Strengthening health in foreign policy and development cooperation

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1. Introduction

Five years following the adoption of the resolution EUR/RC60/R6 on health in foreign policy and development cooperation at the 60th session of the WHO Regional Committee for Europe (RC60), and as part of taking forward the Health 2020 agenda, the WHO Regional Office for Europe organized a high-level technical meeting in Berlin, Germany on 28–29 April 2015. Hosted by the Federal Ministry of Health of Germany, the aim of the meeting was to discuss the progress and opportunities to strengthen policy coherence through intersectoral collaboration for health in foreign policy and development cooperation. The meeting is part of a series of meetings leading up to the discussions on strengthening and supporting intersectoral collaboration for health at the 65th session of the WHO Regional Committee for Europe (RC65), to be held in Vilnius, Lithuania, on 14–17 September 2015.

This two-day meeting brought together representatives from the health, foreign policy and development cooperation sectors from selected countries, including Finland, Germany, the Netherlands, Norway, Poland, the Republic of Moldova, the Russian Federation, Switzerland, the United Kingdom and Turkmenistan; and the European Commission.

This meeting report provides an analytical overview of the discussions about the experiences of Member States in strengthening health in foreign policy and development cooperation; the approaches and mechanisms used to enhance horizontal and vertical policy coherence for global health; the preconditions needed to achieve policy coherence among these sectors; the common challenges encountered; and the recommendations on how Member States and international organizations can establish principles for joint action and promote synergies among these sectors at all levels, while also creating mechanisms and instruments to ensure cooperation and continuity. The meeting report will inform the documentation on promoting intersectoral and interagency action for health and well-being in the WHO European Region, to be submitted to RC65.

2. Approaches and mechanisms used to strengthen policy coherence among the health, foreign policy and development cooperation sectors at all levels

Discussants noted that over recent years global health has gained increasing importance in foreign policy processes and the development of cooperation platforms. Health is moving high on the political agenda. Many health issues that were considered domestic matters in the past are today debated in international settings. The evidence about the linkages between domestic and global health is today much richer than ever.

Responding to this reality, different Member States across the WHO European Region have moved forward the global health agenda within the foreign policy and development sectors in different ways. Governance structures vary across the European Region, as well as the specific responsibilities of each sector. This diversity has been reflected in the way governments deal with global health. The global health governance landscape is not homogeneous across the European Region and Member States have developed different mechanisms to set up national priorities and enhance policy coherence across health, foreign policy and development cooperation. While it is important to recognize that no "one-size fits all", sharing different
experiences benefits discussion around efficient approaches to ensure horizontal and vertical policy coherence for global health.

2.1. Development of national health and foreign policy strategies

The meeting included an exchange of experiences and approaches from the participating Member States and the European Union in the development of health and foreign policy strategies:

**Germany: Shaping global health. Taking joint action. Embracing responsibility**

In Germany, the Federal Government has adopted the strategic paper *Shaping global health. Taking joint action. Embracing responsibility* to meet the new challenges in global health policy. The document concentrates on five main topics: providing effective protection against cross-border threats to health; strengthening health systems throughout the world; increasing intersectoral cooperation; promoting health research and the health care industry; and strengthening the global health architecture. The overarching aim of the German Government is to speak with one governmental voice at all levels and in all international bodies. The strategy has been developed with the active participation of all ministries, academia, civil society and nongovernmental organizations. The paper was adopted in 2013 by the Cabinet and has proved to be useful to drive the discussions at different bodies such as the G7, where Germany holds the presidency and has set three health priorities in the agenda. Ad-hoc cooperation mechanisms for global health issues have also been put in place at national level, the last one being the Ebola taskforce with a coordinator from foreign affairs and health experts and other stakeholders involved such as the German Red Cross and the Federal Agency for Technical Relief (Technisches Hilfswerk).

**Switzerland: Health Foreign Policy**

The Swiss Federal Council (Cabinet of Ministers) approved the second *Health Foreign Policy* (2012–2018) in March 2012 in order to ensure a coherent national position with regards to global health. In 2006, Switzerland was the first country to adopt a health foreign policy. The 2012 strategy describes 20 health-related objectives in foreign policy. It was developed under the leadership of the Swiss Federal Office of Public Health (Federal Department of Home Affairs) with the Federal Department of Foreign Affairs and the Swiss Development Agency plus other departments, including trade, justice, research, development and innovation. Informal intersectoral meetings in the form of breakfasts at vice-director general level are organized quarterly to discuss the implementation of the policy and create opportunities to enhance synergies across sectors. Furthermore, formal intersectoral meetings are organized twice a year. Certain thematic elements of the strategy are reported on a regular basis to the Federal Council. The Swiss Federal Office of Public Health together with the Federal Department of Foreign Affairs recently reported on achievements of the Health Foreign Policy at half term. The report includes milestones achieved in the priority areas of neglected tropical diseases, global health security issues, antimicrobial resistance, environment and health, the Sustainable Development Goals (SDGs), migration of health professionals and the public health aspects of migration, the International Health Regulations (IHR), illicit drugs and preparation for United Nations general assemblies.
**Norway: White Paper on Global Health in Foreign and Development Policy**

Norwegian’s White Paper was developed under the leadership of the Ministry of Foreign Affairs. Ministries of Health, Environment and Development were also involved, as well as other governmental actors and institutes. The paper sets out the priorities and challenges for Norway in the health, development aid and foreign policy landscape. Its main priorities include women and children’s health; reducing the burden of disease, with special emphasis on prevention and promotion; and promoting human security in health.

**United Kingdom: Health is global**

The health strategy *Health is global* of the United Kingdom was adopted in 2008 at cabinet level. This intersectoral strategy sets the way in which government departments work together to improve health in the country and overseas. The latest version of the document, published in 2011, sets out three priority areas: global health security, international development and trade for global health. Special emphasis is given to the need to engage multilaterally for global health. Representatives across government departments are part of the steering group that is in charge of monitoring the delivery of outcomes and ensuring policy coherence.

### 2.2. Strengthening global health through national policies and strategies across sectors

Participants presented the different national approaches towards strengthening global health through intersectoral national policies and strategies:

**Poland: health in foreign policy and development cooperation policy**

Poland has not developed a specific health and foreign policy strategy but rather aims at giving to the health agenda a stronger footage in the existing horizontal government policies. Every four years, a new formal Foreign Policy is presented when the government takes office. Based on this policy, every ministry develops a yearly operational plan. The Plan of the Ministry of Health includes the international dimension of health in both its bilateral and multilateral settings, even though it is closely linked to domestic health priorities and needs. Health, although not as a chief priority, is also included in the multiannual Development Cooperation Plan implemented through the Ministry of Foreign Affairs. The current one sets out the priorities for the period 2012–2015, while the new plan, covering the period 2016–2020, is being drafted. The Polish Government is currently developing a Public Health Act that considers health as a whole-of-government responsibility.

**Finland: using windows of opportunity to enhance policy coordination**

Finland follows a "health in all policies" approach to strengthen health within its foreign policy and development cooperation activities, without the development of any specific strategy or policy paper. The Finnish Government has a long tradition of cross-sectoral engagement, and intersectoral meetings take place regularly. The position of the country on global health issues is discussed regularly in informal interministerial meetings convened by the Ministry of Social Affairs and Health. Furthermore, ad-hoc coordination mechanisms are put in place when necessary, as for the Ebola crisis under the leadership of the Ministry of Social Affairs and Health. Other windows of opportunity are used to enhance coordination between health and foreign policy, such as the Global Health Security Agenda.
The Russian Federation: foreign policy concept

Global health is incorporated into the foreign policy strategy led by the Ministry of Foreign Affairs in the Russian Federation. In 2006, the Russian Presidency of the G8 put the discussion on HIV/AIDS high on the agenda; today, discussions between the health and foreign affairs sectors in the country aim at taking forward global health within different international mechanisms. At the Shanghai Cooperation, the emphasis is being given to falsified and counterfeit medicines and drugs, while discussions among the BRIC countries (Brazil, the Russian Federation, India, China and South Africa) are expected to focus on noncommunicable diseases (NCDs) such as cardiovascular diseases and communicable diseases such as tuberculosis. The Russian Federation is also working closely with the WHO and the Stop TB partnership. The major challenge remains in the financing of global health activities, as it needs coordination and approval from the Ministry of Finance.

Republic of Moldova: enhancing intersectoral action for health through national health policy

The Republic of Moldova adopted its new National Health Policy in 2007 to cover the period up to 2021. This policy brought together all government and non-state actors directly or indirectly responsible for health and well-being. Good collaboration has been established with the education, social affairs and environment sectors, as well as with national nongovernmental organizations and civil society. However, coordination with other actors such as the Ministry of Finance remains a challenge. The Ministry of Health of the Republic of Moldova works closely with the WHO Regional Office for Europe for the implementation of the National Health Policy and the enhancement of intersectoral action for health. Furthermore, citizens identified health as their second most important priority during an online survey about the post-2015 society they would like to build. As a result, the WHO Country Office in the Republic of Moldova through the Graduate Institute for International Affairs and Development Issues organized two health diplomacy courses in 2013 and 2014 aiming at bringing all ministerial partners together to discuss collaboration for health and promote health as one of the main foreign policy components. To this end and building on the national outcomes of these courses, an additional course was conducted for the Member States of the South-Eastern Europe Health Network (SEEHN). Another initiative in this area is the annually organized National Health Forum, which usually takes place at the end of the year. The first of these events aimed at bringing together all the national stakeholders and actors at the highest level including the prime minister, members of parliament of different parties and cross-sectoral ministries to bring health to the highest level in the political agenda and to foster understanding of its importance for development. In later rounds, this event enjoyed regional attention, adding value and showing results relevant for the countries of the European Region. Finally, the Ministry of Health has also set weekly informal ministerial lunches to better inform national actors on the global health issues and opportunities to inform national policies. Nevertheless, much still needs to be done to place health high in the national political agenda, and work is ongoing to demonstrate the linkages between good health, development and wealth.

2.3 A diverse global health governance landscape

Member States across the European Region engage differently with the great diversity of actors in the global health governance landscape and have developed different mechanisms to ensure coherence among their policy priorities at national and international levels.
Representatives from the German delegation outlined the approach taken by the permanent mission of Germany in Geneva, under the Ministry of Foreign Affairs, which regularly meets with organizations undertaking global health-related activities – such as Stop TB, Roll Back Malaria and the Polio Eradication Initiative – as well as United Nations Development Programme (UNDP), the United Nations Children's Fund and WHO. Meetings with financing institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), GAVI, the World Bank and the International Monetary Fund are usually attended by the Ministry of Development Cooperation of Germany. Before attending these meetings, national coordination is set up with the relevant ministries according to the topics to be discussed. For issues such as Ebola or antimicrobial resistance, the Ministry of Health has the lead and coordinates with the necessary national stakeholders.

Other countries such as the Republic of Moldova have achieved intersectoral coordination in health issues at international level through the collaboration with organizations and international settings such as WHO, GAVI, GFATM and SEEHN. Bilateral agreements have also been established with countries including Norway, Germany and Switzerland on global health matters as well as others tailored to the national priorities. This policy cohesion among health, foreign policy and development at the international level has been reflected in the national development strategy Moldova 2020, which sets out the government priorities for the Republic of Moldova.

At the World Health Assembly, many countries send delegations including representatives from both the health and foreign affairs sectors given the increasing importance of global health matters. In the European Region, ministries of health have the lead and actively participate in the discussions at the WHO Regional Committee for Europe.

### 2.4. Global health at the European Union

Some participants stressed the important role play by the European Union (EU) in global health. EU global health policy was defined in 2010 in the Commission Communication on Global Health and the Council conclusions on the EU role in Global Health adopted at the 3011th Foreign Affairs Council meeting. The principle of "health in all policies" is enshrined in the work of the EU, as stated in the EU Treaty (article 3) and in the Treaty on the Functioning of the European Union (article 168).

The EU is not a member of WHO, but its Member States are. Recognizing WHO as the leading authority for health, EU Member States are committed to coordinate positions in order to speak with a consistent and coherent voice at international settings including the WHO bodies.

The Commission’s Directorate-General for Health and Food Safety (DG SANTE), and the WHO Regional Office for Europe cooperate on areas such as health information, health determinants, health security and health systems. The EU is also strongly involved in the SDG process, based on EU positions adopted in the Council in Brussels.

Regarding governance for global health, promoting high safety and health protection standards in multilateral and global processes is an objective of EU foreign policy and in relation to health in its broader sense, including areas such as food safety, consumer protection and human rights. The inclusion of health into EU foreign policies was the core objective of the 2010 policy paper ("communication"), with special focus on development cooperation, trade, and inequality reduction through the strengthening of health systems and the promotion of universal coverage in
partnership with middle and low-income countries and in line with the health-related objectives of the Millennium Development Goals.

In terms of health security, multilateral and bilateral cooperation has been established with the United States and other partners. The Global Health Security Agenda is emerging as a new dimension of cooperation in global health, with special emphasis on the implementation of the legally binding IHR. The EU Health Security Committee is one of the mechanisms used by the EU to deal with health security matters. Regarding health and trade, regulatory cooperation is ongoing with partners where health is looked at from the perspective of trade regulation and in particular with regard to medicines and food safety. Negotiations are ongoing as well with regards to international trade agreements in the context of the Transatlantic Trade and Investment Partnership. Finally, the EU aims at achieving policy coherence also in the area of research, a key dimension of global health, where the EU focus is on universal health coverage, the development of new medicines, access and affordability.

The mechanisms used by the EU in order to coordinate positions towards a cohesive and unified global health policy include intracommission processes between Directorates-General, and regular dialogues with stakeholders (international organizations, nongovernmental actors and academia) in the Global Health Policy Forum.

2.5. Addressing health security challenges

The Global Health Security Agenda was identified as an important international initiative involving 44 Member States, the Food and Agriculture Organization, WHO, the World Organization for Animal Health, Interpol, the World Bank and the EU. It was launched by the White House in 2014, and it represents a voluntary programme where participating countries commit to support other nations through 11 action packages related to health security matters. It is a time-bound activity that aims to prevent, detect and rapidly respond to diseases, with the ultimate goal of implementing and fulfilling the IHR. According to WHO estimates, 70% of the countries worldwide are not currently able to meet entirely the IHR requirements. Despite the fact that the initiative was started before the Ebola crisis, this experience has resulted in a strong motivation for countries to participate. No new structures have been developed for its implementation, but rather the work uses existing structures that are already in place in countries and in which intersectoral work is an essential part. At the moment, five countries have volunteered to conduct an assessment of baseline global health security capacities, of which three have already been done. The results will be presented at a side event during the World Health Assembly in May 2015. All 44 nations involved are linked by the principle that lacking health protection for citizens in one country because of the existence of weak health systems may potentially become a global health problem for all countries.

2.6. Addressing health in the post-2015 processes

It was reported that the SDGs negotiations have been recognized as distinct from the Millennium Development Goals. While the latter contained three health-related goals out of a total of eight, the SDGs at the moment have only one goal that is directly addressing health out of a total of 17, but with a number of additional relevant goals. There have been differences among Member States on the definition of universal coverage, with differing priorities placed on individual access to health, public health and health system strengthening. Agreeing on key concepts such
as universal coverage or well-being may be important to move forward a joint global health agenda.

Many countries reported that representatives from the development, environment and foreign affairs sectors have led the SDG discussions, with varying degrees of partnership with the health sectors. This raised some challenges in addressing the social determinants of health and when considering the health impact of non-health objectives. In this regard, greater coordination among the health, foreign affairs and development sectors might have been useful in order to strengthen the health component in some of the discussions. Lessons can be learnt from the environment sector, which was positioned differently in the discussions, notably with a stronger civil society presence.

2.7. Addressing complex global health challenges within the United Nations system

The negotiations on the Global Monitoring Framework for Non-Communicable Diseases were chaired by Norway with the support of WHO. Norway engaged with representatives not only from the ministries of health but also from the ministries of foreign affairs in order to have the diplomats and ambassadors who usually take part in the global health negotiations on board from the beginning of the process. Bringing together health and foreign policy experts provided the right mix of technical and political expertise and proved to be an effective way to take forward the NCD agenda at a high political level.

The Russian Federation has also been working over several years jointly with the WHO Regional Office for Europe in order to progress on the NCD agenda. The first global conference on NCDs was organized in the country in 2011. In 2014, a five-year process jointly with WHO started for the opening of a "geographically dispersed office" specialized on NCDs in the Russian Federation. The ultimate goal is to support countries in the development of their national health strategies for NCDs. Special emphasis has been put on countries of the Commonwealth of Independent States (CIS), given their proximity and close relationship with the Russian Federation, in order to increase the voice of the eastern part of the WHO European Region internationally. In the process of setting up the office, cross-sectoral work has been essential given the need to actively involve the Ministry of Foreign Affairs and Ministry of Finance.

The discussion demonstrated that Member States consider WHO as the place where global health issues should be addressed. In the case of countries such as Germany, strengthening the leadership of WHO in global health matters is included in the global health strategy. Therefore, the strengthening of WHO as a normative and implementing partner within the United Nations family is directly linked to the success of the global health agenda and the increase of policy coherence between national, regional and international levels.

At the country level, WHO coordinates regularly with other United Nations actors under the leadership of the United Nations Resident Coordinator, a role that is usually under UNDP. During recent years, health messages related to issues such as NCDs have been strengthened at country level and there has been a period of adaption and learning for the WHO on how to deliver health messages through this coordination mechanism and in the United Nations Development Action Frameworks. The WHO Regional Office for Europe has embarked on the process of developing briefings for the WHO heads of country offices to support this work.
2.8. Positioning health in high-level political processes and settings

It was noted that Germany took over the presidency of the G7 in 2014. One year before, the government discussed the national priorities involving all ministries as well as nongovernmental organizations. While six health-related priority topics were originally included, three were agreed as part of the G7 agenda: antimicrobial resistance, Ebola and neglected tropical diseases. This is the first time in the history of the G7 that three health-related topics have been included as priorities. One of the factors that made this possible was the interest and commitment for health of the German Chancellor. Regarding antimicrobial resistance, the first national strategy was jointly developed by the health, agriculture and research sectors in Germany in 2009. Nongovernmental organizations also embarked on advocacy and lobbying activities for this issue. Several countries have been working together on a joint paper on antimicrobial resistance for the G7 summit on 7–8 June 2015. A high-level meeting of the health ministers of the G7 is planned for October 2015 in Berlin, in which this issue will be further debated, depending on the G7 summit outcome.

The presidency of the council of the EU was considered another useful instrument to position health high in the political agenda. Finland reported its approach to initiate the "health in all policies" framework under its Presidency in 2006, a national priority that successfully was taken up on the EU agenda. Previous to its Presidency of the EU, Finland had a long tradition of cross-sectoral policies for health, with structured interministerial policy debates established. The concept of "health in all policies" was launched at the EU level at a moment of change of paradigm in the global health landscape, and the European Commission welcomed the framework, the term being widely used still today.

In the eastern part of the WHO European Region, it was reported that other international settings such as the CIS Health Council present opportunities to strengthen policy coherence among health, development and foreign affairs sectors and to position health high in the political agenda. Eastern Member States frequently meet at the CIS Health Council and discuss national and subregional priorities. The WHO Regional Office for Europe is working closely with Kazakhstan, the country that will take over the next presidency, to link the agenda with other international processes in order to increase the efficacy of the CIS Health Council in influencing the global health landscape and achieving progress in strategic priorities.

Finally, the discussants recommended that interregional organizations could be further utilized by the health, foreign affairs and development cooperation sectors to strengthen the global health position internationally, such as the BRICS or the Shanghai Cooperation.

3. Preconditions needed to achieve policy coherence among the health, foreign policy and development sectors

Despite the diverse contexts and specificities of each country, a series of preconditions were identified throughout the different experiences described at the meeting that enabled horizontal coherence among the health, foreign policy and development sectors; facilitated vertical coherence at national, regional and international levels; and helped to position health high in the political agenda through international processes and settings.
-Focus on the process. The process is as important as the outcome. Acknowledging the relevance of each step in the process will determine the success of the intersectoral collaboration, regardless of whether it results in a policy paper or not. Those countries that embark into the development of a policy paper or strategy may find it useful to consider it a process that is constantly updated and developed beyond its outputs.

-Working culture. It is essential to ensure the right working conditions to share knowledge and build trust and common understanding between professionals from different sectors. Such environment must leave space for consultation, coordination, contribution and coherence, but also for confrontation, conflict and contradictions. Although no "one-size fits all", for several Member States informal settings, such as regular interministerial breakfasts or lunches, and intercountry and intersectoral dialogues are the right formulae to have productive discussions and exchanges of knowledge and information across sectors and countries.

-Time. Time is recognized as one of the key resources for successful intersectoral action. Intersectoral governance takes time, since arriving to the right point in which cross-sectoral work translates into benefits is not immediate.

-Financial resources. While it is essential to think of the financing needs of any intersectoral strategy or activity, different approaches work better in different contexts. For example, while some countries prefer not to link their activities to specific budgets in the global health strategies to allow greater flexibility, in others liaising at an early stage with the Ministry of Finance speeds up the process later.

-WHO leadership. In many Member States, particularly middle and low-income countries, the leadership of WHO and its provision of technical assistance has been recognized as a key determinant for the development of successful intersectoral mechanisms among health, foreign policy and development, as well as for positioning health high in the political agenda internationally.

-High-level political commitment. Health is a political choice. Therefore, the recognition of health and well-being as political priorities benefits adequate collaboration and horizontal and vertical coherence. The leadership of prime ministers has proved to be a useful way to guarantee high-level political commitment at national level and in international settings. Likewise, the adoption of global health policies or strategies by a parliament or cabinet facilitates a coordinated approach to global health across sectors.

-Coherence across international settings. Aligning priorities across international processes and settings helps to move forward the global health agenda at national, regional and international level as efforts are concentrated in the same direction.

-Active role of the ministries of health in global health. In an environment where global health issues are increasingly falling under the responsibility of other sectors, such as development or foreign affairs, the leadership and active involvement of the health sector help in keeping health and well-being high in the agenda, as well as introducing the health perspective for non-health goals, policies or interventions.

-Health diplomacy. As a result of the modern definition of health and well-being and its high position in the political agenda, health professionals are no longer the only ones in charge of health and well-being. Other experts such as diplomats under the ministries of foreign affairs
take part in international discussions where the global health agenda is decided. Providing these diplomats with a good understanding of health matters is, therefore, a prerequisite to ensure that global health is not overlooked.

4. Common challenges to strengthening health in foreign policy and development cooperation

Despite the numerous experiences since the adoption of resolution EUR/RC60/R6 on health in foreign policy and development cooperation in 2010, enhancing policy coherence for health across sectors and positioning global health high in the political agenda remains a challenge. Member States highlighted the following difficulties during the meeting.

- Health and high-level politics. As health goes up the agenda, the role of others, such as ministries of foreign affairs or development cooperation becomes increasingly relevant. This situation implies the urgent need for a systematic intersectoral coordination between health, foreign policy and development to ensure cohesion between domestic and global health. This new reality has become evident through the SDG negotiations, which are mainly driven by the development sector. While it is essential to advocate for global health in international settings, recognizing and addressing the emerging intersectoral challenges is a necessary step to ensure that the voice of the health sector is heard.

- Strengthening horizontal coherence in countries. Vertical policy coherence at national, regional and international levels in an environment where different sectors come together around global health discussions cannot be ensured unless horizontal policy coherence is guaranteed at the national level. The way ministries of health work and engage with other sectors at the country level is the basis to ensure a coordinated approach to global health at all levels.

- Aligning priorities to enhance vertical coherence. There is a wide diversity of actors and functions in the global health landscape. Formal and informal meetings are taking place every day at regional and international levels, which makes it hard for governments to ensure preparation and coordination. Aligning priorities not only nationally across sectors but also across international procedures and settings would allow the joining of forces to move forward the global health agenda in the same direction and with a more coherent and stronger voice.

- An intersectoral concept of health demands an intersectoral approach to health. Today we have a greater understanding of the intersectoral nature of health and well-being, and we need to strengthen the intersectoral approaches taken to address these issues. A key challenge is to engage with key stakeholders outside of the health sector and speak to the right audiences. Participants felt international settings such as the WHO Regional Committee for Europe might benefit by the presence and wider participation of strategic sectors that are determinant for health.

- Guaranteeing continuity in a context of political change. Political changes are an intrinsic part of democracies. As governments change, keeping national priorities, goals and strategies remains a challenge and, unless recognized and addressed, might negatively impact on the global health negotiations at regional and international levels. In addition to high political commitment, getting the right technical people to work on these issues across sectors might help to ensure the necessary continuity.
- **Engagement with civil society and non-state actors.** The implementation of participatory processes for health that involve civil society and non-state actors remains a challenge particularly at regional and international levels, and within the context of WHO. This has an impact on global health from different angles, from financing to advocacy. It was noted that WHO is currently reviewing its policy towards non-state actors.

- **Lack of horizontal financing mechanisms.** National and international financing institutions usually have a vertical approach to global health. It is essential to promote and advocate for horizontal financing mechanisms for global health programmes and activities in order to facilitate a successful implementation.

- **Setting the right global health indicators.** Modern global health issues require agreeing on the right set of health and well-being indicators, which are, by definition, horizontal and imply a cross-sectoral understanding of health and its social determinants. In this regard, other indicators that may not be considered directly related to health in the first instance may have important health implications in their implementation.

- **Agreeing on key definitions.** Key concepts and definitions such as universal coverage or well-being could be agreed within the health sector before engagement in cross-sectoral negotiations in order to speak with one coherent and strong voice and avoid the reopening of technical discussions at international settings.

- **Adapting the jargon, from "donors–recipients" to "implementing partners".** At international discussions, there is sometimes an abstract link between being a donor country and developing a global health strategy, implying that high-income countries might have a greater impact in the global health landscape. A modern approach to global health requires a change of jargon that reflects the impact of all implementing partners.

- **From an emergency focus to a systematic approach.** Recent crises such as the Ebola experience have evidenced the need for a systematic coordination among the health, development and foreign affairs sectors to respond quickly and efficiently to global health challenges. Integrating equity within the global health and foreign policy agendas and addressing the public health aspects of migration were noted as emerging global health challenges that need a strong horizontal and vertical policy coherence.

### 5. Recommendations to move towards comprehensive, effective and sustainable forms of policy coherence among the health, foreign policy and development sectors

- **Translation of existing evidence and experiences into practical next steps to enhance policy coherence for global health.** After the adoption of resolution EUR/RC60/R6 on health in foreign policy and development cooperation at RC60, the European policy framework Health 2020 has provided a new opportunity for Member States in the European Region to foster intersectoral approaches to global health issues. Intersectoral governance has been recognized as a prerequisite to strengthen health within the foreign policy and development cooperation agendas. RC65 will dedicate one full day to the main agenda item on intersectoral and interagency action for health and well-being, where a session will be devoted to the discussions on how to move forward and strengthen the work among the health, foreign policy and
development cooperation sectors. This political momentum could be used to agree on how to translate the existing evidence and experiences into practical next steps to enhance policy coherence for global health.

- **Member States could have a stronger and more coherent voice nationally, regionally and internationally regarding global health.** Global health issues are directly related to the type of value-based system that we want for the world. Member States across the European Region could aim to speak about global health matters at all levels with a stronger and more coherent voice. This requires an agreement on key strategic global health priorities across sectors and a strategic approach to global health at all levels, bringing consistency in the messages sent at different international settings. The existence of limited resources demands prioritization. Aligning priorities in regional, interregional and international settings may help in moving forward the global health agenda.

- **Reinforcement of dialogue and knowledge exchange between countries.** In order to achieve a strong regional voice in global health matters, good dialogue and knowledge exchange between countries throughout the WHO European Region could be reinforced.

- **Regional informal dialogues can link health, foreign affairs and development sectors.** Formal, informal and ad-hoc intersectoral mechanisms could be reinforced within countries to enable intersectoral collaboration. At the regional level, convening informal dialogues that bring together the health, foreign affairs and development sectors was noted as a strategic recommendation to move forward the global health agenda and ensure a continuous intersectoral dialogue in the region. Greater emphasis during these informal exchanges could be given to sharing practical experiences from Member States, going in depth into the processes and ingredients of a successful intersectoral collaboration.

- **Strengthening the health component in the education of diplomats.** Including health issues in the education of diplomats would increase global health awareness within the foreign affairs and development cooperation sectors, facilitating the intersectoral dialogue and increasing the efficiency of diplomats at global health negotiations.

- **Utilization of existing instruments.** There are existing instruments in the global health landscape, such as treaties, that could be further utilized for global health purposes. The Framework Convention on Tobacco Control provides a historical example from which global health experts could learn.

- **Never waste a crisis.** The Ebola experience has increased attention on the need to work across sectors for global health and in particular health system strengthening. Health security matters can be easier to explain than other complex issues such as social determinants of health or health equity. The increasing attention to intersectoral mechanisms for global health may present an opportunity to move forward these complex issues and systematically influence international agendas.

- **Leadership role for WHO at the United Nations and in international setting.** On the one hand, the role of WHO could be strengthened in countries in order to provide the right conditions to convey health messages across the coordinating mechanism of the United Nations to target health and non-health sectors at national level as well as with other United Nations actors. On the other hand, WHO could speak with a stronger voice at the international level on issues such as the post-2015 agenda or antimicrobial resistance.
Annex 1

SCOPE AND PURPOSE

Strengthening health in foreign policy and development cooperation
Berlin, Germany
28–29 April 2015

Scope and purpose

As part of the implementation of Health 2020 and in view of the five years since the adoption of resolution EUR/RC60/R6 on health in foreign policy and development cooperation at the 60th session of the WHO Regional Committee for Europe, the Regional Office for Europe is organizing a high-level meeting, hosted by the Federal Ministry of Health of Germany, to discuss the progress and opportunities to strengthen policy coherence through intersectoral collaboration for health in foreign policy and development cooperation.

This meeting aims to collect, describe and analyse the experiences of Member States of the WHO European Region in improving policy coherence between health, foreign policy and development. It will generate recommendations on how Member States can establish principles for joint action and promote synergies among the sectors, while also creating mechanisms and instruments to ensure cooperation and continuity.

The meeting is part of a series of meetings and consultations leading up to RC65, to be held in Vilnius, Lithuania, on 14–17 September 2015. It will inform the working document on promoting intersectoral and interagency action for health and well-being in the WHO European Region, to be submitted to RC65.

The Health 2020 policy framework prioritizes whole-of-government and whole-of-society approaches to health and well-being and explores new forms of governance to establish greater policy coherence, including intersectoral action for health. Intersectoral action is the cooperation between ministries dealing not only with national challenges but also with the global and cross-border issues inherent in many of today’s public health challenges and risks. The 60th session of the Regional Committee in 2010 addressed this topic through the adoption of resolution EUR/RC60/R6, which is now considered an integral part of Health 2020.

This one-day meeting will bring together a number of WHO European Region Member States active in the areas of health, foreign policy and development. This has been manifest in different ways across the European Region. The meeting will explore approaches taken by certain Member States and identify lessons learned and potential recommendations.
Key questions to be addressed throughout the meeting include:

1. What are the processes and/or approaches chosen to define the health objectives in foreign policy and development cooperation and how are they implemented?

2. How have health entry points been used to address foreign policy and development objectives and how are they implemented?

3. What are the impacts and outcomes of the above processes and/or approaches?

4. What lessons can be drawn from the diverse experiences presented?

5. What recommendations could be put forward for strengthening health objectives in foreign policy and development cooperation?

Cooperation between health, foreign policy and development (as well as other sectors) has also been critical in preparing for major policy meetings at national, regional and global levels. Some strategies focus in particular on cooperation with WHO. Countries will present, discuss and exchange information on the approaches that they have chosen for establishing policy coherence. Meeting participants will discuss the experiences gained and the subsequent learning that can be shared with a broader group of Member States. The meeting will use a number of key issues to illustrate and frame the discussions with the objective of understanding the operational aspects of the processes undertaken:

1. post-2015: lessons and legacy from the Millennium Development Goals and how this can be taken forward during the next 10 years;

2. health security: the International Health Regulations, lessons learned from pandemics and near-neighbour approaches; and

3. complex challenges of global public health: noncommunicable diseases, including in relation to tobacco, food and climate change.

The expected outcomes of the meeting are:

1. deepening the understanding of the different approaches available to Member States for increasing intersectoral collaboration between health, foreign policy and development;

2. discussing the expectations of Member States on the role of the WHO European Office and the added value of the topic to the Region as a whole, including in relation to United Nations global health processes; and

3. proposing recommendations for and input to the RC65 working document and discussions on intersectoral action.

The meeting is expected to contribute to ongoing regional discussions on strengthening and supporting intersectoral collaboration, including the documentation for and discussions during RC65.
Annex 2

AGENDA

Strengthening health in foreign policy and development cooperation
Berlin, Germany
28–29 April 2015

Provisional programme

Day 1: Tuesday, 28 April 2015

13:00–14:00 Welcome
Chair: Dr Haik Nikogosian, Special Representative of the Regional Director for Europe
Opening Remarks
Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe
Mr. Thomas Fitschen, Ambassador, Deputy Permanent Representative, Permanent Mission Germany, Geneva

Tour de table

14:00–15:30 Session 1: Overview of health in foreign policy and development cooperation in the WHO European Region – examples of collaboration
Countries’ different policies and strategies to build coherence between health and foreign policy.
Presentation: Promoting policy coherence between health and foreign policy
Professor Ilona Kickbusch, Consultant, WHO Regional Office for Europe, 15 minutes

Country presentations (5 minutes each)
Countries’ short presentation which should include information on the following questions:
- What policy/strategic document is in place at national level to take health and foreign policy forward? How is the development sector integrated?
- How were the strategic documents adopted and at what level of government?
- What was the impetus for the adoption/approach undertaken?
Questions and answer session, all participants
Moderated by: Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

15:30–16:00 Coffee break

16:00–17:30 Session 2: Health, foreign policy and development coherence in practice: experiences from addressing health security challenges
- What approaches, processes and instruments were adopted to address health security challenges, including near-neighbourhood approaches and pandemics?
- What lessons were learnt from these approaches and cooperation?
- What were the preconditions for and obstacles to action?
- What recommendations could be put forward for future action?

Experience exchange session: all participants
Moderated by: Professor Ilona Kickbusch, Consultant, WHO Regional Office for Europe

19:00 Dinner hosted by the Ministry of Health of Germany

Day 2: Wednesday, 29 April 2015

8:30–9:00 Presentation from the European Commission

9:00–10:30 Session 3: Health, foreign policy and development coherence in practice: experiences from addressing health in the post 2015 processes
- What approaches, processes and instruments were adopted to address health in the Sustainable Development Goals (SDG) negotiations?
- What lessons were learned from these approaches and cooperation?
- What were the preconditions for and obstacles to action?
- What recommendations could be put forward for future action?

Experience exchange session: all participants
Moderated by: Ms Leen Meulenbergs, Executive Manager, Strategic Partnerships, WHO Regional Office for Europe

10:30–11:00 Coffee break

11:00–12:30 Session 4: Health, foreign policy and development coherence in practice: experiences from addressing complex global public health challenges within the United Nations system
- What approaches, processes and instruments were adopted to address (for example) the noncommunicable diseases objectives, tobacco, climate change?
- What lessons were learned from these approaches and cooperation?
- What were the preconditions for and obstacles to action?
- What recommendations could be put forward for future action?

Experience exchange: all participants
Moderated by: Dr Lucianne Licari, Executive Manager, Country Relations and Corporate Communication, WHO Regional Office for Europe

12:30–13:30 Lunch

13.30–14.15 Session 5: Health, foreign policy and development coherence in practice: moving towards whole-of-government approaches
Approaches to position health in high level political processes and settings such as G7, G20, Shanghai Cooperation and others
Experience exchange session: all participants
Moderated by: Professor Ilona Kickbusch, Consultant, WHO Regional Office for Europe

14.15–15.30 Session 6: Summary of key points from the day
- Presentation of the Health and Foreign Policy Brief
- Recommendations for the RC65 working document
- Next steps, challenges and opportunities

Questions and answer session: all participants
Moderated by: Professor Ilona Kickbusch, Consultant, WHO Regional Office for Europe

Final summary: Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe
Annex 3

LIST OF PARTICIPANTS

Strengthening health in foreign policy and development cooperation
Berlin, Germany
28–29 April 2015

Provisional list of participants

Finland
Eero Lahtinen
Ministerial Adviser, Ministry of Social Affairs and Health, Department for Social and Health Services

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Germany
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Thomas Ifland
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**Poland**
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Katarzyna Rutkowska
Deputy Director, Department of International Cooperation, Ministry of Health of Republic of Poland

**Republic of Moldova**
Nicolae Jelamschi
State Secretary, Ministry of Health

Tatiana Paduraru
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**Russian Federation**
Svetlana Axelrod
Deputy Director, Department of International Cooperation and Public Affairs, Ministry of Health of the Russian Federation

**Switzerland**
Tania Dussey-Cavassini
Vice-Director General, Ambassador for Global Health, Federal Department of Home Affairs, Federal Office of Public Health, Division of International Affairs

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**United Kingdom**
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