

**Supporting Strategic Leadership in Global Health
Diplomacy in East, Central and Southern Africa**

**REPORT OF THE MINISTERIAL AND SENIOR
LEADERSHIP SCOPING WORKSHOP**



EAST, CENTRAL AND SOUTHERN AFRICAN HEALTH COMMUNITY

in collaboration with

**Ministry of Public Health and Sanitation/ Kenya; University of Nairobi,
South Africa Dept of International Relations and Cooperation,
EQUINET: Training and Research Support Centre, Southern and
Eastern African Trade, Information and Negotiations Institute**



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MEIKLES HOTEL, HARARE, ZIMBABWE**

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1.0 Opening Remarks, Introductions & Welcome

The Workshop was officially opened by Hon. Dr. Henry Madzorera Minister of Health and Child Welfare, Zimbabwe. Hon Madzorera welcomed the Honourable Minister of Health and Conference Chairperson of the ECSA Health Community Conference of Health Ministers and thanked him for making it to the Workshop although he had arrived late the previous night. Honourable Madzorera also welcomed the delegations from all the Member States present including the representative of the Minister of Health and Social Welfare of Zanzibar. He regretted that a number of Ministers who had earlier confirmed participation in the Workshop had not yet arrived and some had belatedly indicated that they would be arriving later. He reiterated the importance of the ECSA Region coming to grips with the challenges of Global Health Diplomacy given the very complex environment affecting all issues related to health. He welcomed the initiative on Global Health Diplomacy and commended the ECSA Secretariat and all the other partners involved for having speedily taken action to implement the Ministers' Resolution on Global Health Diplomacy passed by the 50th Conference of Health Ministers in February 2010 in Kampala. He thanked most sincerely the Rockefeller Foundation for having positively responded to the request for funding at very short notice. He was hopeful that the Rockefeller Foundation and other partners would continue supporting the Initiative so that it achieves its intended objectives and bears the desired fruits for the betterment of the health of the people of the ECSA region.

Honourable Madzorera reiterated the fact that as politicians, Ministers of Health can be selected on the basis of their political strength and dispensation, but once appointed; they are then confronted with the realities of the job that in most cases demand deep insights into issues such as Global Health Diplomacy for which they are not always prepared. Therefore an initiative whose objectives are to provide much needed support to strategic leadership in Global Health Diplomacy by strengthening leadership, capacity and strategic information resources for the most senior levels of Ministries of Health in East, Central, and Southern African (ECSA) countries through policy dialogue, capacity building, and strategic information and research is very timely and most welcome. He wished the participants very fruitful deliberations.

2.0 Objectives and Expected Outcomes of the Workshop

Dr Josephine Kibaru-Mbae presented the objectives and expected outcomes of the Workshop. Dr Kibaru-Mbae informed the participants that the Workshop was being held with the financial support of the Rockefeller Foundation and technical inputs from the Global Health Diplomacy Network and the Graduate Institute of International and Development Studies, Geneva, Switzerland. She highlighted the objectives and expected results of the Workshop as follows:

2.1 Objectives

The main objective of the Ministers' and Senior Leadership Scoping Workshop was to provide an opportunity for Honourable Ministers of Health and senior leadership teams in ECSA Member States to be briefed and become familiar with the Global Health Diplomacy Initiative, identify synergies and opportunities for collaboration with on-going and planned country and partner activities and agree on modalities for project implementation.

2.2 The specific objectives were to:

- Introduce, provide an overview and share information on Global Health Diplomacy, discuss key issues and challenges for GHD for the region and hear inputs from other countries on their response to these challenges (Thailand and Canada), .
- Introduce, discuss and set the strategic priorities, agenda of issues, plan of work and roles for the Initiative on **Supporting Strategic leadership in Global Health Diplomacy in east, central and southern Africa**
- Discuss and carry out an assessment of institutional capacities and needs, information resources and sources at regional and country level to support Global Health Diplomacy
- Identify synergies between proposed activities and partnerships under the Initiative and Member States' planned activities with partners in order to maximize potential outcomes
- Identify potential synergies and support that could be offered to ECSA HC and Member States by existing and potential partners given their organizations focus and areas of operation
- Brief participants on the Global Health Diplomacy Network and how ECSA HC can capitalize on this Network and extend the vision and mandate of the Network throughout the ECSA Region.

2.3 Expected Outputs/Results:

The expected outputs/results of the Workshop include the following:

- ❑ An understanding of the aim, objectives and implementation framework of the ECSA Initiative on **Supporting strategic leadership in Global Health Diplomacy in east, central and southern Africa**
- ❑ Identified synergies between proposed Project focus and activities and those in ECSA Member States' and at regional level
- ❑ Reviewed first year Project priorities, activities and identified roles for Member States, ECSA Secretariat and Partners.
- ❑ A shared understanding of major Global Health Diplomacy issues and strategic priorities for the programme
- ❑ A better understand and more knowledge about the Global Diplomacy Network and how ECSA Health Community can capitalize on this partnership and extend the vision and mandate of GHD Network throughout the ECSA Region.

3.0 Global Health Diplomacy, issues and experiences

The session was intended to provide an insight into current Global Health Diplomacy issues and experiences in Africa, Asia and globally. The delegate from Thailand and the representative of the Global Health Diplomacy Network could however not make the journey due to difficulties in flight connections. The presentation from the Global Health Network was nevertheless made initially via telephone but due to poor connections, it was eventually made by Dr Rene Loewenson following consultations with Dr Chantal Blouin.

3.1. GHD in Africa: the Kenyan Experience

Dr James Mukabi the Head of the International Health Desk at the Ministry of Public Health and Sanitation, Kenya, presented the experience of Kenya and generally the ECSA Region in Global Health Diplomacy. Dr Mukabi reiterated that Global Health Diplomacy in the ECSA Region was characterized by lack of institutional mechanisms including policy and implementation frameworks; inadequate human resources capacity and a paucity of information and research resources. This scenario greatly impacts the Region's capacity to negotiate and play a meaningful role in the global health arena. In most cases there is inadequate planning, information and even the skills to match those put in place by other regions keen on pushing their agenda. Dr. Mukabi defined Global health diplomacy as 'the processes of negotiations, by different actors at different levels, that shape and manage the global policy environment for health' and said it involves using 'diplomatic' skills to promote your interests on the global health arena.

Dr Mukabi highlighted the key global health issues that currently include:

- ❑ Emerging and re-emerging diseases e.g. HIV/AIDS, TB, Malaria, Pandemic influenza, NCDs....

- ❑ Environmental changes – global warming
- ❑ Millennium Development Goals (MDGs)
- ❑ International Organizations- WHO, UNICEF, UNAIDS, UNDP, World Bank, WTO, WIPO...
- ❑ Funding initiatives- GFTAM, GAVI, PEPFAR, UNITAID, Gates Foundation, Clinton Foundation
- ❑ UNGA, G8, G20, WHA, RECs
- ❑ Global financial crisis
- ❑ Equitable access to essential medicines, vaccines, diagnostics
- ❑ Revitalizing Primary Health Care
- ❑ Strengthening health systems
- ❑ Coordinating partner support

He outlined the African context as being characterised by high prevalence of diseases and in particular HIV and AIDS, poor affordability of drugs and medical supplies and minimal public health spending. Dr. Mukabi gave the genesis of the Kenyan experience in global health diplomacy as being concerns over inadequate preparations for key international meetings, uncoordinated follow up on key resolutions, no linkage with national policy formulation. This led to the establishment of the Department of International Health Relations in 2005 with the mandate to coordinate all activities related to international health, including collaboration in this area, and to adequately equip and prepare the Ministry to handle all matters related to Global Health Diplomacy.

The Core functions of the Department include:

- ❑ Establish within Kenya and the ministry in particular, awareness on international health-related issues and opportunities, including strengthening the ministry's capacity in Global Health Diplomacy;
- ❑ Facilitate the ministry's active membership and participation in intergovernmental meetings and negotiations e.g. the WHO Regional Committees and the World Health Assembly, African Union, East African Community etc;
- ❑ Serve and promote the interests of the ministry on the regional and international health arenas;
- ❑ Follow up on key decisions made at regional and international fora and ensure implementation at ministry level;
- ❑ Develop, strengthen and promote the ministry's role in bilateral technical co-operations in health;
- ❑ Work with relevant government sectors to establish a Kenya Foreign Health Policy which will define the country's objectives in international co-operation in health.

One of the key assignments undertaken by the Department so far includes participation in the **WHO Inter-Governmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property**. There was keen interest by ministry since the Working Group was addressing access to essential drugs –

a key issue of concern to Kenya and the entire African region. Kenya led African region in negotiations. The Kenyan delegation initially consisted of 2 officers from Ministry of Health, but later incorporated support from drug regulatory authority, patents office (Ministry of Industrialization) and Ministry of Foreign Affairs.

The negotiations were long and tiresome and mostly pitted developed against developing countries. The key issue was trade interests versus public health interests and all manner of tactics were employed to wear down the opponent. The Afro voice was characteristically weak relative to other regions

Some of the lessons learnt from IGWG include:

- Importance of involving relevant sectors (esp. Industrialization/Trade, Foreign Affairs) in health negotiations
- Negotiation skills are key in such forums
- A strong regional voice strengthens the bargaining power
- Need to develop Global Health Diplomacy capacity.

In order to address the identified deficiencies, Kenya took the following steps:

- ❑ Building capacity in Global Health Diplomacy
 - 2 officers were trained in 2008
 - 25 officers were trained in 2009
- ❑ Closer collaboration with other sectors and institutions
- ❑ Better preparations for international forums especially the World Health Assembly which amongst other things has involved:
 - Pre- Assembly Stakeholders' Workshop to develop country position on priority agenda items
 - Leadership in agenda assigned by African group
 - Voice the position of the country/African group, as appropriate
 - Post- Assembly debriefing workshop for stakeholders
 - Follow up with relevant departments/ stakeholders in resolution implementation

Among the proposed next steps are:

- ❑ Development of a National Foreign Health Policy
- ❑ Regional collaboration to strengthen capacity in Global Health Diplomacy

3.2 Global Challenges and Responses

In her presentation, Dr Chantal Blouin of the Centre for Trade Policy and Law, Ottawa, Canada provided a background to the formation of the Global Health Diplomacy Network. Dr Blouin said following exploration of the emerging field of global health diplomacy by WHO and the Rockefeller Foundation and the recognition that health was assuming greater importance in foreign policy but that there were major capacity gaps to be addressed, three Dialogues on Global Health Diplomacy were held in Bellagio, Italy in 2009. Participants in the dialogues agreed that such a network could contribute to a better analytical

understanding of GHD and to improving how policy processes and diplomatic negotiations reflect and affect health concerns. Dr Blouin briefly defined GHD as

“The policy-shaping process through which States, inter-governmental organizations and non-State actors negotiate to health challenges or utilize health concepts or mechanisms in policy-shaping and negotiation strategies to achieve other political, economic or social objectives.” She cited the example of the recently adopted WHO Code on international recruitment of health personnel.

She explained that the Global Health Diplomacy Network (GHD.NET) brings together researchers and practitioners with the common goal of improving capacity for health diplomacy. GHD.NET believes that better negotiations can improve global health and uses training, research and information sharing to ensure that all participants can be more engaged and in a position to influence the outcomes of international negotiations. The functions of GHD.NET include:

- Act as a clearing house for GHD-related information;
- Enhance connectivity among network participants;
- Develop content for research, training and education; and
- Build capacity in partnership with interested institutions and individuals in low-income countries

Membership of the GHD.NET is free and open to individuals and institutions including Ministries of Health that can contribute to the achievement of the mission of the Network. Current membership includes Chatham House, SIPRI, LSHTM, SEATINI, TARSC, Mahidol University, Graduate Institute, Harvard Humanitarian Initiative and McGill University. GHD.NET is governed by a Steering Committee and has an Advisors Forum composed of Diplomats and Rockefeller Foundation. The Rockefeller Foundation provided funding for the start-up phase whose Secretariat is based at the Centre for Trade Policy and Law at Carleton University, Ottawa Canada. There are currently three streams of activities namely research, training and health diplomacy in action (information-sharing, advising). There is need for fundraising for long-term sustainability.

Current activities of the Network include:

- Global health Diplomacy Textbook for executive training programs;
- Online training module;
- Face to face training program;
- Research program on health diplomacy in Asia (case studies);
- Health Diplomacy Monitor
- Annual Conference
- Website:www.ghd-net.org
 - Access to research, policy analysis, official documents and news about global health negotiations

- One-stop portal for policymakers, negotiators, policy analysts and researchers involved in the design, negotiations and implementation of collective responses to global health challenges
- Repository of documents and capacity building tools developed by members of the Network.

In conclusion, Dr. Blouin identified the following potential next steps:

- ECSA and partners to become members of GHD.NET (and involved in the governance of Network)
- ECSA and partners to participate to the First annual conference in Spring 2011 at Chatham House
- ECSA and partners to collaborate to make sure the GHD.NET website responds to policymakers' current and future needs
- ECSA to establish a focal point, a contact person on global health diplomacy
- ECSA and partners to collaborate with other members of the GHD.NET in the design and delivery of training programs.
- ECSA and partners to collaborate with other partners of the GHD.Net in the development of a research project
- ECSA and partners to collaborate with other members of the network on "health diplomacy in action" (Monitor, fact sheets, advisory service in the future)

Following a lively discussion, it was agreed that the ECSA Health Community applies for membership of the GHD.NET and that Ministries of Health and other relevant organizations and institutions be encourage to join the Network. All other recommendations were adopted.

4.0 The ECSA Initiative on Supporting Strategic Leadership in Global Health Diplomacy in east, central and southern Africa

4.1 Overview of the Initiative

Mr. Kibwika-Muyinda, Director of Operations and Institutional Development and Project Coordinator presented the overview of the Initiative covering the main themes of the Initiative, Monitoring and Evaluation as well as Key Issues for Discussion. The **Supporting Strategic Leadership in Global Health Diplomacy in East, Central and Southern Africa Initiative** is an Initiative by a consortium of institutions under the overall co-ordination of ECSA Health Community. The initial one-year funding from Rockefeller Foundation covers three major elements:

- ❑ **Policy Dialogue, Leadership Support & Coordination** to be led by *ECSA Health Community*
- ❑ **Capacity building** to be led by *Kenya, Ministry of Public Health and Sanitation, University of Nairobi and the South Africa Department of International Relations and Cooperation*
- ❑ **Strategic Information and Research** to be led by the *Regional Network for Equity in Health in east and southern Africa (EQUINET), Training and Research Support Centre (TARSC), Southern and Eastern African Trade, Information and Negotiations Institute (SEATIN)*

Mr. Kibwika-Muyinda informed participants that the Initiative was based on a resolution passed at the 50th ECSA Health Ministers' Conference in Kampala, Uganda in February 2010. The resolution had recognized the role of the Health Ministers and their senior leadership teams as stewards for the overall health of populations; the growing need to articulate key health issues affecting the region on the global health agenda; and the many leadership, stewardship and governance challenges Health Ministers and their senior teams face in balancing their roles between policy issues and technical issues. The resolution therefore:

- ❑ Urged Member States to strengthen their capacity in Global Health Diplomacy and
- ❑ Directed the ECSA Secretariat to collaborate with international or regional resources available for strengthening national capacities in Global Health Diplomacy

Mr. Kibwika-Muyinda outlined the three main features of Global Health Diplomacy in the ECSA Region as:

- ❑ Low awareness on the role of GHD in national health security,
- ❑ Inadequate collaboration between institutions and main actors in GHD (i.e. ministries of health, trade and foreign affairs)
- ❑ Inadequate training in GHD in public health and diplomatic training programmes in the region.

He emphasized in relation to training and capacity-building that any skills and knowledge among policy makers and practitioners in the region are acquired as part of job experience or training in institutions in the North. The importance of Global Health Diplomacy in the ECSA Region includes:

- ❑ to identify strategic priorities, organise evidence, strategic information and mobilize skills to support agenda setting, alliance building, formulation and negotiation of policies and instruments to advance national and regional interests in health
- ❑ to build institutional capacities and organise personnel to manage and inform global health negotiations
- ❑ to build an evidence base that supports decisions and negotiations
- ❑ to co-ordinate national and regional co-operation and to lead and engage within policy institutions and processes at bilateral and global level, including within WHO and other UN processes, with global health initiatives, other

regional communities and countries and other public-private institutions impacting on health

- ❑ to affirmatively advance public health and the health needs of the populations of the countries and region within the governance, policies, processes and instruments of globalisation.

Some of the expected outcomes of the Initiative include:

- ❑ Increased institutional networking on GHD in the region
- ❑ Enhanced level of programmatic interaction on GHD between stakeholder ministries and research and training institutions in the region.
- ❑ Increased awareness of available institutional resources within leadership in the region
- ❑ Increased awareness of GHD among practitioners, leadership, in government, parliament and civil society
- ❑ Increased availability, access and use of available regional and international resources on GHD by key stakeholders in the region
- ❑ Improved skills and knowledge of officials in the region involved on health issues
- ❑ Improved preparation, input to and management of regional and country interests in negotiations on health manifested in joint agreements, programmes, protocols and other instruments supporting health policies in the region.

4.1.1 Monitoring and Evaluation

Key components of Monitoring and Evaluation include:

- ❑ Preparation and conducting a baseline Survey on GHD capacities, policy actors, research and information resources within and used by the ECSA region.
- ❑ Time bound, measurable indicators of the activities and outputs specified by the PSC will be set and monitored quarterly within each of the three areas and reports will be shared across the consortium.
- ❑ Reports will be synthesized by ECSA HC to report on the overall progress and outputs of the programme against plan and used for review in the PSC meetings.
- ❑ Progress markers of outcomes will be identified and reported and reviewed at the end of the Project in the PSC.

4.1.2 Key Issues for Discussion

He raised issues for discussion as:

- ❑ How to ensure that the initiative gets grounded in existing ECSA-HC, Governments and Consortium members' Institutional programmes, structures and forums to exploit synergies, build complementarities, create awareness, recognition, commitment and advocacy for the importance of global health diplomacy to achieve better health outcomes and ensure sustainability

- How to cope with the high mobility and turnover of holders of senior management positions in the Ministries of Health in the ECSA Region and maintain continuity
- How to cope with possible delays because of institutional red tape and protocol requirements involved in movement of funds across several countries and institutions across the ECSA region

4.2. Leadership and Policy Dialogue

Mr. Kibwika-Muyinda presented the Policy Dialogue and Leadership Support component of the Initiative. He said the Component aims at building consensus on the strategic priorities, institutional mechanisms and follow up actions to support health diplomacy, country level meetings, coaching and support and monitoring and evaluation under the leadership of the ECSA Health Community which is also the Consortium member responsible for overall coordination of the Initiative.

4.2.1 Main activities

The main activities under the component include:

- Set up and hold meetings of the Programme Steering Committee
- Convene and facilitate leadership meetings at regional and national level to introduce and share information on global health diplomacy, identify the strategic priorities and institutional mechanisms for the follow up work in the programme
- Support leadership in taking up identified priorities for GHD, such as the UNGASS and health MDGs, and the World Health Assembly through country and regional work
- Identify and network institutional capacities and resources for advancing this agenda of work
- Conduct periodic strategic review of the programme of work, the institutional mechanisms for GHD within the region and the learning from the processes and outcome of global health negotiations
- Develop with identified institutions a longer term proposal to support the agenda of work
- Seek support from and co-operation with the Global Health Diplomacy Network and to involve institutions from other regions working on GHD, especially to promote south-south co-operation

4.2.2 Key Issues for Discussion

Key issues he identified for discussion were:

What are the strategic priorities, institutional mechanisms and follow up actions to support health diplomacy?

- How to continuously engage Honourable Ministers and senior leadership teams in Global Health Diplomacy activities?

- Who and what institutions should be engaged to enhance capacity in Global Health Diplomacy for the ECSA Region outside the Ministries of Health?

4.3 Capacity-building

Professor Joseph K. Wang'ombe PhD, of the School of Public Health, University of Nairobi presented the Capacity building component of the Initiative. Professor Wang'ombe outlined the key actors in the component as being:

- Ministry of Public Health and Sanitation, Kenya
- University of Nairobi, School of Public Health and The Institute for Diplomacy and International Studies
- The Department of International Relations & Cooperation, Republic South Africa
- Graduate Institute Geneva

The Vision under the component includes:

- Capacity-building through a series of skills training workshops to build institutional capacities in governments, technical and civil society personnel to support global health diplomacy
- Develop degree programmes in Global Health Diplomacy
- Develop research programme in Global Health Diplomacy

The Objectives include:

- To establish the existing capacity in Global Health Diplomacy
- To conduct skills training workshops on Global Health Diplomacy
- To conduct and share evaluations of the work on Global Health Diplomacy to assess the impact of the capacity building project
- To develop long term training programmes

4.3.1 Main activities

The specific activities and deliverables under the component are:

- Map the existing capacity in Global health Diplomacy in the ECSA-HC region
- Conduct three 1 week training workshops on Global Health Diplomacy over a 2 year period.
- Prepare quarterly reports on project implementation
- Conduct mid-term and end-term evaluations of the project and disseminate findings to relevant stakeholders

4.3.2 Intended outcomes

Specific expected outcomes related to the capacity building component include:

- Improved skills and knowledge of diplomats involved on health issues
- Evidence of agreements and inputs to multilateral and bilateral forums reflecting health, health systems policies from the region
- Evidence of health systems strengthening related to areas of health diplomacy

4.3.3 Key Issues for Discussion

He raised issues for discussion as:

- What type of training and capacity-building activities should be undertaken?
- Who should be the target group?
- How should we measure success?

4.4 Research, Information

The strategic information and research for health diplomacy component of the Initiative was presented by Mr. Rangarirai Machedmedze of SEATINI on behalf of EQUINET. Mr. Machedmedze briefly described EQUINET which is a network of professionals, civil society members, policy makers, state officials in east and southern Africa that aims to advance and support health equity and social justice through:

- Sharing information and experience
- Research
- Building critical analysis and skills
- Networking and building strategic alliances.

Mr. Rangarirai Machedmedze noted that there is need to protect African health in a challenging global environment because compared to 1960-80 trends, and taking account of progress in health technology, policy changes linked to globalisation have reduced potential life expectancy at birth by 0.13 years over the last 25 years. The highest burden of losses in potential LEB gains have been in Sub Saharan Africa, Latin America, transitional countries and China. This is largely due to income inequality, economic volatility and crises, capital outflows and plateauing PHC, health care coverage

Mr. Machedmedze gave the example of past experience of diplomacy where despite evidence showing that the costs of Structural Adjustment Programmes outweighed the opportunities for the health sector, it was difficult for countries to protect their health sectors against the force of significant global pressures. According to the Macroeconomic Commission on Health review, 1987-2001, “The majority of studies in Africa, whether theoretical or empirical, were found to be negative towards structural adjustment and its effects on health outcomes” (See table). Unfortunately by the time this evidence was consolidated and reported at global level the healthy system changes had been effected. This pointed to the need for a research and information capacity within the region to support policy negotiations.

Outcomes (%)	All studies N=76 (%)	Empirical studies N=28 (%)
Positive	8 %	29 %
Negative	45 %	35 %
Both	27 %	32 %
Neutral	20 %	4 %

Mr Machedze emphasized that national and regional interests have to be negotiated in globally integrated health systems (eg health worker migration). He said *for example in the migration of health workers – the Equity loss in ESA is reduced support to PHC and district health systems whereas the Equity gain in recruiting countries is that foreign health workers fill marginal posts with high skills professionals. The costs and benefits to families, communities and health systems are poorly understood. A key topical issue is for example what evidence is needed to ensure that the international code on migration of health workers addresses African concerns.*

It is important to gather evidence on what works. There is now a global consensus on ethical recruitment and a WHO code on International Recruitment. However codes have not prevented migration: For example looking at Approved work permit applications, health and medical workers, UK 1995-2003, through evidence presented to the UK House of Commons Debates we were able to see the upward trend of health worker migration from 1995 to 2003 even after the codes were introduced. Despite the codes of practice, the migratory flows continued to rise. Although there are some limitations with such as data, they point to the need for greater policy relevant information to support the monitoring of these global instruments. than policy development.

In conclusion Mr. Machedze said information needs are being driven by the increasing scope of global trade rules. He noted that there is an increasing encroachment of trade agreements into health. These are very often posed as “neutral” International agreements and yet they limit governments’ ability to promote and safeguard public health; challenges to food sovereignty and barriers to market access in agricultural trade; and international piracy of unpatented indigenous knowledge systems and biodiversity. Major issues remain around access to laws, court cases, expertise to manage these challenges; liberalisation and limits to regulation and cross subsidies in essential services (health, water,

electricity);Patent barriers to cheaper drug access; Institutional demands to satisfy global trade agreements; Political exclusion of poor countries in WTO governance mechanisms etc.

4.4.1 Main activities

To support information needs the main activities and the strategic information and research component will include:

- Bringing an African voice into the GHD net Global Diplomacy Monitor
- Baseline assessment on information and research resources and sources
- Adding the institutions in the ECSA GHD network to the mailing lists for the EQUINET newsletter and other GHD information resources
- Producing selected briefs on identified priorities for GHD
- Preparing a discussion document on a research agenda for GHD in the region
- Linking with the Global health diplomacy network on information and research resources

4.4.2 Intended outcomes

The main Information and research outputs will include:

- Database of existing information resources.
- Briefs on key areas of GHD produced and circulated
- Publications on GHD on EQUINET searchable database and newsletter
- Web links on GHD between consortium websites
- Paper on priority knowledge gaps and research issues on GHD
- Papers on African issues in the Global Diplomacy Monitor

4.4.3 Key Issues for Discussion

He raised as key issues for discussion under the strategic information and research component:

- Where do countries get the information they need for health diplomacy?
- What are the gaps and challenges countries face?
- What are the priority information gaps the programme should address?
- What are the priority knowledge gaps, research issues the programme should address?

5.0 Member Countries Experience in GHD

In general participants welcomed the Initiative and commended the ECSA Health Community and members of the Consortium for working very hard to ensure speedy implementation of the resolution of Honourable Ministers on Global Health Diplomacy. They also thanked the Rockefeller Foundation for the quick response to the request for funding for the initial activities under the Initiative. Participants noted that this was a key area that needed strengthening if countries in the ECSA Region are to benefit maximally from the global health arena which is complex, multi-sectoral and requires diverse skills including diplomatic and negotiation skills and coherent action at national and regional levels.

5.1 Reactions to proposed activities and partner organizations contributions

Participants noted that the proposed activities were in line with and responded to the identified needs for building global health diplomacy capacity in the ECSA Region. Participants welcomed the involvement of Honourable Ministers of Health in the Initiative and especially at its very inception as this would provide the much needed political goodwill and support for the Initiative. They called for the devising of ways and means to continuously engage the Ministers and senior leadership of the Ministries of Health in the Initiative including the use of existing regional and international fora such as the ECSA, SADC and AU Health Ministers Conferences, the WHO Regional Committee and the World Health Assembly as well as occasional events such as UNGASS.

It was agreed that Consortium members with the support of Ministries of Health immediately embark on a resource mobilization drive to ensure that the Initiative is sustained beyond the initial phase funded by the Rockefeller Foundation.

Secondly it was agreed that at the earliest opportunity other sectoral players such as Trade, Finance and Foreign Affairs be brought on board to ensure that the Initiative fulfills its major objective of supporting countries in the ECSA Region build capacity in Global Health Diplomacy across the key sectors involved.

5.2 Current countries' experiences and initiatives in Global Health Diplomacy

Delegates welcomed the initiatives Kenya had undertaken and the role it continues to play in Global Health Diplomacy for the ECSA and African Region as a whole. They agreed on the need to strengthen each country's capacity in global health diplomacy but most importantly to recognize that as a region, a collective voice on any issue carries a lot of weight.

A number of countries including Uganda and Swaziland said they were in early stages of developing International Health Desks and welcomed the expose` from Kenya that had provided insights on the way forward. Other countries such as Malawi and Zambia said they used different mechanisms to deal with global diplomacy issues including the SWAP Secretariat and the Directorate of Policy and Planning respectively.

6.0 Group Work and Recommendations

Due to time constraints and the fact that a lot of discussion took place after the presentations, it was decided to forego the session on Group Work. In its place further discussion took place in plenary. The following recommendations were made:

6.1 Policy Dialogue and Leadership Support

- That the Consortium Members identify areas for Policy Dialogue and Leadership Support in preparation for the 63rd World Health Assembly to be held in May 2011.
- That a detailed Report of the Workshop be prepared and shared with all countries in the ECSA Region including those that could not participate in the Workshop for them to learn about the Initiative
- That if funds permit a similar workshop be held in the near future where more Ministers and senior leaders in health from the ECSA Region can participate.
- That ECSA and partners to become members of GHD.NET (and involved in the governance of Network)
- ECSA and partners to participate to the First annual conference in Spring 2011 at Chatham House
- ECSA and partners to collaborate to make sure the GHD.NET website responds to policymakers' current and future needs
- ECSA HC to establish a focal point, a contact person on global health diplomacy
- Member states in ECSA HC establish a focal point, a contact person on global health diplomacy and notify ECSA HC

6.2 Capacity Building

- That the assessment of global health diplomacy capacity in the ECSA region be prioritized and undertaken at the earliest possible
- That the initial capacity building workshop be confined to Ministries of Health officials to give them an opportunity to understand the complexities of global health diplomacy before opening up to other sectors.
- That whereas it is desirable for the ECSA Region to build capacity to train in global health diplomacy at Masters and other higher levels, priority should be given to developing skills and competencies for those already in the field through short training programmes to create the desired critical mass required to move the global health diplomacy agenda for the ECSA Region.
- ECSA and partners to collaborate with other members of the GHD.NET in the design and delivery of training programs.

6.3 Strategic Information and Research

- ❑ That whatever strategic information is available and can be used to influence on-going and future negotiations in favour of the ECSA region be made available to parties involved in such negotiations in a user friendly format.
- ❑ ECSA and partners to collaborate with other partners of the GHD.Net in the development of research to address evidence gaps on priority areas.
- ❑ ECSA and partners to collaborate with other members of the network on “health diplomacy in action” (Monitor, fact sheets, advisory service in the future)

7.0 Way forward and Closure

The Workshop was officially closed by Honourable Minister of Health and Child Welfare Dr Henry Madzorera who thanked all delegates for their very active participation in the Workshop. He noted that the Workshop was graced by two former Ministers of Health – Dr. Stamps of Zimbabwe and Ambassador Brookman-Amissah of Ghana who had provided a lot of insight into the discussions from their long years of experience in the field. Additionally the presence of Dr Sylvia Anie, Director Social Transformation from the Commonwealth Secretariat and Dr Harriet Mayanja Kivumbi from the Regional Centre for Quality of Health Care, Makerere University, Kampala, Dr. Lovemore Mbengeranwa, Executive Director, Health Service Board and Mr. Tom Zigora Chief Executive, Parirenyatwa Group of Hospitals not only enriched the discussions but was further testimony of the importance of this topical area to the people of the ECSA Region. He called upon the ECSA Health Community Secretariat and all consortium members to ensure that the Initiative is sustained and yields the very desirable fruits that it has set out to bring to the ECSA Region. He wished the delegates well for the rest of the Conference of Health Ministers.

ANNEXES

ANNEXE 1 – AGENDA

TIME	TOPICS/ACTIVITIES	RESPONSIBLE
08.30 - 09.00	Registration, Distribution of Documents and Administrative Formalities	ECSA/Consortium Team
09.00 - 09.15	Opening Remarks, Introductions & Welcome	Hon. Dr. Henry Madzorera Minister of Health & Child Welfare, Zimbabwe
09.15 - 09.30	Workshop Objectives and Expected Outcomes	Dr. Josephine Kibaru-Mbae DG, ECSA-HC
09.30 - 10.30	Global Health Diplomacy, issues and experiences <ul style="list-style-type: none"> • GHD in Africa (15 min) • Experiences of GHD in Asia (15 min) • Global Challenges and Responses (15 min) • Discussion (15 min) 	Dr. J. Mukabi, MoPHS, Kenya Thai delegate C. Blouin, GHD Network
10.30- 11.00	BREAK	
11.00 – 11.45	The ECSA Initiative on Supporting Strategic leadership in Global Health Diplomacy in east, central and southern Africa <ul style="list-style-type: none"> • Overview of the Initiative (8 min) <ul style="list-style-type: none"> ➤ Main themes of the Initiative ➤ Monitoring and Evaluation ➤ Key Issues for Discussion • Leadership and Policy Dialogue (8 min) <ul style="list-style-type: none"> ➤ Main activities ➤ Intended outcomes ➤ Key Issues for Discussion • Capacity-building (8 min) <ul style="list-style-type: none"> ➤ Main activities ➤ Intended outcomes ➤ Key Issues for Discussion ➤ Research, Information (8 min) <ul style="list-style-type: none"> ➤ Main activities ➤ Intended outcomes ➤ Key Issues for Discussion 	Allie Kibwika-Muyinda DOID, ECSA HC Allie Kibwika-Muyinda DOID, ECSA HC Govt of Kenya, University of Nairobi and Govt of South Africa EQUINET – TARSC, SEATINI

11.45 - 12:45	Member Countries Experience in GHD: <ul style="list-style-type: none"> ➤ Reactions to proposed activities and partner organizations contributions ➤ Current countries' experiences and initiatives in Global Health Diplomacy 	Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
12.45 - 14.00	LUNCH BREAK	
14.00 – 15.00	Group Work: In the area of work on GHD for the group: <ul style="list-style-type: none"> ➤ Identify priority GHD themes to address ➤ Identify key target groups and events for input ➤ Provide any other guidance, leadership for the work Groups divided into 3 elements contributing to the Initiative: <ul style="list-style-type: none"> ➤ Policy and Leadership support and Co-ordination ➤ Capacity Building ➤ Strategic Information and Research 	Facilitator/Co-facilitators from the institutions leading on the elements
15.00 – 15:30	TEA BREAK	
15.30 - 16.30	Feedback from Groups	Rapporteur from each group/ Facilitator
16.30 – 17.00	Way Forward & Closure	Facilitator/All

ANNEXE 2 – LIST OF PARTICIPANTS

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