STUDENTS FOR GLOBAL HEALTH

6a

Training Toolkit 9: Negotiation Exercises

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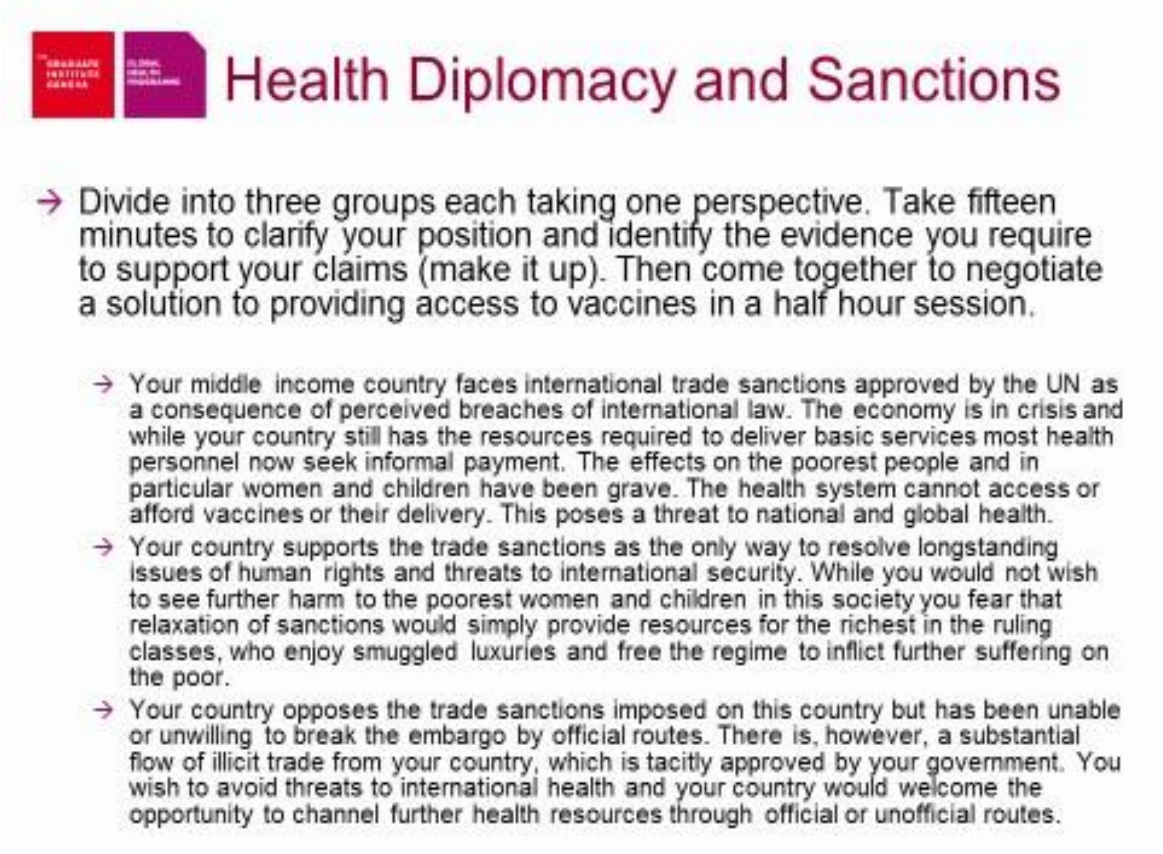
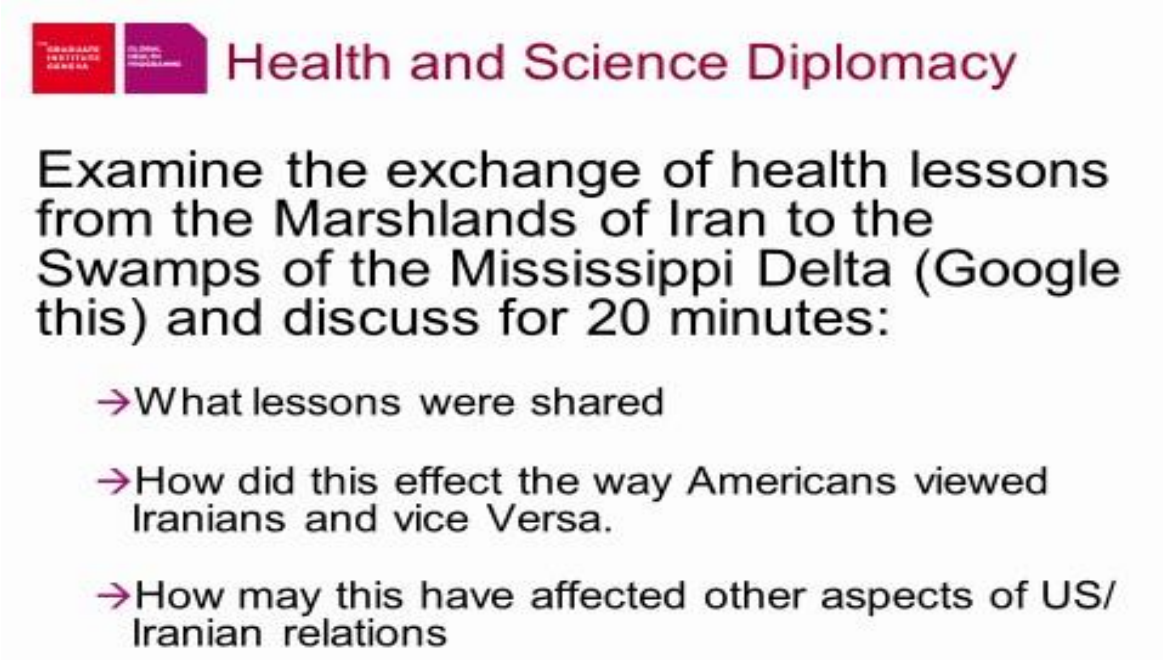
Negotiation Exercises

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





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 infra structure 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 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

Negotiating a Global Health Agreement

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 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 2006 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 President and Health Minister have exposed themselves publicly and have formed an alliance with other countries asking for support for local laboratories to produce vaccines and/or access to lower cost vaccine supply. 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. As a middle income country, in the same region you generally support Indonesia's position (red text), but your objective is to reach a reasonable compromise. Your main priority is to attract investment in manufacturing, including pharmaceuticals. You see the potential threat of an influenza pandemic and the associated challenges of access to vaccines produced and patented by companies in high income countries, but you do not want to upset relations with OECD 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 concerns include global health security and patent protection. 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 you wish to avoid any reference to this convention in any agreement. You would prefer to subsidies vaccines rather than see local production.

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!

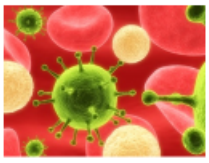
Case Study: International Health Negotiations 5

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. You would prefer to see local production of vaccines (with royalties to Swiss companies) rather than subsidized provision.

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 6



Spend 15 mins preparing your position

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

Contact partners and opposition at coffee/lunch for informal negotiation

Spend 30 mins in negotiation

- Agree main points of a communique

Spend 10 mins reviewing the outcomes.

- And I will tell you what actually happened.

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 United States of America with support of most European and OECD states

<table>
<tr><td colspan="3">WHA Resolution</td></tr>
<tr><td colspan="3">Avian and pandemic influenza preparedness:
sharing of influenza viruses and access to vaccines and other benefits</td></tr>
<tr><td colspan="3">The Sixtieth World Health Assembly,</td></tr>
<tr><td colspan="3">Having considered the report on avian and pandemic influenza: developments, response and follow-up;</td></tr>
<tr><td colspan="3">Recalling resolutions WHA58.5 and WHA59.2, which expressed concern about the potential of the H5N1 strain of Influenza virus A to cause a pandemic and urged Member States to disseminate to WHO collaborating centres information and relevant biological materials, including clinical specimens and viruses;</td></tr>
<tr><td colspan="3">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,</td></tr>
<tr><td colspan="3">1. REQUESTS the Director-General:</td></tr>
<tr><td>(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:
(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;
(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;</td><td>(1) to continue to coordinate international surveillance of seasonal influenza viruses and viruses with pandemic potential;</td><td>(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;</td></tr>
</table>

(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; **(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; **(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; **(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;		
(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;	**(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;	**(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;
	(3) to take appropriate action if WHO is notified by a Member State that believes that the viruses provided by that Member	**(3)** to appoint an ad hoc WHO Working Group to advise Member States and the Director-General on:

	State were misused for research or commercial purposes in a manner that violates best practice by a WHO collaborating centre	(a) the most appropriate size of a stockpile of candidate H5N1 vaccines; (b) operational procedures, based on expert guidance and evidence, to address how to use most effectively such an H5N1 stockpile; (c) mechanisms to promote access to safe and effective pandemic influenza vaccine;
(3) 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;	**(4)** 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;	**(4)** 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;

(4) 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 influenzavaccine production and to enable production capacity to be functional as soon as possible;		**(5)** 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;
(5) 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.	**(5)** to report annually to the Health Assembly through the Executive Board on the situation of pandemic influenza and global preparedness.	**(6)** 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.

Outcome Summary

In real life the negotiations were very long and protracted, they failed at first but eventually produced an outcome that could be celebrated as a win-win for all parties. This set the scene for the current international response to the Coronavirus-19 pandemic. So you will see what went reasonably well and what failed. I hope you do better with your negotiations.

This negotiation lasted for 3 years and finally produced am outline agreement in 2009. However, the implementation of this general agreement was only finally agreed in 2011 and indeed there is still ongoing discussion of steps to be taken. You can Google the result and the history of the negotiations. We suggest you do this after you have tried to negotiate your own settlement. You will note that the key to success is to try to offer concessions to the opposition coalitions to reach an outcome more appealing than the hardline position initially taken by Indonesia and USA but making progress that suits all parties. Informal negotiations between coalition members in preparation for the formal negotiation can be very helpful. The role of WHO in setting the rules for negotiation and in summarizing and suggesting next steps is also crucial.

For details see http://www.cidrap.umn.edu/news-perspective/2011/04/who-group-finalizes-landmark-pandemic-virus-sharing-agreement

Presentation on Background and Outcome

This provides the basis for a fuller discussion of the background and outcome as it happened in real life. Your trainer may use this as an introduction and then explanation of what happened and why it is so relevant to the COVID-19 Pandemic.

Background to Diplomacy for Flu Virus Sharing

- Flu is a recurrent pandemic disease recorded from the 12 century
- Called "Influenza" by Italians ~ due to the influence of the moon
- Zoonotic virus mutates from human contact with birds, pigs and other
- 1918 "Spanish Flu" maybe originated in USA, 30 – 50 million deaths
- Reproduction rate R naught (R_0) ~ 1.8, Fatality rate 2.5%
  - Compared to Covid a different zoonotic virus R_0 ~ 1.8 – 2.2 Fatality rate 0.6%
- WHO estimates 290,000 to 650,000 deaths p.a. from flu-related cause
- H5N1 Flu virus (bird flu) 2003 was seen as a major threat (but was not)

The Diplomatic Build Up

Susilo Bambang Yudhoyono President of Indonesia

- 1952 WHO set up Global Influenza Surveillance Network
  - To identify and trace strains of influenza and assist states as needed
  - Working with 40 growing to 98 laboratories (Collaborating Centres)
  - 1957 pandemic, over 2 million deaths but vaccines prove effective
  - HICs and WHO relax until the 1997 outbreak of H5N1 "Bird Flu"
- 1999 Fear of H5N1 led to WHO Pandemic Preparedness Guidelines
  - World Bank, the IMF, and the UN join in supporting pandemic preparedness
  - Virus sharing was an implicit element of PPG but not a formal obligation
  - Demand for vaccines outstripped supply
- 2006 Indonesia, high risk and virus origin asks for preferential access to vaccines
  - When this was not granted they refused to share further virus samples
  - Claiming 'viral sovereignty' based on the Convention on Biological Diversity
  - They were joined by middle and low income countries with poor access to vaccines

What Happened Next?

Jane Halton
Chair of PIP

- 2006 Global Action Plan (GAP) for Influenza Vaccines launched
  - Technology transfers and investment in low- and middle-income countries
  - Vaccine production capacity raised from 1.5 b to 6.4 b doses
- 2007- 8 Government Negotiations on virus sharing fail
  - 2009 Intergovernmental open-ended working group (OEWG)
  - 2010- 2011 OEWG Meetings and Consultations with Pharma cos, NGOs/CSOs
- 2011 Pandemic Influenza Preparedness Framework Agreed
  - As condition of sharing virus samples it was agreed that
  - GISN becomes Global Influenza Surveillance and Response System, or GISRS
  - Established as a Public /Private Partnership funded 50% by pharma companies
  - Pharma cos to provide a share of vaccines at heavily discounted prices
  - Also share technology and access to diagnostic reagents and influenza test kits
  - But many implementation and funding issues arose so negotiations continue

Have we learnt anything?

- 2014 West Africa Ebola Outbreak
  - Lessons learnt include fast track testing and PPE
  - A Contingency Fund for Emergencies was established
  - But only 82% of the $20 million proposed by WHO was funded
- 2017 Coalition for Epidemic Preparedness Innovations (CEPI)
  - Launched with $ 1 b 5-year funding for R&D for vaccines (inc flu)
  - Now funded by UK for research into Corona Virus vaccines
- 2020 COVAX (COVID-19 Vaccine Global Access) WHO and GAVI
  - Brings together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and **equitable access** to COVID-19 diagnostics, treatments and vaccines (hopes to extend to other vaccines)
  - But HICs have secured some 9 b doses while COVAX has 700 m

WHO Director General Dr Tedros Adhanom Ghebreyesus has called for coronavirus vaccines to be delivered equitably across the globe to prevent deaths in the poorest countries. He warned that world is on the brink of a catastrophic moral failure if Covid-19 vaccines are not distributed fairly to low-income countries. Moreover this would also leave the world at risk of further COVID pandemics as the virus mutates in neglected regions.