

Keeping the World Safe, Protecting Economies, Connecting Nations

High-Level Meeting on Diplomacy for Health Security and Emergency Preparedness

Concept Note

January 2020

All countries, regardless of income or level of development, face significant public health threats. Large-scale health emergencies regardless of origin have potentially wide-ranging consequences that transcend national boundaries. With increasing frequency, outbreaks of diseases can emerge anywhere, spread quickly, rapidly sicken large numbers of people, and escalate swiftly into regional epidemics or into a global pandemic. The current outbreak of Ebola Virus Disease in the Democratic Republic of Congo, Measles, Cholera and Zika are just some examples. New social-economic contexts amplify their impact and spread, community and national vulnerabilities, and make control difficult. Climate change and its consequent natural disasters, conflicts, and public health events of chemical and radiation origins also pose threats to health security. These all result in major loss of life, cause social disorder, disrupt economies and trade, impede sustainable development and threaten foreign relations.

Addressing these challenges and preparing for such threats requires multisectoral engagement and action, involving national and global leaders, Ministries of Foreign Affairs, Health and Finance, Parliamentarians, and beyond.

Global health security and international foreign policy are intrinsically linked, given the interplay between health security risks and their potential impact on three major global agendas – the world economy; the security environment; and humanitarian assistance, human rights and social justice. Diplomacy is pivotal as health threats resulting from increased globalization requires actions outside the ability of any single country or organization to address by themselves. An effective response depends on the coordinated ability of the international community to act. The greater need for diplomatic coordination at the global level was a driving factor in the adoption of the IHR(2005)¹. The 29th session of the African Union (AU) Assembly in 2017 in Addis Ababa, Ethiopia, achieved renewed commitment to accelerating implementation of IHR via a multisectoral approach at national, provincial and local levels with clear roadmaps, and monitoring mechanisms. In October 2019, the AU, WHO and the government of the Democratic Republic of Congo (DRC) hosted a Ministerial meeting involving the 9 countries that border DRC which resulted in adoption of a framework on Ebola outbreak preparedness and response.

While a few countries might be well equipped to meet the challenges posed by global health threats, many countries are not. Committed diplomatic engagement and efforts for coordinated actions for

¹ The International Health Regulations (2005) is a legally binding framework aimed at preventing the international spread of diseases, while minimizing unnecessary disruptions to international trade and travel.

health security are key to solutions, and advance foreign policy objectives including *keeping the world safe, protecting economies and connecting nations* on a level playing field. Diplomats are part of a transformation process that ensures global health security is on top of the foreign policy agenda. As the GPMB noted, a new focus is needed on the importance of multi-stakeholder involvement for health security, which becomes more complex as the number of non-state actors increases. The changing geopolitical dynamic and economic and political polarization shift thinking about health security, what it means given the growing interconnectedness of populations, and the importance of Ministries of Foreign Affairs to coordinate, garner support and maintain solidarity.

Health emergencies devastate economies, but very modest investments in preparedness yield significant returns. The economic impact of emergencies is very significant. In the leadup to Davos 2019, the World Economic Forum released a report stating that pandemics could cause average annual economic losses of 0.7% of global GDP, or US\$570 billion each year, over the coming decades – an economic threat similar to that of climate change². The economic impacts of past outbreaks were huge – Ebola wiped out many of the recent developmental gains in Guinea, Liberia, and Sierra Leone (which had been among the fastest growing economies in the world prior to the crisis), and cost an estimated US\$53.1 billion; and responding to Pandemic Influenza H1N1 and Zika cost US\$45-55 billion and US\$7-18 billion respectively. The yearly damage to health due to climate change has been estimated by the World Health Organization (WHO) to be US\$2-4 billion and areas with weak health infrastructure, mostly in developing countries, would be least able to cope.

On the other hand, the global financial need for preparedness for the next health security crisis is modest, at an estimated cost of US\$4.5 billion per year. Recent costings suggest that most countries would need to spend 65 cents per person per year to get to an acceptable level of epidemic preparedness. For most countries, this is less than 2% of what is being spent³. Likewise, the World Bank Group (WBG) estimates that system improvements in public health and animal health to meet the minimum standards of the WHO and the World Organisation for Animal Health (OIE) would cost US\$3.4 billion a year. In comparison, past zoonotic outbreaks from between 1997 to 2009, that did not even become pandemics, cost US\$80 billion or US\$6.7 billion per year⁴. The unpredictability of public health events makes the case for investing even more compelling. The probability of a severe outbreak (which can be an unknown “Disease X”) in the next 10 to 30 years is high, although it is anyone’s guess as to when and where it might emerge.

Investing in disaster resilience and pandemic preparedness are also often the same investments to ensure functional primary care and essential public health functions. This in turn contributes to a) an increase in community trust of health care systems; b) poverty alleviation, especially since infectious diseases tend to impact the poor disproportionately; c) shared economic prosperity,

² World Economic Forum, “Outbreak Readiness and Business Impact: Protecting Lives and Livelihoods Across the Global Economy,” 2019.

³ Commission on a Global Health Risk Framework for the Future, “The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises,” National Academy of Medicine, 2016.

⁴ The World Bank. “Connecting Sectors and Systems for Health Results”. 2012.

particularly by avoiding losses when disasters occur and by stimulating innovation; and d) economic development when investment risks are reduced.

Many countries have been struggling to raise adequate finances to achieve an optimal level of preparedness, and most still have limited measures to manage the threat of large-scale health emergencies. According to the 2018 States Parties Self-Assessment Annual Report of International Health Regulations (IHR 2005) capacities, a total of 45 countries, mainly in Africa and the Eastern Mediterranean Regions, have no financing mechanisms for IHR. The Global Preparedness Monitoring Board (GPMB) noted in its first report that none of the country National Action Plans for Health Security had been fully funded⁵. This calls for urgent action for national leaders, including Ministries of Finance and Parliamentary groups, to support domestic financing for preparedness, provide oversight and champion health security. It includes working with development assistance funders on incentives, funding, and building long-term, sustainable solutions through innovative approaches.

Countries need to increasingly work together to be better prepared. This may be through sharing of resources, expertise and experiences to strengthen each other's capacities, including building up domestic capacities, especially in urban settings, or ensuring access to capacities in other countries when health emergencies occur. Reliable channels of accurate information across borders, regionally and globally allow other countries to be prepared, but is dependent on openness and trust between governments that is built through maintaining good foreign diplomatic relations. Global health diplomacy facilitates Universal Health Coverage and access to primary health care which are fundamental elements of core societal values and humanitarian and human rights principles. Health can be a bridge for peace, bringing benefits in crises, diffusing tensions, and creating positive environments for political dialogue.

In today's era of globalization and interdependence, there is an urgent need to broaden the scope of foreign policy and financing health security. This includes building robust multisectoral partnerships as well as effective collaborative mechanisms between Ministries of Foreign Affairs, Health and Finance. WHO plays a central role in working closely with its Members States, particularly Ministries of Health, to ensure compliance with the requirements of the IHR to build and strengthen national capacities for health emergency preparedness, and to ensure global health security. However, broader political engagement at the interface of health, foreign policy and finance would better enable countries to develop common positions and support multisector, all-hazard preparedness plans. This can also provide mutual benefits to broader areas of public health and economic development including nutrition, food security, and access to medicines and new technologies. It would lead to concrete steps towards *keeping the world safe, protecting economies and connecting nations* in preparing for future health emergencies.

⁵ A World At Risk. "Annual report on global preparedness for health emergencies". Global Preparedness Monitoring Board; World Health Organization. 2019.

Objectives

The objectives of the meeting are:

- Identify key elements, challenges, and mechanisms for multisectoral collaboration and coordination at country level between the foreign policy, health and finance sectors, along with parliamentarians, to advance global health security, strengthen health emergency preparedness and implement IHR (2005); and
- Determine next steps for scaling up at national, regional and global levels, leveraging on the unique assets and contributions of the three sectors.

Expected Outcomes

The expected outcomes of the meeting are:

- A declaration by the Ministers of Foreign Affairs, Health and Finance affirming commitment to furthering strengthening preparedness against health threats through better collaboration and coordination between the three sectors.
- A high-level policy guidance on collaboration and coordination between health, foreign affairs and finance sectors for health security preparedness and IHR. It would also cover the interface with other government agencies, partners, non-state actors and multinational organizations.
- A roadmap detailing high level activities, with timelines, to be undertaken moving forward.

Venue and Date

This high-level meeting would be co-hosted by the Kingdom of Morocco, the Republic of Rwanda World Health Organization, and the World Bank. The three-day meeting will take place on 24-26 March 2020 in the city of Marrakesh, Morocco.

Participants

Participants would include ministers and high-level officials from Ministries of Foreign Affairs, Ministries of Health and Ministries of Finance, along with parliamentarians, from the countries in the WHO African Region and the WHO Eastern Mediterranean Region. High-level representation will also be present from international technical and donor partners, and other UN agencies.