



REPORT

CROSS GOVERNMENT SUPPORT FOR GLOBAL HEALTH DIPLOMACY IN THE REPUBLIC OF MOLDOVA

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ABSTRACT

This report describes an exercise to review and improve procedures to achieve cross government policy coherence in Moldova in preparation for international health meetings. Building on a high level seminar, that introduced key concepts of global health diplomacy, workshop sessions developed several important lessons and tools relevant to Moldova and other countries seeking to improve cross government and whole society engagement in global health.

Key Words: Global health diplomacy, whole society engagement, cross government policy coherence, policy briefing note, mega diplomacy, health governance.

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ABBREVIATIONS

| | |
|----------|---|
| NGO | Non Governmental Organization |
| CSO | Civil Society Organization |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome |
| NCD | Non communicable Disease |
| TB | Tuberculosis |
| SEEHN | South-eastern Europe Health Network |
| WHO | World Health Organization |
| MoH | Ministry of Health |
| GF | The Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GAVI | The Global Vaccines Alliance (a public-private partnership) |
| IBRD | The International Bank for Reconstruction and Development - The World Bank |

INTRODUCTION: WHY GLOBAL HEALTH DIPLOMACY IS IMPORTANT FOR HEALTH

The social, economic and environmental challenges facing the world in the 21st century require coordinated international action by governments and the many other international agencies and national groups to address issues that transcend national borders. In the past this process was often described in terms of the diplomatic agreements between national governments through the mechanisms of the United Nations and its agencies, the modern world has changed. National states are still the main players in diplomacy but the power and influence of nations has changed radically. Regions and cities now have a role to play in diplomacy and international agencies now operate alongside many different forms of public private partnerships, philanthropic funders, international Non-Government Organizations (NGOs) and business interests. In this complex world of what can be described as mega diplomacy it is important to ensure that each participant is clear about both their own interests and goals and their shared responsibility for global goals and global public goods (which benefit all and from which none can be excluded).

The process of global governance links the actions and experiences of each citizen, local and central government agency, NGO and business interest to our shared global challenges. It enables each participant to influence global agreements and actions by expressing their priorities and needs and the contributions they offer. This now happens through many different meetings, at which trans-border issues are discussed and agreements are reached as examples, during our meetings the International Conference on Nutrition held in Rome and the NCD Child Conference 2014 held in Trinidad were referenced. Often influence can be increased by the formation of coalitions of interest between countries and other players in regional groups or by agreements between technical partners, for example during our meetings agreements with the European Union (EU) and agreements between members of the South Eastern European Health Network (SEEHN) were noted, that helped to take forward issues relevant to Moldova. The ability to influence diplomatic outcomes, wielded by a country or agency is a product of many factors, including the trust of

other participants in their integrity, the way their case is presented and the evidence given. Such influence is pervasive so that influence in one sphere creates influence and recognition in others. In this sense global diplomacy in any sphere is an element of foreign policy.

With respect to health, global determinants include trans-border factors such as: poverty, education, migration and uncontrolled globalization, that affect both infectious diseases such as HIV/AIDS and TB and non-communicable diseases, that are influenced by lifestyle factors and advertising, such as diabetes, heart disease and lung cancer. Recognizing this need, the World Health Organization (WHO) has increasingly focused on its normative role in supporting and orchestrating cross government and cross society agreements and action for global health, through a process known as Global Health Diplomacy. Agreements, which may range from international legal commitments to resolutions providing common recognition of best practice, are formed at many different meetings including the World Health Assembly, Regional Meetings of the WHO as well as many other health conferences and professional meetings. The wider determinants of health are also influenced by trade and development agreements at the United Nations, the World Trade Organization and at other regional and global meetings.

National governments have recognized the essential links between health and foreign policy and the importance of developing regional, cross government and whole society approaches to global health issues that affect their populations. Different approaches have been taken by Governments; some, like Switzerland, the UK and Germany have developed explicit strategies for addressing global health as a health and foreign policy concern. Others, including Japan, Thailand and Indonesia, have established agencies and partnerships focused on global health. Most countries now participate in regional and sub-regional groups that cooperate to address health issues within their region and come together to represent regional interests in global health at international meetings.

BACKGROUND: DEVELOPING GLOBAL HEALTH DIPLOMACY IN MOLDOVA

Global health strategies and institutions can help in creating whole society engagement with global health issues to achieve real improvements in health by engaging parties across government and society and improving leadership and participatory governance for health, (see Interim report Supporting Health 2020: governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe (Kickbusch & Behrendt, 2012). There is no single route to success, but skills in global health diplomacy and willingness to work in partnership with others are vital elements.

The Government of the Republic of Moldova is particularly aware of the importance of global health diplomacy. As a small country facing economic and political challenges, it faces severe health issues arising from global factors - during our meetings we noted the high death rates from HIV/AIDS, TB and Alcohol, Diet and Smoking related diseases (we referred to data on health in Moldova from the Institute for Health Metrics and Evaluation at <http://www.healthdata.org/>). It understands well the links between health and foreign policy as evidenced by the existence of the International Relations and European Integration Department of the Ministry of Health. It also recognizes the need for a whole society approach as shown by the National Health Policy of 2007-2021.

With this in mind, the Ministry of Health, in collaboration with the WHO office in Moldova, utilizing the expertise of the Graduate Institute for International and Development Studies of Geneva and funding from the EU Delegation decided to offer an opportunity for national stakeholders in global health, a chance to improve their mechanism for preparation for global health events, both nationally (research, dialogue with colleagues and national partners to build a 'whole society approach') and internationally (how they participate in regional and global events, how they represent the aims and objectives of Moldovan society and how they implement the actions agreed). Participants included not only those with direct health responsibilities but also representatives from other government departments such as the Ministry of Foreign Affairs, the Ministry of Finance, the Ministry of Education and, for some meetings, representatives of Civil Society and the Media.

Three steps were taken as part of a coordinated program: a high level seminar was held as a background step to develop a common understanding of the concepts and practice of global health diplomacy, a workshop to review and strengthen current processes for preparing delegates to participate in international meetings on global health issues

and a follow up workshop to review progress and confirm a new approach to working together across government to address global health through a whole society approach.

The high-level seminar was organized over three days in December 2013 days. The seminar was led by: Professor Michel Kazatchkine, UN Secretary General Special Envoy for HIV/AIDS for Eastern Europe and Central Asia, Mr. Mihály Kökény, Former Hungarian Minister of Health and Professor Graham Lister of London South Bank University – all Senior Fellows of the Global Health Programme at the Graduate Institute of International and Development Studies and Mr Jarno Habicht, WHO Representative. It was attended by representatives from the Ministry of Health and Ministry of Foreign Affairs and European Integration, the State Chancellery, Ministry of Economy, Ministry of Labour, Social Protection and Family, and the

Ministry of Education and from the other public institutions. Participants and speakers included contributors from the non-governmental sector, civil society organizations and international organizations. The Seminar addressed:

1. The interrelationship of health and foreign policy;
2. The methods of global health diplomacy;
3. The complex landscape of different actors in health negotiations;
4. The dynamics of global health governance;
5. Negotiation strategies;
6. HIV/AIDS and non-communicable diseases in the global diplomacy agenda;
7. International organizations and infrastructure;
8. The need for policy coherence at the national level.

CURRENT PROCESSES FOR COORDINATING RESPONSES TO GLOBAL HEALTH ISSUES

The high level seminar introduced the theoretical concepts that underpin the practice of global health diplomacy and related these concepts to the issues facing Moldova and the way in which it addresses these issues both at national level and at international meetings. A panel of representatives from different international organizations presented their perspectives on global health issues relevant to Moldova and representatives of the Ministry of Foreign Affairs and the Ministry of Health shared their perspectives on Global Health Diplomacy. Other speakers demonstrated the link between global agreements and local action by government and non-government agencies.

The high level seminar prepared the way for discussion on practical steps to improve the process for preparing for and responding to international meetings on global health issues. This report is focused on these discussions which led to proposals for revised inter-sectorial processes.

A one day workshop was held in May 2014 to review the current processes of the Republic of Moldova, to prepare and participate in policy dialogues at international events. The workshop led by Graham Lister brought together representatives from different Ministries and agencies to consider ways of improving cross government consultation by focusing on priority areas in which Moldovan experience could contribute to the international debate and where Moldovan interests and needs could be promoted. The meeting focused on specific examples of consultations in preparation for the September meeting of the WHO European Regional Committee regarding Nutrition and Non Communicable Diseases.

While there is always room for improvement in the process and practice of global health diplomacy and whole society engagement, based on feedback from previous courses during which some 120 WHO Heads of Country Office shared experience in these fields, the problems faced by Moldova were typical of many other countries. Indeed in many respects Moldovan processes for global health engagement were comparatively well developed. Current processes supporting Moldovan engagement with global health issues include:

Cross society engagement is evident in the development of an annual National Health Policy Forum that provides a platform for discussion of health policy engaging all Government Ministries, Chairs of Local Authorities, Health Agencies and NGOs (who are also recognized as

partners for health in an MoU) to consider long term health priorities and the contribution that all parts of society can make to address health and its determinants. This reflects a commitment to a Health in All Policy approach agreed in 2007. This policy forum has played an important role in filling gaps in national policy coordination. It could also provide an excellent basis for linking local issues and discussions to global debate.

Specific national plans and indicators are developed to address issues such as: alcohol harm reduction, tobacco control, nutrition, mental health and youth health, which take into account global and regional guidelines and agreements developed with the WHO and address national issues and priorities. These plans are consistent with global and regional strategic guidelines developed with the WHO. Progress and policy in high priority areas such as alcohol harm reduction are reviewed by a high level parliamentary panel chaired by the Deputy Prime Minister. In comparison with many other countries this shows a high level of political leadership of global health issues and the linking of national strategy to global guidelines and agreements.

Preparation for international meetings and events, as well as other aspects of global health communication are coordinated by the International Relations and European Integration Department of the Ministry of Health. The international agenda for a meeting is set by the meeting organizers and in the case of WHO meetings the Secretariat announces a list of priorities and makes available the relevant documents. These are then distributed by the MoH to relevant departments. This is good practice in relation to other countries which lack a systematic process for cross government engagement. However, it appears that pressures of workload mean that other Ministries may often respond with no comment or minimal input.

This situation could be improved if the material developed by organizers to prepare for meetings, were produced in good time to allow for consultation and if summary documents outlining the issues raised for or possible contribution of other parts of society could be included. Many officials in other departments simply do not have the time to read detailed health policy documents.

In most cases an expert from the MoH is asked to prepare a draft speech in response to WHO or other agenda items and papers. Papers are circulated to all relevant government ministries for their comments and a final version

agreed with the delegate and the Minister of Health and the Ministry of Foreign Affairs and European Integration.

While this process shows a commendable level of preparation it is time consuming both at national level and as it is repeated by many other countries it also takes up undue time during meetings. As we discussed during our workshop it would be more effective to focus on issues of most relevance to Moldova, to be clear about the objectives and position to be taken and the outcomes that should follow from the meeting. This should produce “briefing notes” summarizing the national interests and preparing the representative to engage in constructive negotiations for international agreement. We set out a suggested outline for a briefing note in the recommendations section.

Informal networking with Moldovan stakeholders has recently been strengthened by the introduction of regular informal MoH lunches and events to which representatives of other Ministries and other agencies are invited. This it is hoped will develop leadership on global health issues from other Ministries and agencies and will encourage sharing of ideas and experience.

The International Relations and European Integration Department of the Ministry of Health also maintains contacts with senior Moldovan

representatives and experts working with the South East European Health Network, the Organization for Economic Cooperation of Black Sea States, WHO Copenhagen and Geneva, the Council of Europe and at GF, GAVI, UN and IBRD committees and at a variety of other international agencies. Thus even though Moldova has a population of less than 5 million people it can exert considerable influence through its representatives in such international agencies if policy coherence on global health issues could be achieved.

Following international meetings minutes and outcomes are recorded including all resolutions agreed and the implications for Moldova. Again this represents good practice in comparison with many other countries. However, this also shows the potential for further steps to use feedback from international meetings to promote cross sector awareness of global health issues as a step towards a whole society approach. Creating a codified institutional memory of global health diplomacy (perhaps as an online resource) could also save time and effort most such issues recur over several years and in different venues. It could provide the basis for further discussion and action as well as discussions with local media linking the citizens of Moldova and all elements of society to local and global health issues, if it were part of a more coherent approach to global health issues.

REVISED INTER- SECTORIAL PROCESSES TO ADDRESS GLOBAL HEALTH ISSUES

A follow up workshop led again by Graham Lister was held in September 2014, with representatives from different Ministries to discuss and analyze a revised process of inter-sectorial consultation and preparation for participation in policy dialogues and international events. Dr Angela Stafii, a communications expert, also provided an insightful session on the art of delivering policy speeches. The features of the proposed process included:

The priorities and interests of Moldova in global health issues should be clarified so as to target areas where a distinctive contribution to a debate would be useful both for other parties and for national interests, so as to know whether and how to contribute. In this case the areas targeted were alcohol harm reduction and nutrition both of which were fields in which specific problems were experienced. In the case of alcohol harm, lessons from and partnership with other European wine producing regions could be helpful but it was also important to consider beer and spirit controls as these are major health issues in Moldova. For nutrition cross sector action including in education, trade and development support was needed to improve child and women’s nutrition, recognizing that in rural area many problems arise from poverty and poor access to varied diet. It is also clear that diet and activity need to be addressed together as obesity and under-nutrition are both evident.

A clearer focus on Moldovan priorities for global health would also serve to focus whole society engagement with national and global health issues, including for example in discussions on the National Health Plan. This need not necessarily involve a separate global health strategy but global issues could be identified within the national plan.

Having identified issues arising in the international agenda that address key national priorities the next step proposed was to establish working

teams to address specific issues with clear leadership and membership, bringing together the relevant stakeholders in the chosen fields to share their perspectives and knowledge and formulate a position and statement reflecting Moldovan interests needs and contributions, in the field.

The working teams should be tasked with engaging all relevant parties in developing a “policy brief” (a short statement to prepare a delegate to present the national perspective at an international meeting) setting out:

1. The specific issues in the field, that are important to Moldova.
2. Moldovan interests that could be promoted in the meeting.
3. Cross society and international partnership to address the issue.
4. Current performance and policy in this field (with examples).
5. Desirable, acceptable or unacceptable outcomes.
6. Follow up action that might result from the meeting.

Consultation with relevant stakeholders should ensure that any statement based on the policy brief would, as far as possible, represent a cross sector view aligned with political and social perspectives. It is important to note that taking a position at an international meeting also implies commitment to implement the consequent actions at national and local level.

Follow up action should record and share the outcome of meetings so as to ensure that commitments generated at international level are followed up by national and local action. This should both support further discussion and action and should serve as an institutional memory so as to ensure continuity of approach in subsequent national regional and global meetings.

RECOMMENDATIONS: LESSONS FROM MOLDOVAN EXPERIENCE

Moldovan experience in developing its approach to global health diplomacy, and a cross government and whole society approach to health provides lessons that may be useful for other countries. Naturally each country will need to develop its own approach, structures and processes

reflecting its political economic and social context as well as its specific health issues and priorities. We suggest that the following lessons can be drawn:

1. A useful starting point is to assess current action on global health diplomacy, cross government coordination for health and whole society approach. This could also provide a basis for sharing lessons and progress between countries. Annex A provides a template to enable MoHs and/or WHO Country Office, to undertake self-assessment.
2. It is helpful to develop a shared understanding of the concepts and practice of global health diplomacy and its relevance to each country across different government ministries and agencies and with NGO/CSO. In particular it is useful to explore the links with foreign and domestic policy to understand both the health needs driven by global determinants and the specific experience and interests of the country. The introductory course and workshops led by the Graduate Institute of International and Development Studies provide an excellent basis for this. See <http://graduateinstitute.ch/globalhealth>
3. While it is important to develop clear structures and processes for global health diplomacy and whole society engagement, these may take many different forms. An outline of a possible process for preparing for engagement with an international meeting is provided at Annex B.
4. There will always be practical constraints on the time and resources available for global health diplomacy. It is therefore essential to clarify the focus of national contributions to international debate, based on national interests and priorities. This may also serve to link global policy contributions to key issues raised through the process of whole society engagement. It may also be useful to establish a common framework for policy briefing documents see, for example, Annex C.
5. Structures and processes for cross sector engagement both in domestic and international policy are essential. It is important to encourage leadership and creative input from different Ministries and Civil Society Partners. Cross government consultation on technical drafts without the opportunity to meet can make it difficult for other Ministries to add value to such documents. Bringing inter sectorial teams together on selected high priority issues and identifying lead responsibility for each aspect can provide space for a creative approach to the preparation of a policy brief on such key issues. It can also be helpful to bring an international perspective to such considerations learning from initiatives in other countries, with the help of the WHO Representative.
6. Follow through from international agreement to national and local action is the crucial link in the connection between a whole society approach and global health diplomacy. Special attention needs to be given to the way agreements and resolutions are recorded and monitored as the basis for national and local action and debate. Again this needs to be selective and focused on key issues which can engage cross society action and create a sense of global citizenship as part of a social movement for health as part of a two way exchange that links global agreements to local action.
7. The move towards whole society engagement with global health issues also has lessons for the WHO and other organizations providing venues for global health diplomacy. Agendas and papers need to be circulated with enough time for cross sector consultation. Furthermore while complex issues need to be adequately explored for health experts, it is also important to consider the information needed by stakeholders in other fields who will require a summary of the key points to which they can respond.

ANNEX A

GLOBAL HEALTH DIPLOMACY: ASSESSMENT

1. How do you ensure coordination with International and national bodies on health.

- Who leads/plans the coordination process?
- Which are the key agencies you work with?
- Is there cross government participation?
- Do NGO/CSOs /business interests participate?
- Is there a clear strategic planning process?
- Is coordination effective?
- How are actions and outcomes monitored?
- What outcomes have been achieved?

2. How do you ensure cross government and whole society cohesion on health issues.

- Who leads/plans the coordination process?
- Is there political leadership?
- How are national priorities/interests decided?
- Which departments/agencies are involved?
- Is there a clear strategic planning process?
- How are actions monitored?
- Is effective cohesion achieved?
- What has been achieved in this field?

3. Do you participate in regional, sub regional or other international global health action?

- How do you decide which issues to focus on?
- Who leads/plans the coordination process?
- Which are the key partner countries?
- Have key agreements and actions resulted?
- How effective are these?
- How are actions monitored?
- What outcomes have been achieved?

4. How do you participate in discussions at WHO/UN elsewhere on global health issues?

- Are global health and foreign policy linked?
- Who decides which issues to focus on?
- How do you prepare for meetings?
- Who leads/plans the coordination process?
- Are international agreements effective?
- How are agreements /outcomes monitored?
- What outcomes have been achieved?

5. What networks support your global health diplomacy and whole society approach?

- What international positions do national experts hold?
- Which are the key partner countries?
- What health networks operate nationally?
- Have key agreements and actions resulted?
- How are networks developed or supported?
- Is there common understanding of priorities?
- What have such networks helped achieve?

6. What are the next steps for global health diplomacy and whole society approach?

- What priority issues need to be addressed?
- At national, regional and global levels?
- Who should lead on these issues?
- Will post 2015 goals change your approach ?
- How can your country strengthen its GHD?
- How can you influence global governance?
- Are there other ways you can move forward?

ANNEX B

GLOBAL HEALTH DIPLOMACY: PROCESS

| Actions | Deadlines Weeks | | | | | | Meeting | After Meeting |
|--|-----------------|---|---|---|---|---|---------|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 Identify key priority issues relevant to national interests and health policy arising at meeting. | | | | | | | | |
| 2 Identify lead person for preparation of national position statement (briefing). | | | | | | | | |
| 3 Identify cross government participants ask for their input arrange to meet, if necessary. | | | | | | | | |
| 4 Identify NGO/CSO, other national and international partners ask for their input, arrange to meet if necessary. | | | | | | | | |
| 5 Produce initial outline position statement. | | | | | | | | |
| 6 Consult other partners and agree statement and any follow up actions that may follow. | | | | | | | | |
| 7 Review and finalise policy briefing with delegates prior to meeting | | | | | | | | |
| 8 Present national position at international meeting and agree resolutions and actions. | | | | | | | | |
| 9 Record and disseminate outcomes of meeting and any commitments monitoring and actions. | | | | | | | | |

ANNEX C

GLOBAL HEALTH DIPLOMACY: BRIEFING NOTE

1. Summarise the key issues in this field

Which are important to national interests and priorities?
Does current policy and performance, follow guidelines?
Are there emerging health issues and needs?
What other national interests are affected?

2. What issues arise from international proposals?

From previous international resolutions and agreements?
From current Regional or Global meetings?
What would be impact of proposals on national interests?

3. What can we hope to achieve in the meeting?

What would be an acceptable outcome?
At what point should we withdraw (if necessary)?

4. Who might be partners in addressing this issue?

Governments, Ministries, Agencies, NGOs ?
Where might opposition come from?
What interests underlie their positions?

5. What specific points would help achieve desired outcomes?

Points to be made in discussion?
Partnership with others to be promoted?
Specific wording or other changes to proposals

6. Are there specific examples that support our case?

Stories of successful innovation in this field?
Examples of negative impacts that can be avoided?
Cross society collaborations to address the issue?
International cooperation on the issue?