

# Youth Pre-WHA Workshop and World Health Assembly

The Workshop will be largely PowerPoint free, based on the material already circulated and your learning and group exchanges on Global Health Diplomacy, Advocacy and the topic you have chosen: seminars, group workshops and practice sessions are available for you to choose. (You may also find these exercises useful for groups of students or even individuals if you are not at YPWHA).

**Start with “Speed Dating” to get to know one another in 3 minutes.**



## Hello: Why are you here?

The blended learning note traces my route to global health and why I am here: What does global health mean to you?

Find someone you don't know introduce yourselves and explain your personal reasons for being here and

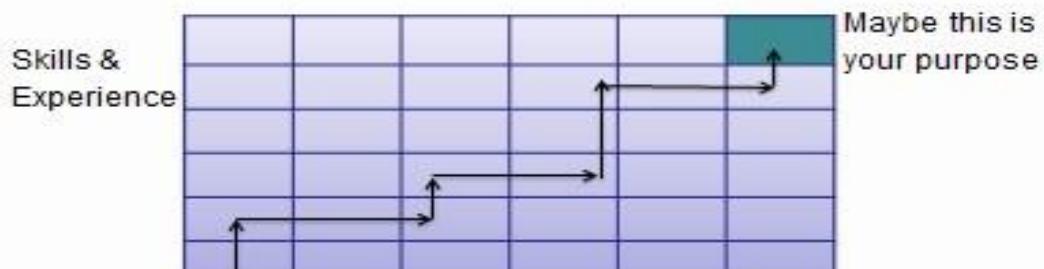
What you hope to get from the course – your personal objectives



## Hello: Where are you going?

The lessons you learn from the YWHA will be part of your development journey so think about where you hope to take this ?

Find someone else you don't know introduce yourselves and explain your personal career aims. Think about the experience and skills you are developing and situations in which you can develop this competence



Of course you can define skills and situations in many different ways

You can use this model of career development by yourself to think through the skills you want to develop and the experiences you seek. Moreover, if you find yourself seeking a certain direction whatever way you define your skills and those you want to develop and however you define the situations in which you hope to work then maybe you have found your aims and purpose in life. And this is the most important discovery you can make about yourself.

**Now try some table discussion topics for 10 minutes each.:**



## **Questions and your answers?**

Any questions you wish to raise on the blended learning notes:

- What helped?
- What was obvious?
- What confused?
- What can you add?

Is health a political issue for you – define political ?

How is the world run and how can IFMSA influence this?

What knowledge and skills do you need for global health diplomacy?

Where will global health diplomacy take us?

What does "international law" mean why do we need it?

What is a whole society approach to "health" and how do you create it?

Can your generation rise to the challenge of global governance?



## **Advocacy: what does it mean for you?**

What is the basis for the influence of IFMSA in advocating for health?

How can IFMSA build on its position, where could it go in the future?

Introduce your advocacy issue:

- Why does IFMSA have a position on this?
- Who does it speak for on this issue?
- What does it hope to achieve?

In what ways does an advocacy strategy go beyond a policy position?

Identify other key stakeholders and where they stand on your issue?

Should you go your own way or join a coalition on your issue?



## **Advocacy: what are you going to do about it?**

How do you plan to develop your power with respect to your issue?

- What contacts?
- What coalitions?
- What documents/statements/interventions?

How will you communicate:

- With other stakeholders?
- With your constituents?
- With the media?
- With those whose interests you serve?

What will be your roles in your team?

**Try some challenge exercises:**



## Guide: Don't pull

We need to help others by listening and supporting them

Trying to pull people in your direction just doesn't work: try this:

Take your neighbour's hand and put it where you choose.

OK what did that feel like: easy to pull nasty to be tugged

Now put your hand under theirs talk to them about where your hands should go and help them get there.

OK what does it feel like: difficult to guide easy to be guided



## Rhubarb Challenge:

Get across your key message in a crowded room is difficult you need to plan your key point to get it across in less than a minute

Then get it across while the audience make a noise ....rhubarb.... rhubarb.... rhubarb.... rhubarb.... rhubarb.... rhubarb.... rhubarb....

Speakers at the back of the room stick your hands up and get your voice ready.

So what do you remember?



## Action Now: 4 corner debate

In a crowded agenda you have to find reasons for action now

Each group should put forward their reasons for giving greatest priority to their issue referring to all the other issues:

You might argue that:

The issue is of greatest relevance to health equity

The issue is of greatest relevance to IFMSA members

That IFMSA is most likely to achieve progress in this area

That the time is right for action in your field

Or any other reason why your issue is more important

You have 5 minutes to present your case

Then respond to audience questions

Then 3 minutes to conclude

Voting for your own issue will not be allowed!!



## Prepare for the Press

In this exercise you will meet three journalists they are:

Nasty: intending to show IFMSA and its position in a bad light

Nice: in favour of IFMSA and its position

Neither: writes on a different issue but uses IFMSA points

You don't know which is which.

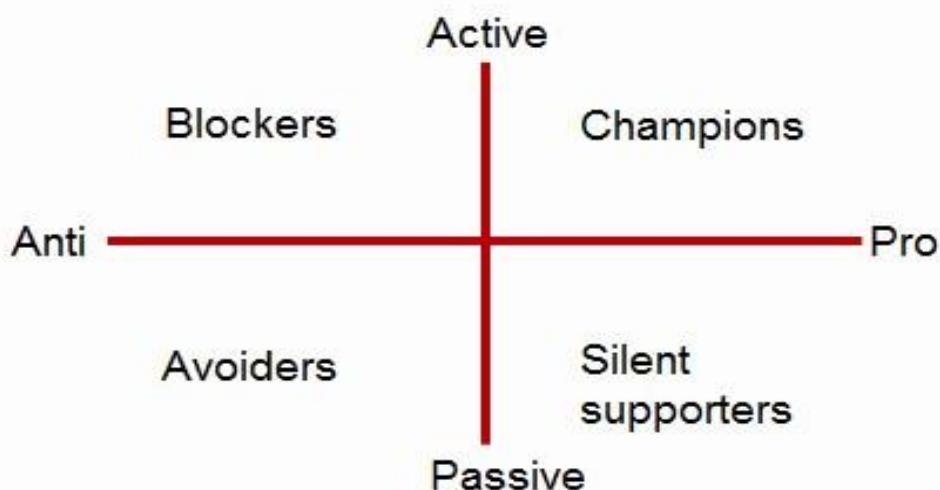
They will ask you questions and can use anything you say or imply

15 minute interview then Journalists outline their stories.

**Assess the other stakeholders you will need to work with or against in your advocacy area:**



## Assessing the stakeholders



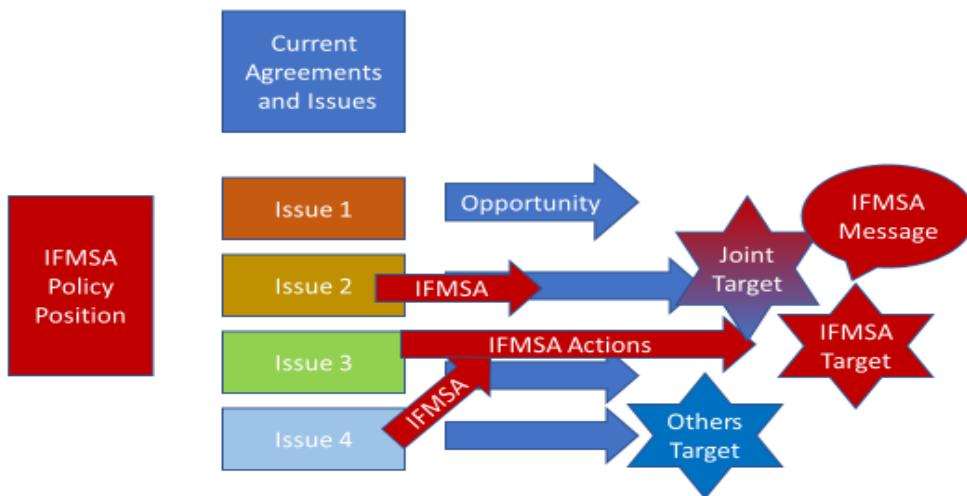
**Assess the power, interests and legitimacy of each stakeholder.**

# Developing Your Advocacy Strategy

You should now be able to develop a targeted advocacy strategy. Start by setting out the key points of IFMSA Policy in your advocacy field. Now consider current agreements and items under discussion (on the WHA agenda or in side meetings). After all it will be important to find opportunities to raise points you feel are important. Then identify the current issues raised in relation to the topic you are advocating for. This may mean breaking down the topic into specific issues. In each case try to establish opportunities for progress on these issues. This may include possibilities revealed by research or current situations which demand a response. Where possible identify coalitions of nations and/or NGOs pushing for action. Against this background consider the specific contribution IFMSA can make such as: its role in speaking for young people and/or future doctors and students, the action it can take to share lessons and influence opinions, the people or groups you hope to communicate with and the messages you want to deliver to them. This may help you to determine the specific actions on which you will focus, the coalitions you will work with or alongside and your key message at the WHA. These should be practical targets, like making contact with people at WHA and in your online community, delivering messages, maybe taking a message back to IFMSA to refine its policies, joining in protests or making agreements to research issues or canvas agreement from IFMSA members on the issues you identify. Keep it real – focus on what you can achieve at WHA.

Use Post-It Notes to set this out on a board as shown below:

## IFMSA From Policy to Advocacy



This provides a basis for your team to identify the information you need to support advocacy, the people and organisations you should try to contact and how you will communicate your message to your supporters, those you speak for and those you will work with at WHA.

**The following negotiation case studies are based on real situations, that have been simplified; health diplomacy is much more complex.**



## Health Diplomacy and Sanctions

- Divide into three groups each taking one perspective. Take fifteen minutes to clarify your position and identify the evidence you require to support your claims (make it up). Then come together to negotiate a solution to providing access to vaccines in a half hour session.
- Your middle income country faces international trade sanctions approved by the UN as a consequence of perceived breaches of international law. The economy is in crisis and while your country still has the resources required to deliver basic services most health personnel now seek informal payment. The effects on the poorest people and in particular women and children have been grave. The health system cannot access or afford vaccines or their delivery. This poses a threat to national and global health.
- Your country supports the trade sanctions as the only way to resolve longstanding issues of human rights and threats to international security. While you would not wish to see further harm to the poorest women and children in this society you fear that relaxation of sanctions would simply provide resources for the richest in the ruling classes, who enjoy smuggled luxuries and free the regime to inflict further suffering on the poor.
- Your country opposes the trade sanctions imposed on this country but has been unable or unwilling to break the embargo by official routes. There is, however, a substantial flow of illicit trade from your country, which is tacitly approved by your government. You wish to avoid threats to international health and your country would welcome the opportunity to channel further health resources through official or unofficial routes.



## Health and Science Diplomacy

**Examine the exchange of health lessons from the Marshlands of Iran to the Swamps of the Mississippi Delta (Google this) and discuss for 20 minutes:**

- What lessons were shared
- How did this effect the way Americans viewed Iranians and vice Versa.
- How may this have affected other aspects of US/Iranian relations



## Health Diplomacy and Conflict

Divide into four groups each taking one perspective. Take fifteen minutes to clarify your position. Then come together to negotiate a solution to providing access for international resources to address health issues in the regional capital in a half hour session. Note that you may draw on international resources and finance to support proposals, but note it will take at least six months to mobilise UN Peacekeeping forces, international NGOs could provide more immediate support.

- A. Your Country "A" is suffering a complex conflict. National armed groups and international forces are locked in a struggle, which is producing large-scale civilian casualties, high flows of refugees and severe damage to infrastructure including health facilities. Civilians trapped in their regional capital are experiencing multiple health problems and now an outbreak of plague that threatens global health. You regard those controlling this capital as terrorists and while you do not wish to increase civilian casualties you are unwilling to reduce your military bombardment or to allow civilians, who might include terrorists to escape. You might be prepared to support international efforts to address health issues but you will object to the presence of further foreign troops.
- B. Your Country "B" shares a border with A. You are willing to support international efforts to provide health care in the regional capital drawing on links with your major hospital 150 kms away but medical personnel would require military protection. Your troops could provide this but their presence could further aggravate the situation.
- C. Your Country "C" is providing air cover and bombing support for the government of country A. You acknowledge that this has on occasion resulted in damage to hospitals and infrastructure in the regional capital, you claim this is because terrorists are using these facilities as cover. You are willing to support international efforts to address health concerns and would support the protection of a health convoy by military from country B.
- D. Your Group "D" in country A opposes the government, and is therefore regarded as terrorist, but has the support of a majority of civilians in the regional capital, which you effectively control. You are willing to accept health aid from any source other than the Government of A. Apart from the forces of Government and Country C you also face attack from Group E who you regard as terrorists as does the Government. Group E mounts attacks on civilian targets and in particular health facilities, it claims the plague is a just retribution and wishes to prevent any efforts to provide health. It has a strong presence in the areas surrounding the regional capital.



## Health Diplomacy and Crisis

Divide into four groups each taking one perspective. Take five minutes to clarify your position. Then come together to discuss your plan for addressing Zedi, how action will be led and what roles each of you should play in a half hour session.

- A. Your Country has experienced an outbreak of a zoonotic disease "Zedi". It has rapidly turned into an epidemic and threatens a global pandemic. It is spread by touch in a country in which hand shaking and greeting kisses are essential to social contacts. You need support and resources from international sources. You are a Health Minister well known in your country, you know your people and your health staff and what motivates them and you have some limited medical knowledge.
- B. Your Country has the world's leading research centre on Zedi and has developed a range of resources and strategies for addressing it. You are the director of the Zedi Institute and world's leading expert on this disease. You realise it will require widespread testing for people exhibiting symptoms, specialised isolation units and a programme to research and develop an antidote specific to the strain of Zedi discovered.
- C. Your Country is the major donor of aid and support in health and other fields for Country A it has a major pandemic emergency team ready to fly in at a moment's notice. You are the director of the International Health Aid team and have special knowledge of the people and social customs of the people of country A.
- D. You are the WHO Head of Country Office

**This is a case study to give you the feel of global health diplomacy, based on a real case but simplified. Divide into teams and negotiate.**

**Remember:** Negotiations often involve coalitions of those in favour or opposed to particular outcomes. It is vital to maintain the strength of the coalitions, as although the leading advocates may have a clear position, their strength in negotiation depends on support from other coalition members. Negotiators may attempt to appeal to the interests of opposing coalition members and thus undermine their support for the lead opposition advocates. Conversely coalition members may be best placed to offer compromise solutions, softening the position of their coalition in response to outcomes that meet their interests. So if you think this is just a negotiation between two protagonists, think again! It is the coalition members and their interests that are the key to this negotiation and why it is so complex.



## Case Study: International Health Negotiations 1



You are the WHO secretariat - organise and introduce the session and video negotiations and produce a summary of the main points

- The IHR agreement signed by all States is the context for
- Global Influenza Surveillance Network (GISN) informal agreement which requires WHO member states to share virus samples.
- But in 2007 Indonesia decided to withhold Avian Flu samples arguing that the system is unfair and counter to the Convention on Biological Diversity which upholds their ownership of samples.
- They ask why should they provide samples which are passed on to Pharma Companies who charge them high prices for vaccines?



## Case Study: International Health Negotiations 2



You are the Government of Indonesia negotiating team  
These negotiations are of high importance to you. You are directly affected by the outcome of these negotiations and have been the main party pushing for action on this and you have put forward a draft resolution (in red). Your Minister has exposed himself publicly and you have to start an intergovernmental negotiation process. You do not trust an expert working group set up by the WHO Secretariat to find an equitable solution.

1. Consider how you prepare for the negotiations: preparing policy and evidence, preparing your advocacy strategy, evaluating the power and interests of others, forming alliances, establishing your negotiation strategy.
2. Conduct the negotiation at the meeting and over coffee!



## Case Study: International Health Negotiations 3



You are the Government of Thailand negotiating team. These negotiations are important to you but not of highest priority. You have thus far not been affected by the avian influenza pandemic. As a developing country, in the same region you generally support Indonesia's position (red text), but your objective is to reach a reasonable compromise. You see the potential threat of an influenza pandemic and the associated challenges with access to vaccines produced and patented by companies in industrialized countries.

1. Consider how you prepare for the negotiations: preparing policy and evidence, preparing your advocacy strategy, evaluating the power and interests of others, forming alliances, establishing your negotiation strategy.
2. Conduct the negotiation at the meeting and over coffee!



## Case Study: International Health Negotiations 4



You are the Government of the USA negotiating team. Your main concern is one of global health security. You have presented a draft resolution (blue text) and would like to see it pass with the fewest changes possible. You stress the relevance of agreements that were reached in the IHR which call on all countries to share information related to avian influenza. USA is not a Member of the Convention on Biological Diversity and thus you cannot accept any reference to this Convention.

1. Consider how you prepare for the negotiations: preparing policy and evidence, preparing your advocacy strategy, evaluating the power and interests of others, forming alliances, establishing your negotiation strategy.
2. Conduct the negotiation at the meeting and over coffee!



## Case Study: International Health Negotiations 5

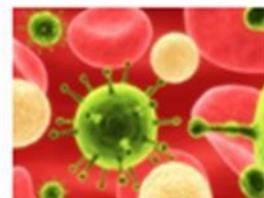


You are the Government of Switzerland negotiating team. You take the threat of an influenza pandemic very seriously and see the challenges associated with countries' refusing to share their virus information. Your country hosts numerous vaccine manufacturers and industry with the capacity to analyze virus samples. In this regard, your interest is also in protecting your own manufacturing industries. Overall you support the USA position (blue) but your objective is to reach a compromise. You are not opposed to an intergovernmental working group, but this group should have an open mandate for finding a practicable solution.

1. Consider how you prepare for the negotiations: preparing policy and evidence, preparing your advocacy strategy, evaluating the power and interests of others, forming alliances, establishing your negotiation strategy.
2. Conduct the negotiation at the meeting and over coffee!



## Case Study: International Health Negotiations 7



### Spend 10 mins preparing your position

- Clarify your policy aims, your evidence, your advocacy strategy, assess powers and interests

### Spend 20 mins in negotiation

- Agree main points of a communique

### Spend 10 mins reviewing the outcomes.

- And examining the video evidence

## VIRUS SHARING DRAFT RESOLUTION TEXTS

**Black Text is the original proposal from the WHO Secretariat (EB 120/R7)**

**Red Text is proposed by Algeria, Brunei Darussalam, Cuba, Democratic People's Republic of Korea, Indonesia, Iran, Iraq, Lao People's Democratic Republic, Malaysia, Myanmar, Maldives, Peru, Qatar, Saudi Arabia, Solomon Islands, Sudan, Thailand and Timor-Leste**

**Blue Text is proposed by the United States of America**

<b>WHA Resolution</b>		
<p style="text-align: center;">Avian and pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits</p>		
<p>The Sixtieth World Health Assembly,</p>		
<p>Having considered the report on avian and pandemic influenza: developments, response and follow-up;</p>		
<p>Recalling resolutions WHA58.5 and WHA59.2, which expressed concern about the potential of the H5N1 strain of <i>Influenza virus A</i> to cause a pandemic and urged Member States to disseminate to WHO collaborating centres information and relevant biological materials, including clinical specimens and viruses;</p>		
<p>Recognizing, in particular, the importance of international sharing, with WHO collaborating centres, of clinical specimens and viruses as a contribution to assessment of the pandemic risk, the development of pandemic vaccines, the updating of diagnostic reagents and test kits, and surveillance for resistance to antiviral medicines,</p>		
<p><b>1. REQUESTS the Director-General:</b></p>		
<p>(1) to establish an intergovernmental process in order to review the existing practices and mechanisms for sharing influenza viruses, to establish principles and guidelines for sharing influenza viruses and to review existing terms of reference of WHO collaborating centres based on the following principles:</p> <p>(a) any international sharing of biological materials with WHO collaborating centres shall be conducted through agreements on mutually agreed terms, based on the principles of prior informed consent, and fair and equitable sharing of benefits;</p> <p>(b) transfer of any virus and parts thereof by a receiving WHO collaborating centre to another WHO collaborating centre shall be effected on the same terms as the initial agreement between the country contributing the virus and the collaborating centre. The country contributing the virus and parts thereof shall be informed by way of a written notification prior to any such transfer;</p>	<p>(1) to continue to coordinate international surveillance of seasonal influenza viruses and viruses with pandemic potential;</p>	<p>(1) to mobilize financial and technical support from Member States, vaccine manufacturers, development banks, charitable organizations, and private donors to assist in constituting a safe and effective H5N1 influenza-vaccine stockpile;</p>

<p>(c) any vaccines, diagnostics, antiviral agents and other medical supplies arising from the use of the virus and parts thereof must be made available at an affordable price and in a timely manner to developing countries, particularly to those under the most serious threat of, or already experiencing a pandemic;</p> <p>(d) no viruses or parts thereof shall be distributed to any party outside the network of WHO collaborating centres without the written prior informed consent of the country contributing the virus;</p> <p>(e) WHO collaborating centres, shall neither claim nor obtain any form of proprietary rights over the virus provided or any parts thereof; except with the explicit written prior informed consent of the country contributing the virus and parts thereof;</p> <p>(f) the country contributing the virus and whose prior informed consent is required shall be entitled to establish conditions accompanying any decision on consent, which may include arrangements for sharing, of benefits, including access to sufficient quantities of vaccine supplies at affordable prices for itself and other developing countries, transfer of technology and knowhow to strengthen manufacturing capacity and other capacity-building activities;</p>		
<p>(2) immediately to intensify, in a manner appropriate to the situation in each developing country and particularly in those countries affected by the H5N1 influenza viruses, capacitybuilding activities related but not limited to virus identification, virus characterization, identification of new virus strains, generation and interpretation of data on or related to influenza and avian influenza, and generation of seed virus for vaccine production;</p>	<p>(2) as appropriate, to identify, recommend and provide support for the implementation of possible options aimed at promoting the accessibility of pandemic influenza vaccine and antiviral medicines to all, for example by mobilizing adequate funding for research on, and development of, the pandemic influenza vaccine and antiviral medicines;</p>	<p>(2) to develop mechanisms to promote increased access to influenza vaccine, in particular for developing countries without vaccine production capacity, including pandemic influenza vaccines, resulting from research on influenza viruses;</p>
	<p>(3) to take appropriate action if WHO is notified by a Member State that believes that the viruses provided by that Member</p>	<p>(3) to appoint an ad hoc WHO Working Group to advise Member States and the Director-General on:</p>

	<p>State were misused for research or commercial purposes in a manner that violates best practice by a WHO collaborating centre</p>	<p>(a) the most appropriate size of a stockpile of candidate H5N1 vaccines;</p> <p>(b) operational procedures, based on expert guidance and evidence, to address how to use most effectively such an H5N1 stockpile;</p> <p>(c) mechanisms to promote access to safe and effective pandemic influenza vaccine;</p>
<p><b>(3)</b> to seek the support of industrialized countries, and vaccine manufacturers in mobilizing financial and technical support for stockpiling safe and effective H5N1 and other potential pandemic-influenza vaccines that may be used in developing countries, particularly those that have been affected by influenza or have high risk due to geographical proximity;</p>	<p><b>(4)</b> to facilitate broader and more equitable regional distribution of production capacity for influenza vaccine and increasing production capacity for pandemic vaccines by leading implementation of WHO's global pandemic influenza action plan to increase vaccine supply, emphasizing those activities that help to increase access to pandemic vaccines in developing countries and other countries that lack domestic manufacturing capacity;</p>	<p><b>(4)</b> to explore options to establish a stockpile of candidate H5N1 vaccines as an interim measure, pending completion of the report of the working group referred to above, to enable increased access to safe and effective H5N1 vaccine and maximum flexibility in its maintenance, monitoring and deployment;</p>
<p><b>(4)</b> to seek additional support from developed countries, funding partners and vaccine manufacturers to facilitate the transfer to developing countries of the technology and know-how necessary to establish influenza vaccine production and to enable production capacity to be functional as soon as possible;</p>		<p><b>(5)</b> to provide technical support to Member States, upon request, to increase capacity for vaccine development and production, and strengthen their regulatory pathways for licensing and approving safe and effective seasonal and pandemic influenza vaccines;</p>
<p><b>(5)</b> to report on the implementation of this resolution and submit the outcome of the intergovernmental process to the Sixty-first World Health Assembly in May 2008, through the Executive Board.</p>	<p><b>(5)</b> to report annually to the Health Assembly through the Executive Board on the situation of pandemic influenza and global preparedness.</p>	<p><b>(6)</b> to report to the Sixty-First World Health Assembly, through the Executive Board, on the results of the Working Group and the implementation of this resolution.</p>

# Back to Basics: The Universal Declaration of Human Rights



- In this exercise you are asked to review a simplified version\* of the 1948 declaration to identify examples of how these human rights are currently being violated and how this affects global health.
- This ought to be a difficult task
- But it is depressingly easy.

\* Simplified by Amnesty International UK

The Universal Declaration of Human Rights signed by 48 of the 58 members of the United Nations in 1948 provides a basis for monitoring the record of nations respect for human rights (see the Human Rights Watch Annual Report for 2017 [here](#).) A simplified version of the UDHR provided by Amnesty International is as follows:

- 1 We are all born free. We all have our own thoughts and ideas. We should all be treated in the same way.
- 2 These rights belong to everybody; whether we are rich or poor, whatever country we live in, whatever sex or whatever colour we are, whatever language we speak, whatever we think or whatever we believe.
- 3 We all have the right to life, and to live in freedom and safety.
- 4 Nobody has any right to make us a slave. We cannot make anyone else our slave.
- 5 Nobody has any right to hurt us or to torture us.
- 6 We all have the same right to use the law.
- 7 The law is the same for everyone. It must treat us all fairly.
- 8 We can all ask for the law to help us when we are not treated fairly.
- 9 Nobody has the right to put us in prison without a good reason, to keep us there or to send us away from our country.
- 10 If someone is accused of breaking the law they have the right to a fair and public trial.
- 11 Nobody should be blamed for doing something until it has been proved that they did it. If people say we did something bad, we have the right to show this was not true. Nobody should punish us for something that we did not do, or for doing something which was not against the law when we did it.
- 12 Nobody should try to harm our good name. Nobody has the right to come into our home, open our letters, or bother us or our family without a very good reason.
- 13 We all have the right to go where we want to in our own country and to travel abroad as we wish.
- 14 If we are frightened of being badly treated in our own country, we all have the right to run away to another country to be safe.
- 15 We all have the right to belong to a country.
- 16 Every grown up has the right to marry and have a family if they want to. Men and women have the same rights when they are married, and when they are separated.
- 17 Everyone has the right to own things or share them. Nobody should take our things from us without a good reason.
- 18 We all have the right to believe in what we want to believe, to have a religion, or to change it if we want.
- 19 We all have the right to make up our own minds, to think what we like, to say what we think, and to share our ideas with other people wherever they live, through books, radio, television and in other ways.
- 20 We all have the right to meet our friends and to work together in peace to defend our rights. Nobody can make us join a group if we don't want to.
- 21 We all have the right to take part in the government of our country. Every grown up should be allowed to choose their own leaders from time to time and should have a vote which should be made in secret.
- 22 We all have the right to a home, to have enough money to live on and medical help if we are ill. We should all be allowed to enjoy music, art, craft, sport and to make use of our skills.
- 23 Every grown up has the right to a job, to get a fair wage for their work, and to join a trade union. 24 We all have the right to rest from work and relax.
- 25 We all have the right to a good life, with enough food, clothing, housing, and healthcare. Mothers and children, people without work, old and disabled people all have the right to help.
- 26 We all have the right to an education, and to finish primary school, which should be free. We should be able learn a career, or to make use of all our skills. We should learn about the United Nations and about how to get on with other people and respect their rights. Our parents have the right to choose how and what we will learn.
- 27 We all have the right to our own way of life, and to enjoy the good things that science and learning bring.
- 28 We have a right to peace and order so we can all enjoy rights and freedoms in our own country and all over the world.
- 29 We have a duty to other people, and we should protect their rights and freedoms.
- 30 Nobody can take away these rights and freedoms from us

We hope the Workshop and Study Material will provide a basis for you to learn from your experience of health diplomacy and advocacy, either in an international setting or in addressing national or local concerns. We also hope that you will be inspired to share some of what you are learning with others. You should feel free to use the material and exercises as a basis for running your own sessions with fellow students and health professionals. Please let me know how you get on with this and in particular any innovations or new additions to this repertoire. Contact me at [g\\_c-lister@msn.com](mailto:g_c-lister@msn.com) or my web site [www.building-leadership-for-health.org.uk](http://www.building-leadership-for-health.org.uk)

In this final exercise we ask you to share your reflections on any situation in which you have needed to apply diplomacy. You can also use this opportunity to prepare to learn throughout your professional life.

