

***High-Level Preparatory (HLP) Meeting for the
63rd Session of WHO/SEA Regional Committee
WHO/SEARO, New Delhi, 28 June – 1 July 2010***

Agenda item 7.3

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24 June 2010

Capacity building for Member States on Global Health

The term - “global health” is rapidly replacing its commonly used form, i.e, “international health”. This change has emerged as part of the larger political and historical process. The term “global health” has been used since the early days of establishment of the World Health Organization in the late 1940s. In general, it implies the situation where the health needs of the people of the whole planet are responded to, above the concerns of particular nations.

A joint collaboration among the Ministry of Public Health, Thailand, WHO Regional Office for South-East Asia, and the ThaiHealth Global Link Initiative Program, (TGLIP) resulted in organizing the First Regional Training Course on Global Health in May 2010. The first module – an introductory course on global health - organized from 1-5 May 2010 in Nakhon Pathon, Thailand was attended by participants from seven countries of the South-East Asia Region, who were selected from among the delegates attending the Sixty-third World Health Assembly. It was followed by the second module of practical experience and learning through attendance at the Sixty-third World Health Assembly from 17-21 May 2010 in Geneva. A wrap-up session- the third module - was conducted on 22 May 2010 in Geneva. It is envisaged to organize regional training courses on global health conducted in Member States on a rotation basis.

The attached working paper is submitted to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The recommendations made by the HLP Meeting will be submitted to the Sixty-third Session of the Regional Committee for its consideration.



**World Health
Organization**

Regional Office for South-East Asia

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Capacity building for Member States on Global Health

Background

1. The broad definition of health as stipulated in the Constitution of World Health Organization encompasses all dimensions of well-being – physical, mental and social, and the state of health that will lead to a socially and economically productive life. Mainstreaming health into public policies becomes essential for overall development of a nation. Shaping and managing health policies are increasingly important tasks not only for public health experts from the Ministry of Health, but also, as a collaborated effort, for many other major players and stakeholders at all levels. In the era of rapid globalization, the work of health policy makers and health professionals cannot be scoped purely within the technical boundaries. There are many instances that health interventions move beyond national boundaries, and “health” becomes a critical element in formulating international policies on development, trade, communication, and security. International health has re-surfaced as a pressing global priority and more recently it has been re-conceptualized as “global health” to imply a shared global responsibility for health.

2. The term “global health” is rapidly replacing its commonly used form, i.e., “international health”. This change has emerged as part of the larger political and historical process. “International health” refers primarily to the focus on the health matters of the nations across the boundaries between nations, whereas “intergovernmental health” refers to relationships between governments of sovereign nations with regard to the policies and practices of public health.

3. The term “global” is also associated with the growing importance of actors beyond governments, intergovernmental organizations and agencies, and international nongovernmental agencies. The term “global health” has been used since the early days of establishment of the World Health Organization in the late 1940s. In general, it implies a situation where the health needs of the people of the whole planet are responded to, above the concerns of particular nations. “Global health” conveys a sense of something that goes beyond the prior understandings of communication and accords regarding health issues between governments. It would refer to the health needs of people across the world, irrespective of borders.

4. The interdependence of nations becomes stronger with globalization, commercial liberalization and application of newer communication tools. The epidemic and pandemic outbreaks of various diseases especially Severe Acute Respiratory Syndrome (SARS) and influenza (H1N1 and H5N1) have brought about a broader interdependence of nations as well as highlighted the need for global cooperation. This situation also applies to many areas of public health, covering both prevention and control of communicable diseases and noncommunicable diseases. Recently, the term “globalization of public health” has also been adopted broadly. It means that any disease occurring anywhere in the world is the concern of everyone everywhere. The world has already learnt this reality from the global outbreaks of plague in the last few centuries, HIV/AIDS in the late Twentieth century, and pandemic Influenza in the early Twenty-first century. At the same time, globalization means the emergence of new aspects of health for a

population due to its interaction on health service availability/accessibility, its socio-economic situation, and the political priority given to health. Globalization should be properly managed for it to benefit health development. The globalization of public health is a promising development which allows for diffusion of technologies, information, ideas and values as all nations cooperate in areas of public health surveillance, research and intersectoral section.

5. During the last decade, due to the higher frequency, severity and political significance of global health problems, Member States generated greater policy awareness and more actions at international and national levels in health and health-related sectors such as foreign relations, commerce and trade, and environment. The current health challenges facing policy-makers include: (i) addressing the role of health sector in national and global health security; (ii) meeting the targets of health-related areas of the UN Millennium Development Goals; (iii) ensuring access to and affordability of essential medicines; (iv) controlling the emerging communicable and noncommunicable diseases; (v) sharing biological materials with pathogenic potential; (vi) increasing access to vaccines, drugs and other benefits; (vii) bolstering international support for strengthening health systems; and (viii) addressing the challenges facing global health governance and integrating health into all global and national policies and strategies. For example, the foreign policy issues that affect global health would include national and regional security including health security, arms control, communal and regional conflicts and post-conflict challenges, the global economic and financial crisis, natural disasters and emergency response, climate change, food security, the promotion of health as a human right and migration issues.

6. In recent years, the debates on the relationship between foreign policy and global health have accelerated at international forums. The UN General Assembly in New York adopted the resolutions - A/RES/63/33 (November 2008) and A/RES/64/108 (February 2010), that recognized the close relationship between foreign policy and global health and their interdependence. The ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels, aimed at addressing the multifaceted determinants of global health, were noted as global challenges. Member States were encouraged to consider health issues in the formulation of foreign policy, and to increase their capacity for the training of diplomats and health officials on global health by developing best practices and guidelines for training and open-source information, and educational and training resources for this purpose.

7. Underpinning this broader approach of supporting global health has been the significant transformation of health from a specialized subject into a broader recognition of its central place in survival and economic growth, and its increasing interdependence with other sectors for achieving health and non-health issues. It is to be recognized that global challenges required concerted and sustained efforts by the international community. In recent years, health has been the topic of many intergovernmental, regional and international forums such as ASEAN, BIMSTEC, SAARC, APEC, UN ESCAP, and the Asian Development Bank, etc.

8. Increasingly, the nexus of global health and foreign policy is also a major issue at various global forums. It has been the subject of discussion even at World Health Assemblies. The intergovernmental negotiations organized by WHO in the last decade have come up with

treaties like the WHO Framework Convention on Tobacco Control (WHO FCTC) and the International Health Regulations (2005). WHO also organized various intergovernmental working groups – one on public health, innovation and intellectual property and another on pandemic influenza preparedness. In recent years, WHO also developed global strategies on various health issues of global importance such as immunization and harmful use of alcohol, etc.

9. During the last few decades the world has seen a dramatic increase in the number of partnerships for global health development, which combine the strengths of governments, international philanthropic organizations and the civil society at large in tackling global health issues. Despite the dramatic increase in resources for health supported through global health partnerships, the challenges remain due to the special nature of financing of health programme in Member States, the persistent weakness in harmonization among donors and alignment between donors and countries at both international and national levels, and inefficiency in national health systems and insufficient managerial capacity of governments to cope with different rules and regulations of donors and other international organizations, etc. The Paris Declaration on Aid Effectiveness adopted in 2005, and the related Accra Agenda for Action adopted at Accra, Ghana in September 2008 by the high-level forum of ministers from over 100 countries from both developed and developing world provided policy tools, managerial instruments and guidance for addressing the longstanding problems of external aid management and coordination. The need to strengthen the negotiation processes for external support to the health sector is hence necessary. In addition, new skills for ministerial staff who deal with aid management and coordination are also required to help them negotiate international agreements and treaties and to maintain relations with the wide range of actors in the global arena. Global health diplomacy is gaining importance.

10. WHO as a lead intergovernmental organization on health has taken the leadership role in coordinating the technical and policy areas to address current and emerging global health concerns. WHO plays a vital role in global health governance. It provides evidence-based technical and policy advice and support to Member States and international communities. WHO also takes steps to deepen its understanding of the relationship of foreign policy and global health by commissioning research, sponsoring symposiums and developing an international network of governments and institutions— Network on Global Health Diplomacy, with the support of the Rockefeller Foundation and the Global Health and Foreign Policy Initiative¹.

Capacity building for Member States on Global Health

11. In order to strengthen the capacity of Member States in global health, majority of initiatives at the global level have been carried out in the developed world, especially establishing institutions and training courses in the academia. Many international training programmes on global health have been initiated to inform health professionals through multidisciplinary, didactic and experiential learning. WHO has identified an additional need for training that

¹ Global Health and Foreign policy Initiative was launched in September 2006 as an immediate outcome of the Oslo Ministerial Declaration (Foreign Ministers of Brazil, France, Norway, Senegal, South Africa and Thailand).

should bring health professionals and foreign policy professionals together to define health policy within global health. WHO headquarters organized a training course on global health diplomacy in June 2007, in Geneva, in collaboration with academic institutions and the Swiss Agency for Cooperation and Development. The training course was attended by 18 participants consisting of senior diplomats and health professionals from ten countries.

12. The UN Secretary-General, in collaboration with the Director-General of WHO and in consultation with Member States and pursuant to resolution (A/RES/63/33), of UN General Assembly (UNGA) submitted a progress report to the Sixty-fourth session of UNGA in September 2009, titled "Global health and foreign policy: strategic opportunities and challenges". The report highlighted the need to increase the capacity and training of diplomats and health officials in global health diplomacy and develop training standards and open-source information, education and training resources for this purpose.

13. WHO needs to provide support to Member States to organize national, regional and global seminars and training workshops in global health that could act as an effective tool to strengthen national capacity on global health, and enable them to participate and play active roles in international/global health forums with improved negotiation skills. Strategies and plans have to be developed to address the increasing demand for well-trained public health professionals who could address the changing context of global health challenges, including complex and persistent health issues, increasing health inequities, new and emerging diseases, necessity for greater collaboration and incorporation of social models and determinants.

14. WHO is also embarking on global initiative in 2010 to support Member States in the development of their national health policies, strategies and planning. Collaborative works between this initiative and national and regional efforts on capacity building in global health would enhance the overall development of national, regional and global health policies, strategies and plans.

The First South-East Asia Regional Workshop on Global Health

15. Member States of WHO South-East Asia Region acknowledged that there is a need for strong and evidence-based One-Voice common statement for specific regional-relevance agenda items at high level policy and programme meetings. Such statements would lead to successful negotiations, bringing benefits to the Region. It is also recognized that capacity building of delegates from Member States in global health will result in an increase in collaboration and participation among Member States in providing valuable inputs during the preparation of One-Voice common statements as well as regional policy development. There is a need for development of capacity among younger professionals through exposures and trainings in global health.

16. Prior to the 63rd World Health Assembly and 127th session of the Executive Board, the First Regional Training Course on Global Health was organized by the Ministry of Public Health, Thailand from 1-5 May, 2010, in collaboration with WHO Regional Office for South-East Asia

and ThaiHealth Global Link Initiative Program (TGLIP). The main objective of this training course was to build up and strengthen capacity of health and related professionals of Member States in global health, which could lead to the global health agenda setting and policy formulation, taking into account the interest and concerns of Member States. The participants were expected to develop their relationship with delegates from other countries of the Region and be well prepared to serve as country delegates.

17. The first module – an introductory course on global health was attended by participants from seven countries of the SEA Region, who were selected from among the delegates attending to the Sixty-third World Health Assembly. The training was conducted from 1-5 May, 2010 in Nakhon Pathom, Thailand, followed by the second module of practical experience and learning through attendance at the Sixty-third World Health Assembly from 17-21 May 2010 in Geneva. A wrap-up session – the third module – was conducted on 22 May 2010 in Geneva. The course focused on health issues that transcend national boundaries and are global in nature debated at the World Health Assembly. It involved experience -sharing among participants, who were directly exposed to the current global health scenario and movements.

18. Post-training assessment reported that in addition to strengthening the South-East Asia regional network of health policy professionals, participants were able to learn negotiation techniques and global health-related matters from the workshop. It was also reported that the training course organized in an experience-oriented manner enabled them to understand more about the process of the Executive Board and the World Health Assembly and to be better prepared for certain agenda items.

19. All participants concurred that similar workshops should be facilitated and fully supported by the Regional Office for its continuity. It is planned to conduct regional training courses in global health in Member States on a rotation basis , prior to the World Health Assembly every year, with the support from the Regional Office. Experts from the Regional office and Member States should assist in technical matters to the host countries.

Future plans

20. In most Member States of the Region, there is an informal or formal establishment of “International/Global Health Study Groups/Policy Research and Development Units” or similar analogous bodies that are responsible for studying and preparing background for important global meetings such as the World Health Assembly, the Regional Committee, High Level Preparatory meetings, Conference of the Parties to the WHO Framework Convention on Tobacco Control and Climate Change and intergovernmental working groups, etc. These study groups consist of focal persons from international health divisions/units and/or relevant units responsible for international health coordination and planning focal points from ministries of health. They review and prepare background and position papers according to the agenda of these meetings. Delegates to these meetings are briefed by the group for appropriate interventions and negotiations. The WHO Regional Office and country offices should provide

necessary technical inputs and assistance to these groups, and also strengthen their capacities on negotiation and policy development skills.

21. There is a plan to conduct regional training courses on capacity building in global health in the coming years. It is envisaged to organize the regional training courses on global health in Member States on a rotation basis prior to the World Health Assembly and meetings of other global forums every year. Technical expertise from the WHO Regional Office and country offices and Member States should be available to support the host countries.

22. WHO SEARO's initiative on public health development by strengthening public health education institutions also plays a major role in development of capacity in global health. The South-East Asia Public Health Education Network needs to work closely with the health policy and planning units, the international/global health study groups/policy research and development units or similar analogous bodies, for development of practical modules, and also for incorporation of global health into the curriculum of the schools of public health and other public health education institutions.

Point for consideration

23. The Regional Committee is requested to take note and provide guidance on the progress of work on capacity building of Member States in global health.