



## Health Diplomacy in Times of Crisis: Reflections on the Islamic Republic of Iran's Participation in the Seventy-Ninth World Health Assembly

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The Seventy-Ninth World Health Assembly (WHA79) convened in Geneva under the theme “Rebuilding Global Health: A Shared Responsibility.” This theme aptly reflects the contemporary realities of global health governance, which continues to face the compounded consequences of pandemics, humanitarian emergencies, armed conflicts, climate change, widening health inequities, and increasing financial constraints on health systems (1). In this context, the WHA has evolved beyond a purely technical forum into a platform for dialogue on global health governance, health equity, and the collective responsibility of nations to safeguard human health.

The participation of the Iranian delegation in WHA79 represents a notable example of health diplomacy in a period of crisis. Health diplomacy extends beyond traditional forms of international health cooperation; it refers to the strategic use of health as a means to advance humanitarian objectives, strengthen international collaboration, and promote peace and global security (2). Within this framework, the presence of Minister of Health, was not limited to formal engagement in Assembly proceedings. Rather, it provided an opportunity to raise humanitarian concerns, expand international dialogue, and advocate for core principles of global health.

A central theme of the Minister's address to the Assembly was the humanitarian impact of armed conflict and the imperative of protecting health infrastructure. Drawing attention to the consequences of violence on civilians, children, health workers, and healthcare facilities, he underscored the profound and lasting effects of conflict on population health. These remarks were delivered at a time

when the protection of healthcare services and health personnel in conflict settings has become a major concern for both the World Health Organization (WHO) and the United Nations (UNs) (3, 4). In recent years, attacks on hospitals and healthcare facilities in various regions of the world have repeatedly been condemned by international organizations as serious violations of international humanitarian law (4).

One of the most significant elements of the speech was the assertion that attacks on hospitals and healthcare facilities constitute far more than the destruction of physical infrastructure. Such attacks undermine the ethical foundations of societies and threaten the future well-being of nations. This perspective is closely aligned with contemporary global health discourse, which recognizes health not only as a fundamental human right but also as a cornerstone of sustainable development and human security (5). From this standpoint, safeguarding health systems during times of crisis is not merely a humanitarian obligation; it is also a prerequisite for social stability, resilience, and long-term development.

In this regard, the Iranian Minister of Health called upon the international community to condemn attacks against civilians and health infrastructure and emphasized the responsibility of international institutions to protect healthcare services. This message resonates strongly with WHO's Surveillance System for Attacks on Health Care (SSA), which was established to document, monitor, and ultimately reduce attacks on healthcare services in conflict-affected settings (3).

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Perhaps the most important policy message conveyed during the speech, however, was the emphasis on health as an instrument of peace. The statement that “health must remain a bridge for peace” extends beyond a political or moral aspiration and reflects a well-established principle within the field of global health diplomacy (2). International experience has repeatedly demonstrated that cooperation in health can facilitate dialogue, build trust, and foster collaboration even in contexts characterized by political tensions and security challenges. Cross-border vaccination campaigns, disease eradication initiatives, responses to humanitarian emergencies, and international scientific collaborations all illustrate the capacity of health to serve as a bridge between nations (2, 5).

Beyond the formal address, the bilateral and multilateral engagements undertaken by the Iranian Minister of Health constituted another important dimension of the country’s participation. Meetings with the President of the International Committee of the Red Cross, participation in the BRICS Health Ministers’ Meeting, discussions with ministers of health from several countries, and consultations with WHO officials collectively highlighted the continuing importance of health as a domain of international cooperation. In an increasingly interconnected world, challenges such as infectious disease outbreaks, antimicrobial resistance, medicine shortages, vaccine access, and humanitarian crises transcend national borders. No country can effectively address these threats in isolation (1, 5).

From the perspective of global health governance, active engagement in the WHA remains particularly significant. The Assembly is not only the supreme decision-making body of WHO but also one of the principal arenas in which global health priorities, norms, and policies are shaped (1). Meaningful participation in these processes provides opportunities for countries to advocate for national interests, strengthen technical partnerships, and contribute to the broader architecture of global health governance.

Ultimately, the participation of the Iranian delegation in WHA79 can be viewed as an example of proactive health diplomacy under crisis conditions. Three overarching messages emerged from this engagement: first, the necessity of protecting civilians and healthcare infrastructure during armed conflicts; second, the critical importance of international cooperation in addressing increasingly complex health challenges; and third, the recognition that health can serve as a platform for dialogue, collaboration, and peace.

As global health threats become progressively more complex, interconnected, and transnational, active engagement in global health diplomacy is no longer optional. It has become a strategic imperative for all nations. The experience of WHA79 reaffirmed that health remains a universal language capable of transcending political divides and fostering collective action toward a more secure, equitable, and peaceful world.

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#### Conflict of Interests

The authors declare that the first author (MRZ) serves as the Minister of Health and Medical Education of the Islamic Republic of Iran, and the second author (KHS) serves as Advisor to the Minister and Director General of the Ministerial Office. This disclosure is made solely in the interest of transparency. The authors affirm that these positions had no influence on the design of the study, data collection, analysis, interpretation of the findings, or the decision to publish the results.

#### Authors’ Contributions

MRZ conceived the commentary and delivered the official address. KSH contributed to conceptual development and critical revision. EA drafted the manuscript and coordinated revisions. All authors approved the final manuscript.

#### Ethical Considerations

Not applicable.

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