

Technological advance

Experiences and lessons learned on capacity building in global health diplomacy

DOI: 10.3395/recis.v4i1.354en

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Abstract

This paper presents some key components of capacity building in global health diplomacy, as developed by the Global Health Programme and identifies some of the lessons learned. The Global Health Programme at the Graduate Institute, Geneva has pioneered capacity building initiatives in Global Health Diplomacy since it held its first course in Geneva in 2007. It is involved in creating and conducting such executive training outside Europe in order to appropriately reflect the global nature of this course. New approaches and methodologies for capacity development and concrete examples of models applied to executive education are considered. This includes an analysis of what works best in terms of partnering, mainstreaming and development of teaching materials. The aim is to share experiences on innovation in capacity building and executive education. Each section outlines a specific topic related to training in this domain, and concludes with several lessons learned.

Keywords

capacity building; executive education; global health diplomacy; partnerships; negotiations

The focus: global health diplomacy

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. The way global health is governed (i.e. "global health governance") is subject to larger geopolitical power shifts. It is crucial to understand these dynamics and respond to them with diplomatic skill.

The policy making process in the global arena is conducted in many different venues – with an increasing amount of negotiations taking place in multilateral settings. These are in turn prepared by a wide range of regional bodies, clubs of countries and alliances of groups of actors. Before reaching the multilateral level, however preparation is needed at national level.

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, 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.

The aim of training in global health diplomacy is to develop these diplomatic and policy making skills by engaging participants in practical exercises on negotiations, but also providing a basis of understanding for the complexities of the current global health landscape.

Capacity building in global health diplomacy is directed in particular at representatives of ministries of health, foreign affairs, staff of international organizations, non-state actors and academic institutions, 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. The course provides the broad group

of “new health diplomats” with insight on institutions and instruments, addresses mechanisms of policy coherence and a framework for negotiation.

The participants in global health diplomacy capacity building

- Engage in an interactive and multidisciplinary learning process
- Practice strategic thinking about the interface of global health and diplomacy, and global health with other sectors
- Learn about instruments and mechanisms for global health governance
- Practice negotiation skills through role play exercises
- Apply their knowledge on creating national or regional global health strategies
- Discuss values and ethics, and other cross-cutting issues in global health diplomacy.

In order to achieve this, a wide-range of methods should be used to transfer knowledge: case studies, group discussions, role plays and other practical exercises must complement the theoretical presentations. Such a methodological mix allows practical and theoretical learning and supports the application of newly acquired knowledge. Top level faculty – which includes internationally renowned experts, diplomats and representatives of the international organizations – interact with participants. Reciprocally, these participants bring in their own perspectives, practical experiences and skills, contributing to a mutually engaging learning process.

The core modules of capacity building in global health diplomacy include, among others, sessions on understanding the nature of global health and global health diplomacy, history and concepts of global health governance, health and foreign policy, trade and health, ethics and human rights in global health, lessons learned from negotiations, national global health strategies, etc.

The approach to capacity building

The capacity building model presented in this paper is based on a long-term engagement and partnership with different stakeholders, rather than ad-hoc activities. It builds on lessons learnt from the United Nations Institute for Training and Research (UNITAR) and the United Nations Development Programme (UNDP) and can be exemplified through the ‘capacity development’ model as presented by UNDP (Figure):

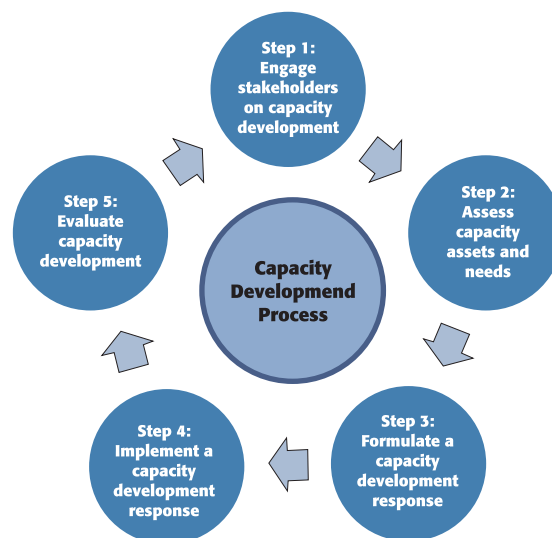


Figure – Capacity development model.

Source: http://www.undp.org/capacity/our_approach.shtml

For every context, the process begins by establishing a joint vision with stakeholders. This is followed by deciding on the priorities for capacity development through joint assessments of the needs. From there, a response is suggested and assistance is given with implementation (for example in the form of teaching support or teaching materials). Follow-up on progress and identifying next steps is a necessary fifth component of the process. This approach is then adapted and tailored to the specific needs of every context.

UNDP defines “capacity development” as “the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time”¹. This is a shift from an approach to technical assistance, to one that is much more participatory and engaging for both parties. It marks a move from an approach that is supply driven to one that is mainly driven by the demand side. Capacity building is recognized as a long-term process and requires adaptation to local realities. It strives at national ownership, allowing countries to develop and sustain their own informed decisions.

The evolution of capacity building in global health diplomacy by the Graduate Institute

The Global Health Programme has over the last three years successfully run a series of Executive Courses on Global Health Diplomacy: three courses in Geneva in June 2007, 2008 and 2009, Beijing in August 2009 with a pre-course in cooperation with the World Health Organization (WHO) in

Geneva in 2008, Nairobi in September 2009 and two courses in partnership in North America in Washington DC, USA (CDC, UCSF) in 2008 and in Ottawa, Canada in 2009 (CSIH). Each of these experiences has brought new ideas, perspectives and lessons learned to the process of developing the field.

Geneva is internationally recognized as the “global health capital of the world”. It not only hosts the WHO but has over 80 organizations active in global health within its city borders, as well as a wide range of diplomatic representation, many with full time health attachés. It also hosts organizations with a key impact on global health, such as the World Trade Organization (WTO), the International Labour Organization (ILO) and the International Federation of Red Cross and Red Crescent Societies (IFRC). As such, it is a unique place for executive education on global health issues in general and on global health diplomacy in particular. The setting allows for participants from around the world to be exposed to a variety of actors in global health and diplomacy.

The Geneva course on Global Health Diplomacy at the Graduate Institute is by far the most international in terms of participants – with an average of 20 participants representing all regions of the world at each course. It also allows for the involvement of a broad range of faculty, drawing on the Geneva based organizations and missions and permits for visits and role playing at the WHO. As a result of its diversity in faculty and participants, the Geneva course serves as a springboard for partnerships, allowing for an exchange of ideas and visions between countries and institutions.

Each course is evaluated both on paper and in class discussions – the evaluations have been very positive and the suggestions by the participants most helpful for further course development. Up to now about 200 individuals have been trained worldwide in Global Health Diplomacy with the involvement of the Graduate Institute.

The Geneva Course: some lessons learned

On faculty - It is critical to have an interdisciplinary faculty representing different levels of development and organizations. Furthermore, it is essential to have practitioners of Global Health Diplomacy teaching and sharing their real life experiences.

On participants - Participants need to be diverse in their composition, to foster mutual learning. Up front work on the more technical components of the curriculum has proven to be useful, so that they can prepare for the course in advance, to ensure that everyone is at a similar level of understanding. In order to make best use of their time in Geneva, participants should be encouraged to engage with

experts and international institutions in the area, facilitating networking and first hand experiences.

Developing partnerships for training initiatives

The Global Health Diplomacy course was built on a long-term partnership approach since the launch of the first course, involving a partner institution in each of its Geneva summer courses. In 2007 the Geneva course was held in partnership with Brazil, 2008 with Kenya and the 2009 course with representatives from Thailand and India. This model has resulted in a course organized in Kenya, with prospective courses planned for India and Thailand in 2010. Brazil has begun to develop its own courses. Additional courses were also held in partnership with China, the United States and Canada in the period between 2008 and 2009.

The Global Health Programme of the Graduate Institute has been able to pilot the Global Health Diplomacy course at three different levels of development with mainly national participants: developed world (United States and Canada), emerging economies (China and cooperation with Brazil) and developing countries (Kenya). While the Kenyan course was originally envisaged as a regional course, it became evident during the preparations that a national course was a first step. Nevertheless, once the awareness of the importance of global health diplomacy has been created – a vast majority of participants expressed the need to expand the course regionally, also with a view to strengthen Kenya’s role in the region. This differs from the approaches in the emerging economies where a general understanding of global health diplomacy already exists and there is a clear national vision in place on the needs for capacity building. The vastness of the national contexts of countries like Brazil and China also vary from a smaller country like Kenya. In order to expand on the national model, regional approaches will also be explored with Europe (EU) and in cooperation with the Centers for Disease Control (CDC) and University of California San Diego in the United States.

Some of the current partners are also members of the Consortium for Global Health Diplomacy, a network of 14 academic and research institutions around the world. Drawing on the resources of the Consortium also facilitates partnerships in the teaching itself. Both the course in China and Kenya are based on a “tri-partite model” where the faculty members were composed of three partners across different continents. The China course was held in partnership with faculty from the Global Health Programme

Geneva/Switzerland, Institute of Global Health Beijing/China, and Fiocruz/Brazil. In Kenya, there was cooperation between the Global Health Programme Geneva/Switzerland, Public Health Foundation of India, and University of Nairobi. This approach enriches not only the exchange and learning process but also strengthens the understanding and the partnership between the institutions. Furthermore, it can result in the creation and adaptation of course in new countries and contexts, responding to different needs.

All courses can be characterized by a number of other partnerships as well, e.g. in regards to funding, actors involved in case studies and role play, guest speakers, co-organizers and co-directorship.

Partnering: some lessons learned

Partnering is critical and the courses in China and Kenya were a tribute to that. The tripartite model works well and needs to be strengthened even further, and it is essential that all faculty members are well briefed before the course, to ensure a common approach. Preparatory work for the courses both in and outside of Geneva is extensive, as well as time consuming and needs to be planned well. Tailoring the courses to the different contexts is crucial. In this regard, local partners can be very useful in helping to understand local realities and advising on how to adapt the curriculum. In particular, national concepts of health and of diplomacy need to be understood by the faculty coming from abroad. For example the Chinese tradition of diplomacy is critically different from a US or European concept. Strong partner institutions need to be identified to continue this training and continuity of expert input from the Graduate Institute (as requested) needs to be ensured.

Mainstreaming the curriculum

One important other feature of all Global Health Diplomacy courses organized by the Graduate Institute is its approach towards mainstreaming. The aim – which is difficult to reach – is to have the courses organized jointly by a partner from health and from foreign affairs and to have both participants and faculty reflect this mix.

In order to build on the conceptual understanding of global health diplomacy at the interface of health, foreign affairs, development, trade, and research, the course participants are selected from these sectors. The Kenya course with its inter-ministerial set-up can serve as an example: Participants came from the Ministry of Public Health and Sanitation, the Ministry of Medical Services, the Ministry of Trade, the Ministry of Foreign

Affairs, the Institute of Diplomacy and International Studies, the University of Nairobi and NGO. As a result, the concept of global health diplomacy is mainstreamed in these different institutions and the course serves as a first step to build national coherence among different actors at national level. The course in China was not as broad based but had other features – like high level participation from the Ministry of Health and the Ministry of Foreign Affairs in discussions, involvement of the Swiss government and embassy as well as the Swiss secretary of state for health and strong regional representation from the provinces.

Mainstreaming also refers to integrating the global health diplomacy curriculum in other venues and schools: Hence, at Geneva level specific modules of the course are integrated into other courses, such as training for diplomats or summer schools in global health, and in programmes of the Graduate Institute, such as in the Masters of Advanced Studies and the Executive Masters in International Negotiation and Policy Making.

By developing training materials that can be adapted to a variety of context, mainstreaming remains a long term goal of the programme beyond Geneva. The Global Health Programme is developing training materials which includes a training manual, case studies for teaching, a textbook and is engaged in a long-term plan to develop an online course. These tools for teaching will greatly enhance the effectiveness and reach of the global health diplomacy curriculum. The aim of the training manual is also to develop training of trainers (ToT) workshops, so that a variety of countries can adapt the content to their national needs, and execute their own trainings at national or regional level. These approaches of partnering and mainstreaming are part and parcel of the wider capacity building approach.

Mainstreaming: some lessons learned

It is important to make the extra effort to have the courses organized jointly by a partner from health and from foreign affairs and to have both participants and faculty reflect this mix. Participants are also keen on an alumni network which has now been established to foster communication amongst course graduates worldwide, and furthermore encourage awareness-raising of the field.

Innovation in capacity building

The concept of “global health diplomacy” is still a new, innovative concept and needs sensitization. Awareness-raising on the understanding and meaning of the concept prior to the running of the courses outside of Geneva have been essential

in order to ensure a diversified audience and an overall success. Guidelines for course preparation will therefore be developed to complement the capacity building framework.

The courses generally aim at mid-career to senior professionals working on health issues in different institutions, mainly in health and foreign affairs - the experiences have shown that this mixture varies considerably. In the Geneva courses participants range from mid-career to senior level professionals, which allows not only for learning in the course but also for mutual learning among participants – one of the features most appreciated in the Geneva courses. Here participants also include NGO and the private sector. In China the audience consisted of nationals from (mainly) health and foreign affairs departments across the country (including representatives from the provinces) and the course brought them together in the capital. In Kenya – as outlined above – the participants were very much mixed, and in contrast to China, they were all Nairobi-based. Nevertheless, in both instances, participants who otherwise would have not met or discussed together were for the first time interacting and learning together. This is a key feature of all the courses.

Building on the experiences and seniority of the participants, capacity building in global health diplomacy has resulted in participants becoming faculty members and/or course organizers in their home setting, this is the case in Brazil and Kenya.

Capacity Building: some lessons learned

The size of the course with 25-30 participants works well. It is critical to insist on a mix of participants; in age, nationality, organizations / ministries, gender and professional backgrounds. This fosters the opportunity for mutual learning and experience sharing among participants. For the national courses, the inclusion of other countries / examples is key. On course content, interactive exercises such as working groups and role plays have been highly appreciated by participants in all the courses for active learning.

Developing negotiation skills

As health becomes an issue of foreign policy and is negotiated in a variety of venues, involving a diverse number of stakeholders, the need for skills in negotiation is crucial. Negotiation skill training is traditionally a specialty reserved for diplomats and country delegations, but rarely a skill developed by representatives from NGO, international organization secretariats, academics or the private sector. Now that more and more of these actors are sitting at the front

of international negotiations, there is a need to strengthen their ability to effectively present and argue their positions in these negotiations. The curriculum on global health diplomacy thus includes a one-day intensive negotiation simulation in order to develop some of the strategies and layout some of the major obstacles in achieving successful negotiation goals. The training is normally in the form of a participatory role play exercise, placing participants in a real-life situation. Learning is fostered through analysis and experience sharing.

Negotiating Skills: some lessons learned

Having experts on hand who have been involved in health negotiations greatly enhances the quality of learning from the negotiation skill exercises. Participants have truly appreciated the personal experiences shared and the applicability of these experiences to negotiations they might themselves be involved in. If possible, a good approach for the trainings is to secure the involvement of a professional negotiations skills trainer who can present some general negotiation techniques. This negotiations trainer must be complemented by a health expert who can share experiences from the global health perspective, enhancing on the basic training.

The role play exercise is central and needs to be well prepared. This includes defining clear positions of the representative delegations chosen as well as key components of a text or issue to be negotiated. Role play exercises can either draw on real-life examples or fictional ones; either approach has its advantages.

Creating national strategies

Another one of the aims of the course is to have participants reflect on their own country's approach to global health and how it is coordinated to respond to global health challenges. In both China and Kenya one of the main outcomes of the respective courses was the commitment by the local course organizers and the participants to continue working on developing a national global health strategy. Through sharing of practical tools and examples the participants were encouraged to reflect on the framework needed and actors involved in developing a national global health strategy. They are normally presented with the two current models of national global health strategies: Switzerland and the United Kingdom. These examples, of which the negotiation processes and content are explained by experts, can serve as inspirations for the development of new strategies, national or regional. The discussions have led in both China and Kenya to a concrete commitment and roadmap outlining the next steps, indicating timelines, towards the development of such a national strategy.

National Strategies: some lesson learned

Participants are keen to have ideas and tools which they can apply in their context. The dictum “Global Health begins at home” has become central to the courses – both in Geneva and in other places. A national global health strategy is one such approach. In the Geneva course where participants stem from a variety of countries and backgrounds, a select few are generally asked to present their country’s approach to global health and are consequently asked to reflect on how this could be developed into a more formal global health strategy. For example, in the 2009 Geneva course, a presentation by Thailand on their unique model of global health capacity building served as a great opportunity for mutual learning.

Developing teaching materials

Much experience has been gained in developing course contents and adapting it to the different contexts. Many of these are being consolidated and will be captured in a training manual, as well as web-based training course which are currently being developed.

Most of the core modules remain the same (but are updated on a regular basis), while others have been changed in the different contexts. The focus and prioritization of modules changes depending on the awareness of global health in general, the existing knowledge of global health challenges and global health governance and the like. Geneva remains the hub for the introduction of new course elements, such as the module on health and climate change in the summer course 2009. It also produces an up-to-date set of readings which are then available on a CD ROM for participants. In order to facilitate wider training and a multiplier effect, the training manual will bring together these different modules.

Making the teaching materials available to partners for their use will be critical. Partners will be encouraged to adapt the materials for their own course within a particular context. This will further allow for the organization of “training of trainers” workshops, with both existing and new partners.

Publishing

Finally, publications are an important result and outcome of these courses. A number of articles on global health diplomacy have been already published³ and a book series on global health diplomacy has been commissioned by Scientific Publications. In this series, among others, one publication on introducing global health diplomacy is planned. Furthermore, a textbook on Global Health Diplomacy is in preparation.

The way forward

It has become evident throughout the experiences gained by the Global Health Programme that the demand for capacity building in global health diplomacy exists worldwide. The vision is to build on these lessons learned to create an adaptable and sustainable approach to global health diplomacy, firstly through the launching of pilot courses in different parts of the world, and eventually through training of trainer’s sessions with a developed training manual in order to render the curriculum self-sustainable. In a rapidly changing world, where a number of new actors are implicated in the negotiating processes of policies in a variety of settings, the need for training in global health diplomacy is present now more than ever before. It is the hope of the Global Health Programme, that through the exchange and sharing of lessons learned and experiences with partners worldwide, a long-lasting strategy for capacity building can be realized.

Notes

1. United Nations Development Group (August 2009). “United Nations Development System: A Collective Approach to Supporting Capacity Development”.
2. For more information on the Consortium for Global Health Diplomacy, see <http://graduateinstitute.ch/globalhealth/page5058.html>
3. See <http://graduateinstitute.ch/globalhealth/home/page4125.html>