

Tuesday, March 13 Session  
on  
Health Diplomacy as Political Negotiation

**Curriculum-building in Health Diplomacy:  
Seven Focus Areas for Effective Health  
Diplomacy in Political Negotiation**

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Seven potential focus areas for health diplomacy training & practice deserve consideration and could enhance its use and effectiveness in political negotiation.

As the field of health diplomacy represents a combination of a science and the art of diplomatic practice, it will be important to include case studies and practical exercises of applied health diplomacy in politicized situations. Moreover, it is essential to enrich the curriculum with examples from outside the Americas – particularly the European, Middle East, African and Asian settings. Also, more emphasis should be placed on potential contributions by health professionals, non-governmental groups, the private sector and fields such as health communication.

Seven potential focus areas for health diplomacy skills-training & practice:

**1. Inclusion and Training of New Non-State Actors**

Health Diplomacy training should not be confined only to those in government, intergovernmental agencies or the public sector. Health professionals (in the private and public sectors), health professional associations, NGOs, Patient Organizations, Patients and Private Health Care Companies should be fully included in the process of capacity-building of health diplomacy skills, as they represent a powerful resource in national, regional and global health. Apart from their obvious clinical contributions, health professionals have one-on-one relationships with patients, who in more than 50% of countries in the world have the right to vote. Voters can change systems, and positively impact national and global health. The example of the Japan Medical Association will be discussed.

## **2. Training in Partnering & Network Leveraging**

A little known success factor of World No Tobacco Day 1999 was one of the first truly broad-based partnerships for the improvement of global health. The WHO, the global health professional associations, the private sector and a number of patient organizations combined to develop a momentum which would be carried forward to the adoption of the FCTC, probably one of the most impressive achievements in health diplomacy of our generation. The WNTD partnerships led to effective national campaign, with some developing countries paradoxically implementing FCTC proposals earlier than most developed countries. It also helped to spawn other alliances, such as the World Health Professionals Alliance, which has grown from strength to strength since its foundation in 2002.

## **3. Innovative Fire walling of Global Health from Politics**

The sovereignty of nations has over centuries been challenged by cross-border health security scares. However, even now in 2007, the year in which one of the most important treaties will be implemented, the International Health Regulations (2005) – sovereignty issues still rule over what is clearly in the best interest of global health security. The so-called “uncovered regions” such as Kosovo, Somaliland, Western Sahara, Northern Cyprus and Taiwan are not guaranteed to receive the same kind of coverage or inclusion in the WHO-administered health security network. The Taiwan example to be discussed in more detail.

Several approaches need to be studied and pursued to rectify this obvious anomaly:

- Identification and re-classification (e.g. “health and customs territories”) of any of the regions in the world with an independent health authority into UN-linked networks, treaties, information-exchange or pandemic management;
- Greater use of new regional authorities, e.g. the European Union, African Union.
- Ways to reward politicians for long term investments in health rather than as a short term bargaining tool.

## **4. Fix the Broken Windows First**

There are a few global health issues that need to be fixed over the short term to build a platform for sound global health governance. By focusing training and capacity building in health diplomacy on these areas, it can strengthen not only the field, but help solve the problems.

The FCTC as process, result of health diplomacy and subsequent implementation serves as a useful model for other areas which need to be fixed, e.g.:

- Universally Applied International Health Regulations, with no gaps in the global network
- Chronic Disease Management at Regional and Global level
- Environmental Protection
- Consideration of an international treaty on Counterfeit Drugs and Devices, which is rapidly expanding

### **5. Rediscover and Amplify the Old Wineskins of Ethics & Human Rights.**

Human Rights is an underestimated resource in health diplomacy. A specific example in Turkey will be discussed, where Human Rights, Public Health and Extraordinary partnerships led to an improvement in the standards of health and human rights.

Likewise, ethics is a common denominator and highlights respect for persons, beneficence, non-malevolence and justice. This can facilitate more effective health diplomacy – example of the use of ethics training manuals to be discussed.

### **6. Cultural and Linguistic Sensitization**

Programs leading to cross-cultural sensitization and linguistic abilities should be an integral part of a curriculum. The International School and Junior UN programs offer interesting ideas.

### **7. Gender Power**

The new Director-General of WHO has identified female health as one of her priorities for her first term in office. Female leadership in global health, especially at national level and international programs should also be promoted in training and research programs. The African Medical Association and an example from Ghana to be discussed.

