Introductions and questions

What is global health?
Whose health?
What health issues?
Why is health political?
How is the world run?
Why does it matter?

John Wyn Owen
Me
Ilona Kickbusch
Emily Spry
You
International Health

Study and actions to improve health conditions and systems in different countries, by sharing knowledge, often (but not always) focussed on low income countries.

See for example Kathryn H Jacobsen “Introduction to Global Health”

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. It requires new forms of governance at national and international level which seek to include a wide range of actors.

Kickbusch and Lister eds European perspectives on global health: A policy glossary. Brussels: European Foundation Center. 2006

See www.globalhealtheurope.org
Global Health is Our Health

→ “Global Health: A Local Issue” globalisation affects everyone:
  → Infectious diseases – travel
  → NCD lifestyle diseases – unregulated global marketing
  → Climate disruption – uncontrolled industrialisation
  → Poverty and under-nutrition – spread by political neglect

→ And everyone is responsible:
  → The products and services we buy as consumers
  → The actions we take through Civil Society and NGOs
Rapid changes in disease patterns
(GBD report Lancet 2012)
Deaths in Sub Saharan Africa

Years Lived with Disability SSA

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Most poor people with poor health live in middle income countries

- Most poor people live in MICs (2/3rd of people living under $1.25 a day).

- LIC poverty is concentrated in fragile states (83% of LIC poor)
How is the world run?

From Rahul Kamath illustration of Parag Khan’s ideas set out in How to Run the World 2013

“A mega-diplomat is someone who is able to function across government, private sector, and civic divides, networking and making connections, building coalitions (online) to accomplish common objectives. We need to start thinking of diplomacy more in terms of those who generate unity among these players rather than merely asserting positions of difference.”

It describes the participants and processes of global governance in the multi-polar world in which civil and business organisations are key participants at global, regional and local levels.

http://paragkhanna.org/ or here
Why is this Relevant to You?

→ I want to study it
→ I want to develop my skills as a leader
→ I want to improve health in my country
→ I want to create better health for all
→ I want to contribute to global governance
→ I am a global citizen and professional
→ I am responsible
Diplomacy is the art and practice of creating relationships, sharing values, and negotiating alliances, treaties, and agreements between representatives of different countries and agencies to achieve their policy objectives through mutual agreement.

Edmund Burke coined the term diplomacy in 1775

“All government, indeed every human benefit and enjoyment, every virtue and every prudent act, is founded on compromise and barter.”
History of Diplomacy

→ Foreign relations amongst Italian city-states: 1350+
→ First modern foreign ministry created in France: 1626.
→ Peace of Westphalia treaties - state’s sovereignty: 1648
→ Congress of Vienna - multilateral diplomacy: 1815
→ Multilateral conferences 1830 +
→ The League of Nations: 1919.
→ The United Nations system: 1945
Modern Diplomacy

- Bilateral Diplomacy – Trade/Aid/Soft/Hard/Smart power
- UN Diplomacy – Leadership/Framing Issues/ECOSOC
- Global Public Goods Diplomacy – SDGs/WwW
- Responsibility to Protect – R2P Alliance
- Summit Diplomacy – G7/8 Club Diplomacy
- Multipolar diplomacy – G20/G77
- Regional Diplomacy – EU/ AU/ ASEAN/UNASUR
- Public Diplomacy – PEPFAR
- People’s Diplomacy – Arab Spring
- Mega Diplomacy – Network Diplomacy
Global health diplomacy, developed in 5 stages:

- The first International Sanitary Conferences.
- The first international health organisations.
- Creation of the World Health Organization.
- Alma Ata Declaration / Primary Healthcare for all.
- 2000-2004: toward a multi-polar world with:
  - The Millennium Development Goals, greatly increase health aid
  - 280 Public-Private Partnerships such as GAVI and the Global Fund
  - NGOs such as Oxfam and Médecins sans Frontières take a larger role
  - Civil Society Organisations and Faith Based Organisations are engaged
Modern Global Health Diplomacy

- Millennium Development Goals: 4, 5, 6 + 1 and 8
  - Child mortality, Maternal Health, HIV/AIDS, Malaria and TB
  - Plus reducing hunger and partnership towards the 0.7% GDP target

- International Laws
  - Framework Convention on Tobacco Control (FCTC)
  - International Health Regulations (IHR)
  - Trade Related Aspects of Intellectual Property Rights (TRIPS)

- WHO as a normative leader of health diplomacy
- Multiple agencies and channels for health diplomacy
- The Oslo Declaration and Subsequent UN Resolutions
- Health and Foreign Policy
The Future of Health Diplomacy

→ Post 2015 goals
  → The World we Want debate – wider engagement
  → Sustainable development: poverty, food, water, climate
  → Universal Health Coverage plus cross cutting influence
  → Continuation of the MDG agenda

→ Other major global health issues
  → Action on NCDs – another framework convention?
  → Antimicrobial resistance – a major concern/ Pharma cos
  → Emergent diseases – implementation of IHR
  → Neglected Tropical Diseases – working with Pharma Cos
  → Maternal and child health – still a major focus
Where does diplomacy happen?

- **Governance for Global Health**
  - Between government departments
  - With international aid agencies
  - With NGOs and CSOs
  - With business interests

- **Global Health Governance**
  - Within regions – EU
  - Sub regions - SEEHN
  - At WHA and UNGA

- **Global Governance for Health**
  - At WTO, WEF
  - Across Regions – G77
  - At UN: ECOSOC, ILO, UNEP …..

Source Ilona Kickbusch and Martina Marianna Cassar Szabo (2014)
“A new governance space for health”
Coherent Policies for Global Health

**CONTINUUM OF INTER-GOVERNMENTAL INTEGRATION**

<table>
<thead>
<tr>
<th>Relationship Description</th>
<th>Coexistence</th>
<th>Communication</th>
<th>Cooperation</th>
<th>Co-ordination</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal</strong></td>
<td>N.A.</td>
<td>No Surprises</td>
<td>Not get in the way &amp; help where possible</td>
<td>Actively align activities</td>
<td>Actively ensure goal achievement</td>
</tr>
<tr>
<td><strong>Formal</strong></td>
<td></td>
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**Self Reliance**
- No formal communication
- Policies & services developed in isolation
- Autonomy emphasised
- May have common concerns

**Shared Information**
- Informal meetings e.g. web exchanges
- Irregular exchange of practices
- Autonomy retained
- Getting together on common interests

**Shared Resources**
- Formal e.g. face to face meetings
- Regular exchange of staff, info. practices
- Autonomy attenuated
- Getting together on common projects

**Shared Work**
- Sharing on a regular formal basis
- Regular exchanges & specific undertakings
- Autonomy further attenuated
- Working together on shared projects

**Shared Responsibility**
- Formal partnership
- Shared policies & or practices
- Autonomy further attenuated still
- Working together to common goals

Source: Boston and Gill (2011)
Health Aid has grown rapidly in recent years

- S15b to $30b, but for health in low income countries
  - aid = 15-30%, Govt = 15-30%, People = 30-70%

Trends in Aid

- Increase Public Private Partnership/Foundation aid
- Growth of South-South Aid /Triangular cooperation
- Development of Regional/Sub Regional cooperation
- Growing awareness of need to address MNCs
- And other corruption
Working together for Global Health

Just as the different aims and objectives of Government Departments lead to loss of policy coherence, the many different agencies working in health in low and middle income countries create problems. There have been many different attempts to fix this:

→ Sector-wide approach (SWAp) 1990s
→ Paris Declaration on Aid Effectiveness 2005
→ International Health Partnership IHP+ 2007
→ Accra Agenda for Action on Aid Effectiveness 2008
→ Health 8 (H8)
→ Busan Partnership for Effective Development Cooperation 2011

Working together depends upon the skill and commitment of those engaged in negotiating their working relationships.
Agreements for Health

- Diplomatic negotiations build agreements for working together
  - At local, national and bilateral levels
  - At regional and sub-regional organisations
  - At cross-cutting organisations e.g. OIC and Commonwealth
  - At summits and conferences
  - At WHA, WTO, UN

- These agreements may be
  - Hard Law or
  - Soft Law

Effectiveness depends on win-win
→ Health is a global good but different interpretations and different interests must be reconciled.

→ In health we are nearly always always trying to achieve win-win outcomes.

→ Because what good is an agreement that is not followed in practice.
The negotiation process

1 Diagnosis and Preparation
- Identify issues
- Identify interests
- Form coalition
- Define position
- Explore options
- Research/Info
- Advocacy

2 Formula for agreement
- Scope /Limits
- Objectives
- Participants
- Forum
- Chair/secretariat
- Timing
- Voting procedures

3 Detailed Negotiation
- Initial draft
- Amendments
- Monitoring process
- Side room agreements
- Final communique

4 Implementation
- Draft treaty
- Ratification
- Performance monitoring
- Arbitration
- Sanctions
To negotiate with many different groups you need to
Support self organisation (coalitions) and
Understand what underlies their positions.

Power:
- Discursive, decision making, legal, economic, influence
- Legitimacy
  - State, moral, democratic, experience, knowledge,

Interests
- Political, financial, reputational, association

This is a basis for negotiation and win-win outcomes
Tips for health negotiators from William Ury

→ Reframe the issues
  → To provide negotiating space
→ Cross the golden bridge
  → Help them remove obstacles
→ Go to your balcony
  → Stand back from the issue
→ Bring the extra dimension
  → Add new element to solve issue
→ The single text method
  → A creative new approach
→ Look for Win-Wins
  → Celebrate success
Leading global health diplomacy

- An encompassing vision, seeing all perspectives
- Emotional intelligence and the ability to listen
- Shared leadership across different actors and countries
- Personal integrity and moral values to earn the trust of others
- Courage to speak truth to power
IFMSA Global Health Advocacy

Graham Lister
Graduate Institute Geneva
Its all Greek to me: Diplomacy, Negotiation and Advocacy

→ Diplomacy
  → From Greek for a folded paper – certificate
  → Used by Romans as – a pass for travel on roads
  → Adopted by French – used by Edmund Burke

→ Negotiation
  → From Latin negat otia “no ease” = business

→ Advocacy
  → From Latin ad vocare to give voice
  → Used in Roman times - witness in court
What does Advocacy mean to IFMSA

• You tell me but it seems like:
  – Accepting responsibility as global citizens and professionals

• The promotion of social justice for health by influencing policies, systems, structures, practices and attitudes, educating and mobilising citizens and young health professionals throughout the world, to improve health and equity at local national, regional and global levels*.

*Adapted from World Vision’s definition 2013
Who are you speaking for?

- Advocacy requires a link with those whose rights or opinions you represent. Who is this for IFMSA?
- Medical students? (and other health students)
  - WHO estimated 712,611 students in 1996*
  - At 740 Medical Schools responding to survey
  - FAIMER estimate 2,372 Medical Schools in 2014**
  - Maybe 2 million medical students worldwide
  - How do you represent them?
- Those poorly served by global health policy?
  - Yes but what is your connection?

*Boelen. C, Boyer, M, H,” A view of the world's medical schools: Defining new roles” International Association of Medical Colleges, 2001
**Foundation for the Advancement of Medical Education and Research “Mapping the World’s Medical Schools, at http://www.faimer.org/
Professionals claim the right to self governance because of their special knowledge and ethical standards, does this include global health advocacy?

- Hippocratic Oath – (400 BC)
  - Was this the first global health agreement

  - A response to Nazi medical atrocities

- American Medical Association Code of Ethics (1980)
  - Sort of be good within the law of the land

- USSR Physician Oath (1971, 1983)
  - Amended for nuclear war

See Various Physician Oaths at
- [http://www.aapsonline.org/ethics/oaths.htm](http://www.aapsonline.org/ethics/oaths.htm)

American Doctors nearly all take some form of oath
Europe not so much?
I solemnly pledge to consecrate my life to the service of humanity;
I will give to my teachers the respect and gratitude that is their due;
I will practice my profession with conscience and dignity;
The health of my patient will be my first consideration;
I will respect the secrets that are confided in me, even after the patient has died;
I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
My colleagues will be my sisters and brothers;
I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I will maintain the utmost respect for human life;
I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
I make these promises solemnly, freely and upon my honour.
Policy as a Starting Point

- Policy sets out the principles to guide decisions. It provides a moral basis for action.
  - Purpose – why we must do this.
  - Scope statement – who is affected.
  - Target date – by when will we do this.
  - Responsibilities – how will we take action

- Introduce IFMSA policies for
  - Access to Essential Medicines,
  - Youth Engagement and Adolescent Health,
  - Non-Communicable Diseases,
  - Health in the Post 2015 development agenda - Universal Health Coverage
Teams should prepare their speaker to introduce IFMSA policy in one of the selected areas and make the compelling case for IFMSA advocacy and action on this issue:

- Our position
- Why we speak for this cause
- What can be achieved
- Why now
Advocacy: from policy to action

- Strategic thinking
  - What can we achieve
  - Who has power
  - Who are our partners
  - What is the opportunity
  - What is the next step

- Focussed approach
  - Right message
  - Right time
  - Right people
  - Right places
  - Right solutions
Preparing for Advocacy: Research

- Understand the dialogue
  - Who are the stakeholders?
  - What is the evidence?
  - Where are the agreements/disagreements?

- Assess the situation
  - Understand power, legitimacy and interests
  - What opportunities for change exist?
  - What can you bring to the issue?

- What are you trying to achieve?
  - Who are you speaking for?
  - Who are you trying to influence?
  - What would progress look like?
Understand the Dialogue

- What coalitions exist or could be formed?
- List current coalitions for your field
- Where are other parties on this
- Are there agreements or actions coming up
Another way to assess the field

- Blockers
- Champions
- Avoiders
- Silent supporters
- Active
- Passive
- Anti
- Pro

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Mini Workshop: Where is it at

Teams should prepare their speaker to explain the current dialogue on your issue (requires organized Googling):
- Key documents and evidence
- What are the main issues?
- Who is involved
  - Coalitions of the willing
  - Possible opponents
- What are the opportunities
Assess the situation

→ Map the causes and consequences, barriers and enablers

→ Take a creative look at:
  → Access to Essential Medicines,
  → Youth Engagement and Adolescent Health,
  → Non-Communicable Diseases,
  → Health in the Post 2015 development agenda - Universal Health Coverage

→ You can use brain mapping or causal path analysis
Brain Mapping
Causes and Consequences

Policy failure
- Inadequate regulation
- Food costs
- Lack of health education
  - Child diet
  - Adult nutrition
- Obesity
  - Child activity
  - Adult activity
  - Higher health & social costs
  - Social stigma & isolation
  - Lower incomes
Teams should map out the causes and consequences relevant to your issue. To identify key action points:

- Determinants of the issue
- At international/national levels
- What can be changed
- How?
Consider Power, Legitimacy, Influence

What power, legitimacy and interests do you have as IFMSA and as part of a coalition?

**Power:**
- Discursive, decision making, legal, economic, influence

**Legitimacy**
- State, moral, democratic, experience, knowledge,

**Interests**
- Political, financial, reputational, association
Your Power, Legitimacy, Interests

→ What power do you have to influence outcomes
  → IFMSA Membership and public support
  → Influence medical training And .......
→ What legitimacy do you have
  → Moral, evidence based, member support. And.....
→ What interests do you have
  → Impacts on future role
  → Support from membership. And.....
→ How can you build your power
→ What issues are you best placed to help
→ Is the time right - what are best opportunities
→ Are there coalitions you can work with
→ What can be done locally, regionally, globally
→ Are you best placed to speak on this
  → Should you empower others
→ What if it goes wrong
  → Think about unintended consequences
Teams should list the key players and coalitions (previously identified as relevant to your interest and the areas you target) and assess their

- Power/ Legitimacy/Interests
- How you can work with or
- Against them
- How to build your power
Your Targets

- **Communities at risk**
  - Behaviour change and empowerment
  - Self organisation, voices, international/local action

- **The public and communities**
  - Public diplomacy/ public relations/business relations
  - Awareness, contribution, political/community action

- **Policy makers and funders**
  - Advocacy, evidence of the social and economic case
  - Policy declarations, agreements and funding
Get Organised

→ Leader/worker/advocate/manager
  → For IFMSA and for Member Orgs
→ Research team(s) / network
→ Contacts, coordination & communication
→ Events and actions organization
→ How are you going to organize in your field?

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Plan SMART

→ Set yourself targets that are:
   → Specific – to get our message to these people
   → Measureable – getting this many responses
   → Achievable – realistic in terms of outcome and input
   → Resourced – delivered by team of 5
   → Timed – by the end of June

→ Use plans to adapt and learn
   → Most useful plans need to be adapted
   → They tell you what works and what doesn’t
   → They help you adjust to opportunities
Know your audience

• Be clear who you are trying to change
  – Sometimes called market segmentation

• Their position power, legitimacy and interests
  – Consider both the agency and the individuals!

• What next positive step might they take e.g.
  – WHA/Vatican/ EU/Government/ MoH/ BMI

• What holds them back, what moves them on?
Know the Formal Agenda

Key issues at Sixty seven WHA:

→ Climate change
→ Drug resistance
→ Essential medicines
→ Health technology
→ Hepatitis
→ International Health Regulations
→ Newborn health
→ Noncommunicable diseases
→ Social determinants of health
→ Tuberculosis (TB)
The Informal Agenda

- Research the side room events

- Anya looked for events

  - NCD Countdown 2025 Measuring Progress Accelerating Action Mon 19th
  - Addressing the NCD Challenges in the Post 2015 Agenda: the Life Course Approach Wed 21st
  - UNICEF and NCD Child Event Mon 19th
  - UK Government and ADI Dementia Mon 19th
  - Diabetes – Access to Affordable and Essential Medicines for All Tue 20th
  - UICC ad WPCA and a consortium of mission Strengthening palliative care … Wed 21
  - Govts of New Zealand and South Africa “Addressing Inequalities in NCDs a focus on RHD.. Thurs 22
  - UK Govt “Universal Health Coverage starts at the grass roots: Are community Care Workers Cost Effective” Fri 23

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Plan your campaign message

• Be clear why people should listen to you
  – The injustice felt by those you speak for
  – Your position and legitimacy
  – Is it better to empower others to speak?
  – How this affects those who you address

• State your case
  – The evidence and the solutions you propose
  – The reason to act now
Preparing to launch the UK Sexual Health and HIV/AIDS Strategy of 2001 we first thought:

→ What are the worst ways the press could attack us
→ Think up terrible headlines
  → “Sex Charter for Our Children”
  → “Gay Sex to be Taught in Schools”
  → “Sex on Government Orders” etc. etc.
→ Then plan ways to present policy that would counter such misrepresentations.
→ This may not apply to your issue but is there a way your message could be misrepresented?
Use the media: 
don’t let them use you

- Plan your media campaign
  - Set the agenda, plan who you talk to
  - Understand where the reporters are coming from
  - Keep to your message clear and simple
  - Don’t be drawn into their message
  - Don’t speculate, guess or over react
  - Keep control
Plan use of advocacy tools

→ Who are you going to influence, how?
   → Your own members and national organisations
      → Communications, meetings, votes, participation
   → Contacts and relationships
      → Keep a book of contacts
   → Events and opportunities
      → Use your openings create events
   → Media and social media
      → Pamphlets, Web sites, Blogs, Facebook, Twitter
   → Public action
      → Demos, flash mobs, street theatre
Getting in the Room

- Side room meetings and events
  - Frame the issue based on research
    - Enables others to present their case
    - Often making the case to be heard
    - So make clear your power/legitimacy
  - Develop coalitions of the willing around a common position (involves compromise)
    - Should you be a voice amongst many or
    - Your own independent voice
- Most issues from NGOs only get a hearing at global level when supported by a powerful enough alliance
Prepare to be flexible

• Clarify your objectives and targets including:
  – Best case and what would be acceptable for now
  – Red lines – principles you will not concede
  – BATNA - Best alternative to negotiated agreement

• You need flexibility in coalitions and in dealing with opponents but
  – Stick to your principles
  – Keep in touch with your supporters

• Don’t paint yourself into a corner
A word from the wise: preparing your position

→ To prepare for a meeting ask:
  → What is the issue – why is it important to us?
  → What do we currently do in this area?
  → What would be the implications of this policy?
    → Can any negative impacts be minimised and positive enhanced?
  → Could small changes lead to a better policy –
    → If so, which words and what are the proposed changes?
  → What are the likely interests of others –
    → who has proposed the policy and what are they trying to achieve,
    → what alliances might form behind the issue?
  → Should we form our own alliance of like-minded –
    → If so who is likely to hold a similar
A word from the wise: briefing your delegates

→ Start with the issue, identify what we want to achieve:
  → What would success look like.

→ Who has proposed and who is likely to support,
  → Identify where any resistance is likely to come from and potential allies if we want to suggest change.

→ Give specific recommendations on particular words that we can or cannot accept.

→ Lines in the sand, we do not want to see crossed,
  → Clearly identified and allies sought to defend them

→ It is OK to say nothing if you have nothing to say!
  → Interventions are better received if they are selective, constructive, clear and concise.

Dr Neil Squires
Your Advocacy Strategy

→ Clarify your objectives and targets
→ What research do you need to do?
→ What contacts/coalitions do you need?
→ Who are you trying to influence?
→ List their power, legitimacy and interests
→ How will you build your power and legitimacy?
→ How will you create or choose the opportunity?
→ What is your message, how will you share it?
→ So what do you plan to do?
Teams should prepare an advocacy action plan for their issue:

- What you are trying to change
- What is your campaign message
- What evidence will you develop
- Who you will work with
- How will you get organized
“Global Health Diplomacy”
Ilona Kickbusch, Graham Lister et al Springer Books 2013

“How to Run the World”
Parag Khanna, Random House 2013

“Getting Past No”
William Ury, Random House 1991

“The Lancet—University of Oslo Commission on Global Governance for Health”
The Lancet 2014 or watch the launch online at http://www.thelancet.com/commissions/global-governance-for-health

For news, views and a full glossary visit the Global Health Europe website
http://globalhealtheurope.org/

See the Save the Children manual on advocacy at

See my web site at
http://www.building-leadership-for-health.org.uk
Reading 2

  - Available at http://www.globalhealthaction.net/index.php/gha/article/view/23507
  - Available at http://www.bmj.com/highwire/filestream/378970/field_highwire_article_pdf/0.pdf
- Støre, J. Norwegian Minister of Foreign Affairs (2012) *Keynote address at the World Health Assembly*.
  - Available at http://www.chathamhouse.org/publications/papers/view/189351
  - Available at http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf
  - Available at http://apps.who.int/gb/e/e_wha67.html
→ See also documents provided by IFMSA including:
  → ?? “A Crash Course in Negotiation Process and Theory” (based on Lister 2012 – training session for Medsin students)
  → World Health Organization (2011) “Tool 02 Stakeholder or audience analysis”
  → ??“Writing Effective Reports: Preparing Policy Briefs”
  → Chris Landsberg, Paul Hiebink “SANPAD Dissemination Workshop”

→ All available online at
  → https://drive.google.com/folderview?id=0BzO4lEXVrviAZlBjNVdOMj5cXc&usp=sharing
Video-Links

→ Vaccination
→ Population
→ Third world myths

→ Global Public Goods

→ How to run the World

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