Research to Support Strategic leadership in Global Health Diplomacy in East, Central and Southern Africa

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in the
Regional Network for Equity in Health in east and southern Africa (EQUINET)

With the East Central and Southern Africa-Health Community and the Ministry of Public Health and Sanitation, Kenya and University of Nairobi

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Executive Summary

The ECSA Health Community is co-ordinating a consortium taking forward an initiative to support strategic leadership in Global Health Diplomacy in East, Central and Southern Africa. Information and Research is led by EQUINET through TARSC and SEATINI. This publication specifically focuses on the research component. From ECSA Regional Health Ministers resolutions; the 2010 ECSA RHMC meeting on GHD; a questionnaire completed by seven countries in east and southern Africa and interview with diplomats in six African Embassies, it identified information and knowledge gaps, resources and research priorities on GHD to inform regional discussion on a research agenda for GHD. While noting the limitations of the small sample size, reliance on reported views and policy statements, it does provide evidence on some key features of a future research agenda.

Given the rapidly changing terrain in diplomacy and the slower pace of research processes, respondents suggest that if the results of research are to be available at sufficiently early stages of negotiations, then a proactive scoping is needed to identify issues well in advance of their reaching formal negotiation.

The findings indicate that research on GHD should identify factors that support the effectiveness of GHD in addressing selected key challenges to health strengthening systems in Eastern and Southern Africa, in a way that strengthens the capacity of key African policy actors and stakeholders within processes of health diplomacy.
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The findings indicate a preference from officials and policy makers to do this in three broad areas:

- Firstly, to explore the implementation of existing global commitments in the region, to learn lessons from the current experience, generate evidence for input to monitoring and review of the commitments, and to inform future health negotiations. The Code on the International recruitment of health personnel is an example of a global commitment for this.

- Secondly, to explore the extent to which African interests are advanced in areas under global health negotiation, to assess the implications, costs and benefits of specific issues for the diverse countries in the region, and the different negotiating positions of countries in and beyond the region. The negotiations around essential health technologies and technology transfer, including for medicines, appear to be a priority concern, raising also issues of intellectual property and benefits sharing.

- Thirdly to explore how effectively interests in the region are being represented in the current global architecture and governance, including of the global initiatives that fund health, to inform African engagement on global governance reforms.

Beyond the *areas* of research on GHD, the findings of the assessment consistently indicate that the *design and process* of research on GHD should involve key African policy actors and stakeholders in health diplomacy, and encourage links across disciplines, sectors and countries and between capitals and embassies. This calls for stakeholders in GHD to obtain more accessible, less costly and faster internet.

This initial analysis is presented to the ECSA RHMC for further dialogue and debate, including to confirm or identify within the three broad areas the more specifically prioritized areas of focus.

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1. Background

Diplomacy refers to the art and practice of conducting negotiations. It is usually understood to mean the conduct of international relations through professional diplomats from ministries of foreign affairs with regard to issues of peace, security, economics and trade. However, as peace, security, economics and trade agreements increasingly impact on health, international and global agreements have also increasingly covered health issues. Global health diplomacy has developed to address the multi-level and multi-actor negotiation processes that shape and manage the global health policy. Global health diplomacy refers to the processes and negotiations in which diplomacy is combined with public health to take forward national and regional interests in health through a range of stakeholders in and beyond government and through a range of policy instruments. Health ministries are now being called on to collaborate with their counterparts in trade and foreign affairs. For example in relation to trade, health ministers are expected to inform "pre-negotiation positions, provide input during negotiations, analyze the health costs and benefits of proposed compromises and monitor the health impacts of trade agreements" [1].

However, as raised in the ECSA Health Minister's meeting in October 2010, Global Health Diplomacy in east and southern Africa has been characterized by lack of institutional mechanisms including policy and implementation frameworks; inadequate human resources capacity and a paucity of information and research resources. This is despite the fact that the region has greater demand for these resources and for effective engagement in global health policy, given its relatively high share of global morbidity and mortality, limited access to health care resources, given the limited levels of north- south technology transfer and the significant presence and contribution of bilateral, multilateral agencies and global health initiatives in the region[2].

Further, many global health issues have high relevance to population health of the region and in some cases were motivated from the region. These include, for example,

- Emerging and re-emerging diseases e.g. HIV/AIDS, pandemic influenza, non communicable diseases;
- Wider economic, trade and environmental issues– global warming; global financial crisis; trade agreements affecting access to essential medicines, vaccines, diagnostics;
- Global architecture and governance: in WHO, UNICEF, UNAIDS, UNDP, World Bank, WTO, WIPO; UNGA, G8, G20;
- Global commitments and agreements - Millennium Development Goals (MDGs); Universal access and Universal coverage commitments; innovation and intellectual property; health worker recruitment and migration; and
- Global financing initiatives- GFTAM, GAVI, PEPFAR, UNITAID, Gates Foundation, Clinton Foundation.

[1] Drager N and Fidler P (2007). 'Foreign Policy, Trade and Health: at the cutting edge of Global Health Diplomacy' Bulletin of the World health Organization. WHO: Geneva. 85: 162

[2] Adams V, Novotny T and Leslie H (2008) 'Global Health Diplomacy', Medical Anthropology, 27(4): 315-323.

Nevertheless interest in GHD has been increasing in the region, some countries have built capacities in this area, and the 50th Eastern, Central and Southern African Health Community (ECSA-HC) Health Minister's Conference held in Kampala Uganda adopted a resolution urging the ECSA-HC Member States to strengthen their capacity in GHD. To implement this, the ECSA HC has developed an initiative to support strategic leadership in Global Health Diplomacy in East, Central and Southern Africa through a consortium of institutions under the overall co-ordination of ECSA Health Community:

- Policy Dialogue, Leadership Support & Coordination be led by ECSA HC
- Capacity building led by Kenya, Ministry of Public Health and Sanitation, University of Nairobi
- Strategic Information and Research led by EQUINET, TARSC, SEATINI

The regional consortium is interacting with the Global Health Diplomacy Network, to support the exchange of capacities, information and research; and to support linkages, such as for south-south co-operation.

This publication specifically focuses on the research component. On information work, EQUINET (SEATINI, TARSC) has implemented work to produce information briefs on areas of GHD relevant to the 2011 World Health agenda, has through TARSC included publications on GHD in Africa in the searchable database at http://www.equinetafrica.org/bibl/ and included GHD information in the EQUINET newsletter. However the initiative also seeks to identify the knowledge and information gaps in the region, so that these can be addressed in future work and to stimulate research on identified priorities in GHD.

> This publication thus reports from stakeholders the information and knowledge gaps and research priorities on GHD in Africa to inform regional discussion on a research agenda for GHD.

The report has been drafted by R Loewenson TARSC with input from R Machemedze SEATINI and E Manyau ECSA HC. Interviews with diplomats were done by R Machemedze and R Loewenson. Analysis of the questionnaire was done at TARSC by M Makandwa and R Loewenson. The report is part of the overall programme of work in the Strategic Global Health Diplomacy in East, Central and Southern Africa implemented with ECSA Health Community, Kenya, Ministry of Public Health and Sanitation, University of Nairobi, EQUINET , TARSC and SEATINI. Support of Rockefeller Foundation and the Global Health Diplomacy Network is acknowledged.

2. Methods

The crafting of a research agenda calls for multiple inputs: including a public health situation analysis, a review of policy documents; a systematic review of documented knowledge and knowledge gaps in relation to public health priorities; the views and perceptions of stakeholders who are both producers and users of health knowledge; an assessment of the resources and capacities for research and dialogue drawing on such inputs to build consensus on priorities. Given the very limited resources for this exercise we focused primarily on the views of key stakeholders at this stage, particularly those from east, central and southern Africa countries directly involved in the field.

A literature review of current knowledge is complicated by the new nature of the field, still limited use of the term global health diplomacy and thus poor return on using this as a search term for the literature. For example using the search term 'global health diplomacy' in all text in various publication databases [popline, Pubmed/medline, BMC central; Cochrane Library] yielded the very low numbers of papers shown in Table 1, and even less when combining the term with the word 'Africa'. Searching by "health", "foreign policy" yielded more materials although less when combined with "Africa" (See Table 1), but only by reading all pieces would it be possible to say whether they relate to global health diplomacy. Further materials on GHD may be captured under trade, governance and other matters. This means that accessing relevant literature is not a simple exercise and not one that the resources for this work permitted at this stage.

Table 1: Search results for various databases on health publications

	Number of papers found using search term			
Search term	Global health diplomacy	Global health diplomacy + Africa	Health+ foreign policy	Health+ foreign policy + Africa
Database				
Pubmed/medline	42	3	1109	164
BMC Central	15	11	806	346
Cochrane Library	0	0	54	12
Popline	1	0	49	13

In the searchable annotated bibliography database on the EQUINET website, for the 53 papers that have global health diplomacy as key words and are about from African countries, most deal directly with foreign policy (eg bi or trilateral relations with China, Brazil etc), then with trade and intellectual property issues in global negotiations, and with regional roles and networks and African engagement in global governance (See Table 2).

Table 2: Key areas of papers on GHD from or on Africa on the EQUINET database

Area of global health diplomacy covered in the paper	**Number of papers**
Foreign policy and health	13
Trade and intellectual property negotiations	8
Regional bodies, networks and African engagement in global governance	8
Access to and production of Medicines	5
Overseas aid and health financing	4
AIDS, disease control, health MDGs	4
Health worker migration, health systems	3
Refugees, humanitarian issues	1
Biotechnology	1

While this reflects the distribution of papers in published literature, the general sparseness of published work in Africa highlighted in Table one, and limited publication on key areas found in Table 2 suggest that there is a wider deficit of research and publication in this area in and on Africa. This reinforced the choice of focus at this stage on what key stakeholders involved in or responsible for GHD identified as knowledge gaps and priority areas.

We obtained this stakeholder input through four approaches:

1. Content analysis of the resolutions from last four ECSA Regional Health Ministers Conferences (RHMC) where resolutions were available (2007-2010)[3]
2. Content analysis of the discussions in the 2010 ECSA RHMC meeting on GHD
3. Analysis of the section on research and information in a questionnaire compiled by the consortium members for their areas distributed to ECSA member states in December 2010 and collected at the Regional GHD training in March 2011. Of the 16 states in east and southern Africa, responses were obtained for seven.
4. Interview with diplomats responsible for health and health attaches in six African Embassies in Geneva in January 2011.

While a larger sample of key informant views would be desirable the resources did not permit this. In the case of the country questionnaires we note that only 44% of countries completed the questionnaires which is a high loss to follow up. In the case of the Ministers and senior officials meeting on GHD at the 2010 ECSA RHMC we note that nine of the 16 ESA countries were present (56%). The interviews with diplomats covered six countries and AU, as many countries did not have health attaches or diplomats focused on health or they were not available at that time. In presenting the findings we thus note the limitations of sample size.

3. Findings

3.1 Content analysis of the ECSA RHMC Resolutions

GHD issues can be found in the Regional Health Ministers Conference themes, the dialogue on global commitments, the raising of concerns that have global dimensions and the alignment of global resources to health needs, policies and systems in the region.

The 2007 RHMC had a theme with global relevance "Scaling up cost effective Interventions to attain the Millennium Development Goals (MDGs)", and in 2010 further note was made of the need for the ECSA HC secretariat to provide updated, complete and timely comparative data and briefs to Member States on progress towards meeting the MDGs.

Commitments to international obligations were raised in a number of the RHMCs, viz:

- In 2007, delivery by 2009 on national budget allocation for health target of 15% raised in the Abuja Declaration
- In 2008, acknowledgement of obligations of the Framework Convention on Tobacco Control;
- In 2010, for member states to accelerate operationalization of the Maputo Plan of Action and the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA); and the commitment made during the UN-General Assembly special session for Children in May 2002 to eliminate hidden hunger that is vitamin and mineral deficiencies;

[3] Resolutions of the (i) Health Minister's Conference Arusha, United Republic of Tanzania 12-16th March, 2007 (ii) Health Ministers' Conference Victoria, Mahe, Seychelles 25th - 29th February, 2008; (iii) Health Ministers' Conference Kampala Uganda 15th – 19th February 2010 (iv) Health Ministers' Conference Harare, Zimbabwe, 25th - 29th October, 2010

- In 2010, in recognition of the WHO Global Code of Practice on the International Recruitment of Health Personnel, noting of the need for exchange of existing best and promising practices on attraction and retention of health personnel, work with partners to monitor the implementation of the code and organisation of evidence on its implementation within the region.

The RHMCs raised various concerns that relate to GHD, viz:

- In 2007, Health worker migration and global inequalities in burdens vs health workforce, noting the work on this by global organisations such as International Organization for Migration, the Global Commission on International Migration, African Group and in other international bodies and the need in the region to document and disseminate current best practices and guidelines on legally binding bilateral agreements among member states and developed nations on the ethical recruitment of human resources by June 2008;
- In 2007, the need for Avian Influenza Preparedness and Response plans; and
- In 2010: The need for member state collaboration to promote innovation in research and development in priority areas such as essential drugs, diagnostics and other health products.

Global resources and processes were identified for engagement, ie

- In 2008 the resources in global information technologies and thus the need to develop of national e-policies and strategies/plans by 2010 that address the health sector, focusing on simple and appropriate technologies; to collaborate with and subscribe to the WHO Africa Health Infoway and other partner initiatives to address Information Communication Technologies needs; and to develop multi-sectoral strategies for building capacity, deployment and use of Information Communication Technologies by 2010.
- In 2010 to maximize available opportunities from Global Fund and other partners to obtain additional resources for scaling up interventions to achieve MDGs, and to support the Global Fund Constituency Board Member to effectively represent all Member Countries.
- In 2010, to strengthen Ministers and Ministerial Senior Management Team's capacity in Global Health Diplomacy, for the ECSA HC Secretariat to collaborate with international and regional technical resource organizations for this and to accelerate the implementation of the ECSA initiative on supporting strategic leadership in global health diplomacy in the ECSA region;
- In 2010, to engage with the international community/global movement towards universal health coverage in order to mobilise the necessary technical and financial resources for accelerating implementation of universal health coverage.

The resolutions suggest the desire to operationalise and identify the implications of commitments made to international conventions and codes, and to monitor their implementation. While this may not be of relevance to negotiation of these commitments, the work to clarify and monitor their implementation will be useful to raise issues around such commitments that ill inform future negotiations. This raises the more general issue of how the region is sharing learning on the impact of these conventions on health and health systems as a basis for input to future GHD.

Various areas of concern raised in global health may be matters for generating knowledge to support GHD, viz health worker migration and the effectiveness of the Code and bilateral agreements in addressing the concerns that led to them; the demands on health systems in the region raised by pandemics such as avian influenza

to inform negotiations on equitable global responses; and the issues arising in innovation for essential health technologies in the region, to more clearly identify the facilitators and barriers to this as input to global negotiations on technology transfer, intellectual property and benefits sharing. These concerns suggest that beyond the organisation of existing knowledge on these policy issues, such as through systematic reviews, research is needed to profile the current situation, to evaluate the impact of global agreements, and as a link to operationalising longer term approaches to monitoring implementation and impact.

The resolutions also highlight areas where global resources could be more effectively oriented to the health systems of the region, such as through developing e-health and the role of information technologies to support health systems; to ensure effective representation and inclusion of the regions interests in global governance, including those with resources for health such as the Global Fund for AIDS TB and Malaria; and to engage the global community to ensure equity in delivery on global norms and policy aspirations, such the movement to universal coverage and the MDGs. These areas suggest that policy analysis of the functioning and returns from global governance arrangements would be useful, together with analysis of global resource flows to the region and the manner in which these are impacted by global governance, negotiations and agreements.

3.2 Content analysis of the 2010 ECSA RHMC Meeting on GHD

The 2010 ECSA RHMC meeting on GHD identified in the discussion on the proposed strategic initiative some issues that were seen as important for policy makers that have relevance to research on GHD, ie

For the research agenda to

- Provide evidence on issues relevant to African country engagement in key global negotiation platforms, such as the World Health Assembly;
- Address knowledge gaps on areas of GHD prioritized within the region;

For research processes to

- Involve at early stages and continuously engage senior officials and policy makers to provide support and policy context;
- Include disciplines and personnel from other sectors (Trade, Finance, Foreign Affairs) to build links across the key sectors involved;
- Provide inputs to capacity building activities
- Include processes that share evidence needed for real time negotiations, including through the internet;
- Promote multi-country work that strengthens the regional perspective and analysis, and collective voice on issue from the region;
- Make links with the capacities and resources of the GHD.NET
- Communicate results in ways useful to negotiations, made available to parties involved in such negotiations in a user friendly format.

3.3 Analysis of replies to the questionnaire on GHD

Questionnaires were designed by the consortium partners to capture all areas of work in the regional initiative on GHD. The section on research and information was designed by EQUINET (TARSC, SEATINI). The questionnaires were circulated to ECSA HC member states in December 2010 and collected at or before the regional training in March 2011. As noted earlier seven countries responded with one country, Kenya, providing 6 responses, so that 12 questionnaires were received in total. The limitations of this 44% response rate has been noted in the methods discussion. The questionnaires were filled out by senior officials in the Ministry of Health, particularly those dealing with policy and planning and international relations. Table 3 indicates the responses received.

Table 3: Nature of the respondents to the questionnaire

Country	Number of responses received	Ministry department responding	Activities relating to GHD
Kenya	6 (Ministry of Medical Services and Ministry of Public Health and Sanitation	International Relations; Medical services and public health; Kenya mission	International health relations, information and technical assistance on international obligations, emerging international health issues; country positions in the multisectoral fora; engagement with bilateral and multilateral partners in health; coordination of joint permanent commissions (JPC's) between Kenya and other countries; drafting of MOU's, cabinet memorandum and bilateral agreements with partner states; preparation of briefings and reports from sub-regional, regional and international health meetings and conferences; engagement in bodies like ECSA, WHO, EAC, AU, IGAD.
Zambia	1 Ministry of Health Zambia	Policy and planning	Policy development and review; Sector Advisory Group meetings, Annual reviews and attendance of international meetings (WHA, Regional Committee, WHO, UNGASS, ECSA, SADC Health Ministers)
Malawi	1 Ministry of Health	Planning	Planning; Dialogue among stakeholders and resource mobilization
Tanzania	1 Ministry of Health	Policy and Planning	Policy and planning; Coordinating with regional bodies like EAC, SADC and ECSA
Zimbabwe	1 Ministry of Health and Child Welfare	Policy, Planning, Monitoring and Evaluation	Policy and planning; Coordinating the analysis of new partnerships and proposals that are meant to support health; Drafting of MOUs
Mauritius	1 Ministry of Health and Quality of Life	Planning and statistics	Planning; Implementation of resolutions, ECSA/HC, WHO, SADC and health related declaration and MDGs
Lesotho	1 MOHSW	Planning and statistics	Planning; health information, statistics

Most officials report that they produce and use their own information related to GHD (See Table 4), including technical information, country polices, laws and legal cases, economic and finance information and country negotiating positions. These primarily

derive from ministry of health official data and records, but also from other ministries, such as foreign affairs, WHO country offices, regional and headquarter offices, from other international organizations and journals (Table 5). It thus appears that there is information within countries on their own situation relevant to GHD.

Table 4: Information to support health diplomacy

Country	N	Technical information		Country polices, laws, legal cases		Economic, finance information		Country negotiating positions	
		produce	use	produce	use	produce	use	produce	use
Kenya	6	✓	✓	✓	✓	✓	✓	✓	✓
Zambia	1	✓	✓	✓	✓	✓	✓	na	✓
Malawi	1	na	na	na	na	na	na	na	na
Tanzania	1	✓	✓	✓	✓	✓	✓	✓	✓
Zimbabwe	1	✓	✓	✓	✓	na	✓	✓	✓
Mauritius	1	✓	✓	✓	✓	✓	✓	✓	✓
Lesotho	1	✓	✓	✓	✓	✓	✓	✓	✓

Table 5: Sources of information on health diplomacy

Country	National sources	International sources
Kenya	Ministry of Health; Records and information system; University; WHO Country offices, Ministry of Foreign Affairs; Correspondences	WHO, Medical journals UNAIDS, South Centre International organizations, Regional and international meetings and treaties EAC Secretariat, ECSA Secretariat, AU Commission; Internet
Zambia	National constitution, national annual statistics bulletins, economic reports, national health strategy reports and bilateral and multi-lateral agreements	Nil
Malawi	Ministry of Foreign Affairs	WHO
Tanzania	Government documents, websites, libraries	Internet, journals, and other publications
Zimbabwe	Government ministries and agencies including embassies	UN Agencies
Mauritius	WHO country office and Ministry of Health and Quality of Life	WHO HQ and AFRO
Lesotho	WHO country office	WHO, ECSA, Relevant journals

Nevertheless, almost all countries report gaps in information needed for various GHD issues. The most frequent gaps are in relation to information on counterfeit, falsified and substandard medicines; pandemic influenza preparedness, viruses sharing and access to vaccines; public innovation and intellectual property: and global health governance (See Table 6). The area that respondents felt they had least gap in information was on the MDGs. Countries also lacked information on GHD issues relating to international conventions, such as the code on health worker recruitment, the international health regulations, as well as on issues such as health financing. Information gaps were also observed in new issues such as prevention and control of non-communicable diseases.

Table 6: Information gaps on health diplomacy

AREA (*) Country (N=7)	IP	Count-erfeit	MDG	Code on HW	NCD	Health Finan-cing	PIP	IHR 2005	AIDS	GHG	FCTC
Kenya	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Zambia	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Malawi	yes	yes	no	no	no	no	yes	no	no	yes	no
Tanzania	yes	yes	no	yes	yes	yes	yes	yes	yes	yes	no
Zimbabwe	no	yes	no	yes	no	yes	yes	no	no	no	yes
Mauritius	yes	yes	no	no	no	no	yes	yes	no	yes	no
Lesotho	yes	yes	no	no	yes	no	yes	no	no	yes	no
% countries	86	100	29	57	57	57	100	57	43	86	43

(*) Key

IP= public innovation and intellectual property: Counterfeit= Counterfeit, falsified and substandard medicines; MDGs= Monitoring of the achievement of health related MDGs Code on HW=International recruitment of health personnel: global code of practice NCDs =prevention and control of non-communicable diseases; PIP= pandemic influenza preparedness: sharing of influenza viruses and access to vaccines; IHR 2005= Implementation of the international health regulations 2005; AIDS= HIV and AIDS strategy; GHG= Global health governance; FCTC= Framework Convention on Tobacco Control

These gaps may arise because the information is available but not reaching officials, calling for improved flow of information, or because there are real gaps in evidence. Country respondents felt that global policies, funding and trade agreements are issues that need new research, primarily in relation to what they imply for health and health systems, how countries are managing these issues and the positions and negotiations around them. Countries primarily wanted operational research, that would guide them in building negotiating positions. Most particularly called for research that would make the field more transparent, by making country positions, arguments, experiences more accessible, or making clear the economic and health implications and benefit analysis of particular positions on issues. However some specific issues were also raised, such as understanding the factors that contribute to countries poorly engaging in global health diplomacy (See Table 7).

Table 7: Priority areas for research on GHD

Country	Priority areas for research to support work on health diplomacy
Kenya	Cross border health system needs – eg for management of non communicable diseases; pandemic information preparedness; Assessing implementation of GHD policies, eg the Nagoya protocol; Operational research on factors that have contributed to most countries poor adaptation of GHD approach to international health issues; First hand information on what other countries are doing on GHD; Cost positions / cost benefit analysis
Zambia	World trade organization conditions and external funding conditions and their implications for health and health systems; Country experiences on foreign policy and health
Malawi	How countries are operationalising global health diplomacy
Tanzania	Research on communicable and non-communicable diseases
Zimbabwe	Databases of key issues in global health
Mauritius	Health financing and equity and social determinants of health
Lesotho	Health policy

Respondents from three countries (Kenya, Tanzania and Zimbabwe) indicate that they are doing their own research as Ministries of health, but the majority of countries commission this work from research institutions, universities, civil society and UN agencies. (See Table 8) Respondents from three countries (Malawi, Mauritius and Lesotho) indicate that they neither do nor commission research.

Table 8: Research relevant to GHD being implemented

Country	Research on GHD carried out by Ministry of Health	Research on GHD commissioned or used from other institutions
Kenya	Yes, starting now to do research	On intellectual property rights; Research from KEMRI
Zambia	No	UN Agency work
Malawi	No	No
Tanzania	Policy and planning department is responsible for monitoring and evaluation using the health information system. Some of this information is used for health diplomacy	Research from universities, National Institute for Medical Research (NIMR), Ifakara Health Institute(IHI) and National Bureau of Statistics (NBS)
Zimbabwe	Yes, on technical, historical development and other country positions	Research from civil society organizations and universities
Mauritius	No	No
Lesotho	No	No

While the knowledge gaps raised indicate a need for systematic reviews of current evidence, policy analysis and operational research across countries in the region, in many of the areas that people felt they lacked information, there is a more immediate need for improved flow of available information, including that held within countries and not shared. One option is to provide this through existing sources.

The most common information sources respondents indicated that they used were the internet (daily use for most countries) followed by searchable databases on the internet, email lists (often or daily for most), and government and UN agency websites, email contacts and hardcopy libraries (often or sometimes for most).

Table 9: Options for improving access to information on GHD

Country	Options raised
Kenya	More regular information sharing through meetings, sharing research results that require attention in the member countries; in regional journals Commission research; have a dedicated group looking at GHD issues; Strengthened networking and forums for exchange of best practices and experiences, secretariat information dissemination; More training and capacity building opportunities; common admission among the universities
Zambia	Create a searchable database that all members states can readily access; Hold awareness meetings in each of the member states Publish a quarterly bulletin on GHD for member states
Malawi	Create a website to access information on global health diplomacy
Tanzania	Develop a database to input and provide key data from member states. A mechanism to disseminate information should be developed
Zimbabwe	Better linkages, web platform for information sharing
Mauritius	Improve access to ICT and focal person in place, trained as trainer to advocate for GHD and involve other Ministries such as Foreign Affairs.
Lesotho	Meetings, create a platform for GHD

Networking forums, training and other face to face encounters were raised as one option for improving information flow. Another, more common way, was through internet databases, websites and newsletters (Table 9). However internet was only reported to be very accessible in Zambia, and somewhat in Mauritius, while respondents in most countries found in not very accessible, expensive and slow (See Table 10). This raises a wider concern about improving web access for key personnel if countries are to strengthen regional capacities and work in GHD.

Table 10: Access to the internet

Country	**Accessibility** 1= most accessible to 5 = not accessible	**Cost of access** 1= cheapest to 5 = most expensive	**Internet speed** 1= fastest to 5 = slowest
Kenya (average for 6 responses)	2.8	3.3	3.2
Zambia	1	1	1
Malawi	3	3	5
Tanzania	3	2	3
Zimbabwe	3	4	3
Mauritius	2	2	2
Lesotho	3	4	3

3.3 Interviews with African diplomats involved with GHD

Meetings were held in January 2011 with personnel dealing with health in embassies from East and southern African countries and the African Union in Geneva, viz: Permanent Missions to the UN from Zambia, Namibia, Zimbabwe, Kenya, Rwanda (also current Chair of the Africa Group on Health) and with the Permanent Delegation of the African Union in Geneva Social Affairs Officer. While these addressed a number of issues the feedback on knowledge gaps relevant to research is shown below.

For the research agenda to

- Provide evidence on issues relevant to African country engagement in key global negotiation platforms, such as the World Health Assembly;
- Address knowledge gaps on areas of GHD prioritized within the region;
- Provide evidence on issues relevant to African country engagement in key global negotiation platforms, particularly those on the agenda of the World Health Assemblies; including to track the commitments made in prior WHAs and assess how far they are being implemented in Africa and the issues faced as information input to future negotiations.
- Assess the manner in which negotiations and agreements are addressing the steps and demands for transfer of technology to support prequalification of African producers of medicines and the issues arising for the work being done through the WHO Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) and Africa regional initiatives like the NEPAD work on medicine regulation.
- Unpack the issues and provide evidence, taking into account the specific interests and context of African countries, on counterfeit, substandard, falsified medicines. This should address African countries as both importers and as emerging producers, including of generic medicines,
- Examine the way forward on public health flexibilities in the TRIPS agreement (currently subject to member state endorsement by December 2011) to ensure that they protect access to medicines in the long term.

- Tracking equity in access in virus sharing and access to and control of genetic materials for health, including issues of the manufacturing and laboratory capacities for ensuring equity in access. This links with negotiations around the Convention on Biological Diversity and the TRIPs agreement.
- Assess the proposals and trends in financing of the WHO against African priorities, such as in tracking how resource flows for women's and children's health relate to African health needs and priorities;
- Assess the manner in which the arrangements and functioning of global governance and positioning of health in the global architecture facilitates or acts as a barriers to priority issues for Africa being raised, recognized and responded to and support national and regional initiative.
- Track implementation of global strategies and commitments in Africa, such as the Strategy on HIV/AIDS
- Assess health worker migration flows- brain drain, brain circulation, training, production, retention and capacity gaps- as a means of providing evidence on the enforcement and impact of the Code on health worker situation in Africa;

For research processes to

- Include input from personnel in the embassies and strengthen the dialogue between the capitals and Geneva on health issues under negotiation at global platforms.
- Provide evidence on how different countries globally are aligning on issues being research;
- Proactively take up issues at early stages in the process, well before they are under negotiation in global platforms;
- Reflect the diversity of African countries, providing information from the different contexts to take these different situations into account in positions developed; and
- Involve or communicate with other regional bodies such as SADC and AU.

- Involve at early stages and continuously engage senior officials and policy makers to provide support and policy context;
- Include disciplines and personnel from other sectors (Trade, Finance, Foreign Affairs) to build links across the key sectors involved;
- Provide inputs to capacity building activities
- Include processes that share evidence needed for real time negotiations, including through the internet;
- Promote multi-country work that strengthens the regional perspective and analysis, and collective voice on issue from the region;
- Make links with the capacities and resources of the GHD.NET
- Communicate results in ways useful to negotiations, made available to parties involved in such negotiations in a user friendly format.

4. Discussion

The senior officials responding to the questionnaire, mainly from policy and planning departments of Ministries of Health in the region, report facing information gaps in various GHD issues. These gaps are lower in well established GHD issues such as the MDGs, and more profound in relation to new issues on the negotiating agenda, such as counterfeit, falsified and substandard medicines; and pandemic influenza preparedness, viruses sharing and access to vaccines; and prevention, control, treatment and follow up of non-communicable diseases, including to prevent high burden complications.

More generally, there is an expressed need for an accessible repository for people to access information relevant to GHD, such as through a searchable website database supported by a newsletter to inform on updates. While the internet is used daily by officials in most countries, including for email lists, internet was reported to be inaccessible, expensive and slow in all countries par one. Improving strategic capacities on GHD appears to call for a wider improvement in web access for key personnel if countries are to strengthen regional capacities and work in GHD. Health Ministers resolved in 2008 that the development of e-health and investment in information technologies to support health systems is itself a potential are for GHD, as well as a tool for supporting other areas of GHD. In the absence of cheaper, fast internet personnel often rely on forums and face to face encounters, suggesting that maximum use needs to be made of these as opportunities for information exchange.

Several areas were raised as priorities for research on GHD. Three broad areas of research were raised across the Ministers resolutions, embassy interviews and questionnaire respondents:

1. **How well are existing global commitments being implemented in the region**? What are the experiences of countries in the region in the implementation and enforcement of these conventions? What resources are being made available to ensure implementation, and what are the gaps? What barriers are being faced? What lessons are learned from the experience of implementing existing global commitments for the negotiation of future commitments? The existing commitments raised by countries included the Code on ethical recruitment of health workers, the International health regulations; the Convention on Biological Diversity, the TRIPs agreement; Strategy on HIV and AIDS. …….

2. **How far are African interests being advanced in global health negotiations?** What implications will new areas of global negotiation – trade, health, financing, governance- have for health and health systems in the region, taking into account the diversity of countries and their different engagement in the global economy? (Hence for example, what are the implications of different countries positions as importers or as emerging producers in the negotiations on counterfeits?) What are the costs and benefits of specific issues under negotiation be for the countries and communities in the region? What negotiating positions are different countries taking around them and why? This relates to issues under negotiation, such as
   - avian influenza;
   - innovation for essential health technologies and technology transfer,
   - intellectual property;
   - benefits sharing;
   - prequalification of African producers of medicines;
   - control of genetic materials for health

3. **How effectively are the region's interests being represented and included in the current global architecture and governance,** including those global institutions with resources for health such as the Global Fund for AIDS TB and Malaria? How do the functioning, procedures and arrangements for global governance impact on the expression of health priorities from to region, affect the flow of global resources towards those priorities? (How for example do the resource flows for women's and children's health globally relate to African health needs and priorities?) What does this imply for how African countries engage in key global negotiation platforms? What impact do Africa regional bodies and initiatives such as

NEPAD, SADC, ECSA HC have on the negotiation of African interests in bilateral agreements and global platforms?

The Embassy personnel in interviews advised proactively taking up issues at early stages in the process, well before negotiations have developed in global platforms. This would give time to generate evidence to support negotiators when it is still possible to influence processes.

The policy discussions and resolutions, respondents to questionnaires and embassy interviews highlighted also expectations and advice for how the research processes should be implemented to strengthen strategic capacities for GHD in the region. The advice given is for research processes to

i. Include relevant personnel who have an interest and influence on the issues (from embassies, officials, policy personnel, civil society; regional bodies such as SADC and AU) early in the process to help shape and facilitate the work;

ii. Access and organise the body of existing evidence within countries (eg from ministry of health official data and records, from other ministries), ensuring that the research covers the diversity of African countries;

iii. Be multi-country and multidisciplinary, and to facilitate exchange and dialogue, between countries, disciplines and between the capitals and Geneva;

iv. Generate evidence and information during the process, to support input for negotiations, and make findings available in an accessible and timely manner.

5. Towards an agenda of future research on GHD

While noting the limitations of this assessment arising due to the sample size, reliance on reported views and analysis of policy statements, it does provide guidance on some key features of a future research agenda.

Given the rapidly changing terrain in diplomacy, with ongoing negotiations, and the slower and more systematic pace of research processes, learning from research in the area of GHD may be best applied to longer term areas, such as learning from how existing commitments are applied, from retrospective review of past negotiations, or from assessment of longer term issues, such as global governance. On new issues, if the results of research are to be available at sufficiently early stages of negotiations, then a proactive scoping of the issues is needed to identify these well in advance of their reaching formal negotiation.

The findings generally indicate that research on GHD should

- identify factors that support the effectiveness of global health diplomacy in addressing selected key challenges to health strengthening systems in Eastern and Southern Africa, and
- disseminate the learning and use this to strengthen the capacity of key African policy actors and stakeholders within processes of health diplomacy.

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The findings indicate a preference from officials and policy makers to do this in three broad areas:

- Firstly, to explore the implementation of existing global commitments in the region, to learn lessons from the current experience. For example the newly negotiated Code on the International recruitment of health personnel provides one opportunity to assess the experience of GHD in relation to an issue that has significant implications for countries of the region, whether the implementation (monitoring, agreements, reporting, resolutions) effectively addresses the concerns that motivated the code. Such inquiry may not only generate evidence for input to debates arising from the monitoring of these commitments, but may also yield lessons that inform future health negotiations.

- Secondly, to explore the extent to which African interests are advanced in areas under global health negotiation. Such research would assess the implications, costs and benefits of specific issues under negotiation for the diverse countries in the region, how this reflects in the different negotiating positions of countries in and beyond the region and in bilateral negotiations and agreements. The respondents to the questionnaires and interviews and policy resolutions suggest that the issue of essential health technologies and technology transfer, including for medicines, are a priority concern, also raising issues of intellectual property and benefits sharing.

- Thirdly to explore how effectively interests in the region are being represented in the current global architecture and governance, including of the global initiatives that fund health. The interviews suggest that GFATM and WHO are prioritized for this. Such research could provide evidence to inform African engagement on global governance reforms, as well as to make clearer the impact and role of regional bodies and initiatives such as NEPAD, SADC, ECSA HC in global governance.

Beyond the *areas* of research on GHD, the findings of the assessment consistently indicate that the *design and process* of research on GHD should involve key African policy actors and stakeholders in health diplomacy, and encourage links across disciplines, sectors and countries and between capitals and embassies. This can be done, for example, through policy dialogue forums, internet exchanges, responsiveness of research teams to information needs of policy makers and inputting relevant information / publications to online databases and websites, to enhance access to information in the region. For these to resources to be effectively used, key African policy actors and stakeholders in health diplomacy need to obtain more accessible, less costly and faster internet.

This initial analysis is presented to the ECSA RHMC for further dialogue and debate, including to confirm or identify within the three broad areas the more specifically prioritized areas of focus.

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. It includes

- Policy Dialogue, Leadership Support & Coordination led by ECSA Health Community
- Capacity building 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 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)

This work was implemented through the strategic information and research for health diplomacy component of the Initiative.

The ECSA Health Community is a regional organization that fosters and encourages cooperation in health in East, Central and Southern Africa (ECSA). The organization was set up to promote regional cooperation in health, and covers 10 member states in the East, Central and Southern Africa region namely; Lesotho, Kenya, , Malawi, Mauritius, Seychelles , Swaziland , Tanzania , Uganda, Zambia and Zimbabwe with a combined population of more than 190 million people, making ECSA Health Community (HC) one of the largest health organizations in the region. ECSA HC contributes to improving health in the region by undertaking activities that promote efficiency and relevance in the provision of health services in the region, including capacity building, policy and advocacy, research and evaluation and information sharing.

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The Regional Network on Equity in Health in east and southern Africa (EQUINET) is a network of professionals, civil society members, policy makers, state officials and others within the region who have come together as an equity catalyst, to promote and realise shared values of equity and social justice in health. EQUINET works in areas of empowering communities and health workers to build primary health care oriented health systems; fairly resourcing national health systems; engaging globally on regional priorities for health equity; implementing health equity analysis as an Equity watch within the region, and strengthening and supporting national networking and capacities to advance health equity.

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