

Working paper
Global Health Diplomacy: the core curriculum

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Capacity building in global health diplomacy: the context

Global health is one of the areas in which a new approach to diplomacy in the 21st century is most manifest. As new trans-border health challenges need to be resolved jointly between countries health increasingly moves beyond its purely technical realm to become a critical element of foreign policy, security policy and trade agreements. This is a shift from an approach to international health which is mainly considered in the context of development policy and measures its results in the resource flow from North to South. At the beginning of the 21st century health concerns demonstrate most of the governance challenges in a globalized world. Today multi lateral health negotiations matter, as they touch upon national and economic interests and reflect the tension between national sovereignty and global collective action as well as those between expansive business interests and the protection of the health of vulnerable groups.

Capacity building in global health diplomacy: the focus

Global Health Diplomacy is concerned with the negotiation processes that shape and manage the global policy environment for health and its determinants. These are increasingly conducted not only between public health experts representing health ministries of nation states but include many other major players, for example from other ministries, from civil society, from foundations and from the private sector. Global Health Governance is subject to larger geopolitical power shifts and it is crucial to understand these new dynamics and respond to them with diplomatic skill.

The policy making process in the global arena is as subjected to advocacy and lobbying as is the national course of action. It is conducted in many different arenas - with an increasing amount of negotiations taking place in multilateral settings, which in turn are prepared by a wide range of regional bodies, club of countries and alliances of groups of actors. But most importantly it needs to be well prepared at the national level

The participants in global health diplomacy capacity building

- Engage in a multidisciplinary learning process
- Practice strategic thinking about the interface of global health and diplomacy
- Understand instruments and mechanisms
- Understand negotiating strategies from the multinational perspective
- Practice negotiation skills through role playing
- Discuss values and ethics in global health diplomacy

In order to achieve this, a wide-range of different methods should be used to transfer knowledge: workshops, case studies, practical exercises must complement the theoretical presentations. Such a methodological mix allows practical and theoretical learning and supports the application of the newly acquired knowledge. Top level faculty – which includes internationally renowned experts, diplomats, and representatives of the international organisations – interact with participants., who bring a wealth of practical experiences to the course process.

Capacity building in global health diplomacy: for whom?

Capacity building in global health diplomacy is directed in particular at representatives of ministries of health, foreign affairs, staff of international organisations and non state actors who engage in trans-border health negotiations. It aims to increase their understanding of the dynamics of global health governance and to improve their negotiation skills. It provides the broad group of “new health diplomats” with insight on institutions and instruments, addresses mechanisms of policy coherence and a framework for negotiation. While there are many aspects and dimensions of health diplomacy, capacity building in global health diplomacy relates in particular to health issues that cross national boundaries and are global in nature and require global agreements to address them. New skills are needed by health and by foreign affairs professionals to negotiate global regimes and international agreements and treaties and to maintain relations with a wide range of actors.

Capacity building in global health diplomacy: innovation from The Graduate Institute of International and Development Studies

The Graduate Institute of International and Development Studies as a leading postgraduate academic institution in Switzerland has initiated and piloted the development and implementation of executive training in global health diplomacy. It has conducted successful executive education programmes in Geneva for participants from all around the world and it is involved in creating and conducting such executive training outside Europe in order to appropriately reflect the global nature of this course. Following the aspiration to strengthen the voice of the South in Global Health Diplomacy, the course in Geneva is each year conducted in partnership with a country from the South. In 2009 this was Brazil, in 2008 this was Kenya, and it is planned that the Geneva summer executive education course will be conducted together with India. As a result of this partnership and the involvement of both faculty and participants from these countries, Brazil is now conducting its own course

and Kenya has requested the Global Health Programme to support them in developing a course for East African countries in 2009. Cooperation also exists with partners in the USA and Canada as well as China and the UAE.

Capacity building in global health diplomacy: core content

At present the executive education//capacity building at the Graduate Institute is organised in a module system in three parts:

Part I is a one-day optional introductory module to provide a general overview of the functioning of international organisations and other key global players in the diplomatic arena of global health. The objective of this module is to bring the diverse participants to the same level. This module is held just prior to the basic training module

Part II is a five days basic training module and usually includes the following topics. They are modified according to the needs of the participants and the context in which the executive education is held. (*see Appendix 1 below*)

Part III is a three days optional follow-up & refresher module that is held after one-year of the implementation of the basic training module (Part II). It builds on the basic training module and the contents are set by the participants themselves and their experiences since the basic training module. The aim is to make part 3 an integral dimension of an alumni network and platform of all course participants around the world.

Glossary

Diplomacy: Diplomacy is concerned with the management of relations between states and between states and other actors. From a state perspective diplomacy is concerned with advising, shaping and implementing foreign policy. (Barston 2006)

Global Health: Global Health refers to those health issues which transcend national boundaries and governments and call for actions on the global forces that determine the health of people. Increasingly the negotiations on global health matters are not only conducted between public health experts representing health ministries of nation states but include a growing array of other major players in the global arena (Kickbusch, Lister 2007)

Governance: Is the conscious creating, shaping, steering, strengthening and using of international and trans national institutions and regimes of principles, norms, rules and decision making procedures that influence how autonomous actors behave (Krasner 1983)

Health governance: The actions and means adopted by a society to organize itself in the promotion and protection of the health of its population (Dogson, Lee, Drager 2002)

Global Health Diplomacy: The multi-level negotiation processes that shape and manage the global policy environment for health. Ideally these result in both better health security and population health outcomes for each of the countries involved (thus serving the national interest) as well as improving the relations between states and strengthening the commitment of a wide range of actors to work towards a common endeavour to ensure health as a human right and a public good. A major part of these processes still take place within international organizations such as the World Health Organization. (Kickbusch, Silberschmidt, Buss 2007)

APPENDIX 1

Capacity building in global health diplomacy Outline:

1. *Global Health Diplomacy*: The nature of Global Health Diplomacy in the context of the evolution of diplomacy – from the interest of states to global interests (and back); functions of diplomacy; history of global health diplomacy;
2. *Global Health*: The evolution of health: cross border 21st century health challenges; the concepts of global health, global health agendas and how they are set; health as a global public good
3. *The actors, stakeholders and interest in global health diplomacy*: the multi-polar international system; the landscape and roles of global health actors; concepts of global health governance; concepts of power and legitimacy; the power shifts in global health; loose coalition diplomacy; multilateral regional diplomacy; enhanced role of personal diplomacy (heads of state; celebrities; foundation leaders); epistemic communities
4. *Understanding the widening content of diplomacy and the key interface with health*: Health and security; Health and foreign policy; Health and trade; fusion of domestic and foreign agendas; state and commercial interests; interdependence and development; human rights; conflicts and disasters
5. *The settings of global health diplomacy*: the evolution of global health governance – from international sanitary agreements to global health law; key challenges in global health security; international institutions and norms, WHO as a key venue of Global Health Diplomacy; non health venues of global health diplomacy; collective normative values
6. *Key methods, processes, instruments and mechanisms in global health diplomacy*: understanding the multilateral processes; role of consensus; the increase in multi lateral governance diplomacy; the essence of international health law; use of hard and soft law (binding and non binding rules) in global health governance (treaties, agreements, conventions, protocols, declarations, codes, guidelines, action plans; new governance mechanisms in the global health arena; blocs and groups
7. *The dynamic of Global Health negotiations*; different value systems in global health; case studies introducing key international agreements and other measures (for example to the negotiations of the Framework Convention on Tobacco Control, the International Health Regulations, and/or the Inter-Governmental Working Group on Public Health, Innovation and Intellectual Property Rights, as well as to the creation of new finance mechanisms such as the Global Fund for Aids, Tuberculosis and Malaria or UNITAID)
8. *The Value base of global health diplomacy*: health as an end and a means; health as a lens of foreign policy; social determinants of health; concepts of development and poverty reduction; North-South relationships, South-South relationships; human rights

(outline for proposed textbook on Global Health Diplomacy)