global health diplomacy that specifically focus on current topical issues in global health diplomacy. SRHR, Health work force migration, community health systems, and commercialisation of health, health promotion, issues of global trade and health for developing countries within the WTO dynamics among others were discussed. Highlights from other partners included a discourse on the Geneva Health Hub, WHO Framework for Empowerment of Non State Actors (FENSA), the role of CSOs in WHO governance; the work of the African Union, the East African Community (EAC), implementation and reporting on the WHO Code by member states in Africa and monitoring of integrated services delivery at country level, as well as the work of the East Central Southern Africa Health Community.

Training outcomes

This broad discourse paved a way for identification of key GHD actions needed in any given country, as well as available opportunities and spaces for engagement in human resources for health, health financing, SRH commodities, leadership and governance at country, regional and global levels. The GHD training raised awareness on the importance of undertaking analysis of RMNCAH issues and intensifying lobby and advocacy efforts at all levels through an action plan.

The training enabled a better understanding of the complex procedures and mechanisms in prioritising agenda setting in global health issues. This method offered a practical approach on how partners and CSOs can participate in negotiation and implementation of global, regional and national agendas.

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