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HEALTH AND INTERNATIONAL RELATIONS: LINKAGES WITH NATIONAL HEALTH DEVELOPMENT FINAL REPORT

Background

1. The presentation and discussion of the policy document Health and International Relations: Linkages with National Health Development (Document CD48/15) (1), during the 48th Directing Council of the Pan American Health Organization (PAHO) in 2008, put the issue of international cooperation as a contributing factor to national health development at the center of debate in the Organization's Governing Bodies. As a result, deliberations continued on the linkages between national health policies and international relations already addressed by the Governing Bodies in 2003 with the presentation of Globalization and Health (Document CE132/15) by the Pan American Sanitary Bureau (PASB) (2) and, two years later, Country-focused Cooperation and National Health Development (Document CD46/19) (3). Document CD48/15 described the linkages between foreign affairs and health in the context of globalization and noted the need to strengthen the capacities of national teams in these areas to obtain better results in international cooperation. Also, it invites the Directing Council to analyze proposals in four spheres of action: leadership in health, health diplomacy, management of international cooperation, and development of national capacity for international action in health.

2. In conjunction with this policy, the 48th Directing Council adopted the resolution Health and International Relations: Linkages with National Health Development (Resolution CD48.R16 [2008]) (4), which urges Member States to advance several lines of work: *a*) strengthen coordination and exchange between the health authorities and the authorities responsible for the governments' foreign policy and international cooperation; *b*) strengthen the health authorities' governance function to respond to the growing demands arising from international agreements and regulations linked to national health development; *c*) strengthen the institutional capacity of governments to manage cooperation and international relations in health, providing the necessary resources for better performance of those functions; and *d*) promote the inclusion of international health in the professional training of diplomats, among other commitments.

3. In 2013, the PAHO Directing Council adopted the resolution Cooperation for Health Development in the Americas (Resolution CD52.R15) (5) and approved the associated policy document (Document CD52/11 [2013]) (6), representing a renewed commitment to providing technical cooperation for health development in the Region of the Americas. As a result, it is closely linked with Resolution CD48.R16. The policy offers a vision, conceptual framework, and guiding principles for cooperation among countries and horizontal partnerships for health development, and it redesigns the work done by PASB in its role as a facilitator of this cooperation.

Analysis of the progress made

Leadership in health

4. Leadership, understood as the institutional capacity of government to ensure the institutional, functional, and regulatory conditions for governance and governability (in this case in health) is the foundation for the development of policies and actions to strengthen cooperation and international relations in health. PAHO works to strengthen leadership in health at the national level and in subregional integration mechanisms to promote effective cooperation and exchange. By establishing reference institutions, communicating about them, and working with World Health Organization (WHO) collaborating centers, impact is achieved in the development of leadership in health in the Member States and in the Region as a whole. Furthermore, since it is a necessary factor that cuts across all other lines of work, efforts to strengthen leadership in health are included in each of the actions mentioned in the next sections of this report.

Health diplomacy

5. Understanding health diplomacy as the intersection of international relations and country health policies, PASB identified the need to strengthen the offices of international relations in health (ORIS) as means of strengthening national capacity and elevating the level of discussion on health policies in bilateral and multilateral forums. In 2014 and 2016, meetings in Panama and the Dominican Republic confirmed that there was consensus on the need to strengthen these offices and defined future lines of work for this purpose. In particular, the regional meeting in Panama brought together 80 representatives of 26 Member States, six regional integration mechanisms, and eight United Nations agencies. Among the most significant activities promoted at these meetings was the one conducted jointly with the Osvaldo Cruz Foundation's Center for International Relations in Health to implement the Program for Strengthening Development Cooperation. One of the results of this program was the preparation and presentation of an individualized analysis of the structures, strengths, and challenges of the offices of international relations in health of 20 countries in the Region (7).

6. For the purpose of updating concepts and practices in health diplomacy, global governance, and South-South cooperation, PASB held, in 2015, a three-day meeting to discuss health diplomacy, South-South cooperation, and resource mobilization. At this

meeting, senior staff of the Organization discussed and shared their thoughts on these concepts. Opportunities for training and discussion on international negotiation and diplomacy have also been provided in different entities with the PAHO Representatives in the countries and at regional managers' meetings.

7. PASB has held a series of workshops for strengthening the capacity of ministries of health to participate more effectively in the governance of international agencies. Since 2014, 316 staff members from 26 countries have attended these workshops, which focus on developing strategies to approach public health problems from a health diplomacy perspective, taking diplomatic protocols and regional and global agreements and frameworks into account. They also emphasize the parameters that should be considered when analyzing health phenomena in the world and highlight experiences in responding to diseases and epidemics.

8. In addition to working with the ministries of health and their international relations offices, PASB has collaborated with representatives of Member States to the Organization of American States (OAS). Working with the diplomatic corps at this level has enabled the representatives to expand their sphere of action to include health issues in their agendas and those of the Region. In this regard, PASB has played a key role in having health-related issues selected and included in the published mandates of the Summit of the Americas in Panama in 2015.

9. Finally, at the global level, PASB maintains regular coordination with the Group of the Americas.¹ The purpose of this coordination is to ensure a common understanding of the issues discussed by the World Health Organization's governing bodies and their implications for the Region of the Americas, taking into account the decisions and resolutions adopted by the Governing Bodies of the Pan American Health Organization.

Management of international cooperation

10. The framework for cooperation among countries for health development (CCHD) has recently been updated with the addition of a "seed fund" financing mechanism for promoting cooperation among countries. This modality offers non-recurrent financing for the execution of effective and sustainable innovative projects with demonstrable effects on the health situation of the countries. Although the purpose of these funds is to facilitate the mobilization of other resources to support projects that promote health and foster partnerships among the Member States, the mechanism also promotes the review and updating of the Organization's available administrative tools for promoting and sponsoring projects.

11. Based on the common need to improve and align the strategies for international health cooperation, PAHO has proposed, signed, or extended framework cooperation

¹ The Group of the Americas (GRUA) brings together the permanent missions of the countries of the Region of the Americas to the United Nations and other international organizations in Geneva. The coordination of GRUA rotates among the countries that make up the group.

agreements with different subregional integration mechanisms, such as MERCOSUR, ORAS-CONHU, UNASUR, COMISCA, and CARICOM. The objective of these agreements is not only to increase activities, projects, and cooperation programs but also to facilitate better coordination and convergence among the countries and organizations involved when the cooperation is bilateral and when a facilitating or financing agency is involved.

Development of national capacity for international action in health

12. The activities carried out for the assessment and strengthening of the offices of international relations in health have given rise to the development of individual plans that are currently in the planning or implementation stages. The most advanced example of institutional cooperation to strengthen one of these offices is Panama, where the needs of the office of international relations in health have been analyzed in depth and a strengthening plan has been launched as part of a cooperation project. The evaluation and results of this activity will be very useful in the work to strengthen other offices, where required.

13. PASB's Edmundo Granda Ugalde Leaders in International Health Program (LIHP) has helped to strengthen institutional capacity in international health by training 426 professionals from 35 Member States and Associate Members between 2008 and 2017, including 95 professionals in the key countries.² Program graduates include staff from the ministries of health, international relations and foreign affairs, agriculture and livestock, economy and finance, and development. They represent a variety of professions³ and currently work in government ministries (including the international relations offices of the ministries of health) and in academic institutions, PAHO/WHO and other international organizations, bilateral and subregional entities, parliamentary institutions, and nongovernmental organizations. The participants have carried out more than 230 projects that address priority health issues, including some related to strengthening the offices of international relations in health and the management of cooperation. The curriculum of the Leaders in International Health Program includes a module on international cooperation and health diplomacy, developed in collaboration with respected academic institutions and the corresponding technical unit of PAHO/WHO.

14. The Leaders in International Health Program has collaborated in special initiatives with Member States, including the training, during the period 2009-2011, of 41 coordinators⁴ of Cuban medical brigades working in the key countries as well as in Belize and El Salvador. The program has also contributed to conceptual development in international health and promoted the dissemination of knowledge in this field through

² Bolivia (17), Guatemala (12), Guyana (17), Haiti (4), Honduras (13), Nicaragua (16), Paraguay (13), and Suriname (3).

³ These professions include medicine, nursing, pharmacy, and other areas of health and the basic sciences; international relations, international law, economics, and other social sciences; and other fields such as information science, engineering, and administration.

⁴ Included in the 426 professionals trained through the Leaders in International Health Program.

online bulletins, presentations in international conferences, webinars, and scientific publications. Moreover, the program has contributed to the development of national academic programs⁵ and to the sharing of learning resources through the Virtual Campus for Public Health.

15. Resolution CD48.R16 urges PASB to “encourage dialogue and the sharing of experiences among the Member States on new international dimensions and their importance for national health development.” PASB is therefore developing a virtual community of practice, primarily for staff in the offices of international relations in health, for implementation in 2018. This community is expected to serve as a forum for sharing good practices, reference documents, and any other information of interest for the day-to-day work of these offices.

Conclusion

16. The importance of international relations with respect to health development in the Region has been discussed and affirmed in various documents and resolutions since 2008, when the resolution motivating this report was adopted. In addition, PASB’s actions in this field have been approved and ratified by the Member States, as they are considered necessary for health development in the Region. This document is a final report, given that in the 10 years since the adoption of Resolution CD48.R16, the context, tools, and approach have evolved. Nevertheless, achieving continuity and consolidation in the development of health diplomacy and international relations is still a challenge that requires greater commitment and engagement by all actors in the Region.

Action necessary for improving the situation

17. The internal and external evaluations of the results of the Edmundo Granda Ugalde Leaders in International Health Program (obtained in 2008-2012) and an expert advisory meeting in 2015 agreed on the importance of maintaining the program, including the development and updating of learning materials. Efforts to strengthen the governments’ institutional capacity in international cooperation and international relations should also be intensified, prioritizing the participation of staff from international relations offices and the diplomatic corps in the program. Finally, greater exchange among professionals with training in international health should be promoted. It is recommended that the Member States continue to support this program throughout the process, including the preselection of applicants and the facilitation of forums and information for students to implement projects, monitor them, and provide feedback to PASB.

18. The use of seed funds to support cooperation among countries for health development is similar to other funds and strategies that support bilateral and triangular cooperation in the Region. The Member States, therefore, are requested to continue

⁵ Programs have been set up in Colombia, Cuba, and the Dominican Republic, and efforts have been supported in other countries.

working with PASB to identify opportunities for South-South cooperation and participate actively in the design of bilateral and triangular projects for which PASB will provide technical and financial support, as resources permit.

19. In four countries, offices for international relations in health are currently in different stages of the strengthening process. PASB has improved the materials and developed flexible work agendas that can be tailored to the needs of each national context. It is recommended that the Member States remain actively involved in the development of their offices of international relations in health, maintaining the continuity of their actions and prioritizing training opportunities for their staff. In order to include a growing number of offices in the development of individualized strengthening proposals, it is recommended that the Member States disseminate information about experiences with joint efforts and support interoffice opportunities for cross-training and exchange.

20. The Organization proposes to continue to implement activities that promote learning, updating, and reflection about health diplomacy in the Region of the Americas as a means of improving cooperation relationships and the results of participation in international forums.

Action by the Executive Committee

21. The Executive Committee is requested to take note of this final report and offer the recommendations it deems pertinent.

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