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Global Health Diplomacy: Training Module



GLOBAL HEALTH DIPLOMACY



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TRAINING MODULE

ADIK WIBOWO
BENJAMIN ANDERSON



GLOBAL HEALTH DIPLOMACY

Training Module

**ADIK WIBOWO
BENJAMIN ANDERSON**



SAGUNG SETO

Global Health Diplomacy: Training Module

Penulis

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FOREWORD



FOREWORD

In October 2017, the Global Health Initiative Indonesia (GHII) was established as a new unit under the Faculty of Public Health's auspices, Universitas Indonesia (FPHUI). The overall goal of GHII is to promote global health as a science and art, embedding it into the FPHUI curriculum and into the conduct of short courses for people who want to learn about global health and its related topics.

GHII under the FPHUI follows *Tri Dharma Perguruan Tinggi* (Three Dedications of Universitas Indonesia), comprised of training and education, research, and community service. Since its inception, GHII has built collaboration with Duke Kunshan University's Global Health Research Center located in China through faculty exchanges, site visits to share knowledge and experiences in global health, and to engage in both faculties' structured educational programs. Master students from Duke Kunshan University conducted their thesis research in Indonesia. Likewise, Indonesian students have pursued their master's degree in global health at Duke Kunshan University.

Previously in 2018-19, two-day training with topics related to global health was conducted by GHII for students and junior professionals in Indonesia. This training covered professional writing, advocacy, diplomacy, leadership, communication, negotiation, research proposal writing, and academic publishing pertaining to global health. Tuberculosis (TB), a pervasive chronic disease and major global health issue (particularly in Indonesia and China) was also chosen in 2018-19 as a priority topic for research. GHII has since led several TB-related activities, including the

Stop TB campaign during World TB Day, the study on perception on TB among sellers and visitors at a closed market, study on the use and management of Traditional Chinese Medicine (TCM), secondary data analysis of the Basic Health Research 2017, and research on integrating TB with Diabetes Mellitus (DM) that still ongoing.

Based on our prior successful experience in offering short courses on Global Health to students and junior professionals, GHII further initiated a more prominent training proposal on the topic of Global Health Diplomacy (GHD), targeting middle-level health managers as part of the Indonesian Ministry of Health (MoH) and Ministry of Foreign Affairs (MoFA). As part of their responsibilities, they often engage in global health activities, such as negotiating the availability of medicines, or the need for more health workers, etc. The training content was designed to elevate their skills from the local-to-regional, regional-to-national, and national-to-international levels.

The proposal was positively accepted by The Bureau of International Cooperation of Ministry of Health (BIC MoH), and a one-month virtual training session on GHD (September – October 2020) was provided for 30 professionals working for the MoH. The training was in English and included speakers with national and international expertise in GHD. The training content was developed in close coordination with BIC MoH, the World Health Organization (WHO) Indonesia, Duke Kunshan University, and GHII-FPHUI.

This training module is the culminating product of the GHD training offered in 2020. It has several unique features. First, it is designed with a virtual training modality where all stakeholders interact via video conference software and an e-learning platform. Second, the training framework utilizes facilitators during the ‘asynchronous’ training to provide constant contact with trainees throughout the entire training period. Third, the module describes the use of an e-learning platform to deliver training content, post assignments, and deliver feedback. Fourth, the module includes an evaluation strategy, including example assessment

forms, to guide best practice in assessing the online training experience and knowledge trainees gained through their participation.

This training module is structured with content to suit novice, intermediate, and advanced users alike. It has many exercises in the form of case studies that are designed for each listed topic. Therefore, a training topic (including its case study) can be applied independently from the other topics if needed.

Further, the module is divided into four main parts. The first part contains seven specific GHD training topics, with notes for speakers, facilitators, moderators, references, and evaluation forms. Speakers are welcomed to update any information adopted in the materials where necessary. The second part contains the case studies as a key supplemental learning material with the aim for participants to practice the knowledge obtained and to comprehend the skills in solving a problem that relates to a particular topic. The third part contains a description of how one might apply an e-learning platform as part of the training modality. The fourth part includes the evaluation strategy. The manual's content is intended to be flexible so that any trainer can tailor a training session to the targeted participant's needs.

The ownership for the Training Materials and Publication, which are but not limited to:

1. All training materials belong to GHII-FPHUI and Duke Kunshan University.
2. Any party who wishes to use the material(s) for any purpose outside of the proposed training should write to module authors to seek approval.
3. The authors of any publication related to this training, depending on the article topic, the person who develops the idea of the publication, and the contribution of the author should be included in the acknowledgment at the beginning of each lesson contributed (e.g., the author names from GHII-FPHUI, Duke Kunshan University, WHO Indonesia, and BIC MoH).

4. To write the authors' names and year of publication of this module, when quoting a part of the module.

The sponsor of this module is WHO Indonesia, based in Jakarta. The module was prepared by:

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Jakarta, February 2021

Adik Wibowo

Benjamin Anderson





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LIST OF ACRONYMS



ASEAN	:	Association of Southeast Asian Nations
BIC	:	Bureau of International Cooperation
COVID-19	:	Coronavirus Disease 2019
DM	:	Diabetes Mellitus
FPGH	:	Foreign Policy and Global Health
FPHUI	:	Faculty of Public Health Universitas Indonesia
GHD	:	Global Health Diplomacy
GHII	:	Global Health Initiative Indonesia
GHL	:	Global Health Leadership
GHSA	:	Global Health Security Agenda
IHR	:	International Health Regulation
INGO	:	International Non-governmental Organization
IT	:	Information Technology
LNA	:	Learning Needs Assessment
MDG	:	Millennium Development Goals
MOFA	:	Ministry of Foreign Affairs
MOH	:	Ministry of Health
SARS	:	Severe Acute Respiratory Disease
SDG	:	Sustainable Development Goals
SEARO	:	Southeast Asia Region Office
TB	:	Tuberculosis
TCM	:	Traditional Chinese Medicine
UHC	:	Universal Health Coverage
UN	:	United Nations
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations International Children's Emergency Fund



Global Health Diplomacy Training Module

WHA : World Health Assembly
WHO : World Health Organization

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Global Health Diplomacy Training Module





CHAPTER 1

OVERVIEW

& INTRODUCTION



CHAPTER 1: OVERVIEW AND INTRODUCTION

BACKGROUND AND INTRODUCTION

A module is defined as a specific product of work created and designed to be an element of a training course, training program, online training, form of education, workplace training, or workplace induction accessible for completion with a trainer, facilitator or through an online e-learning program or e-learning course (MaryC, 2016).

Global Health Diplomacy (GHD) is a growing area of practice due to several factors. First, pandemic infectious disease threats, such as influenza, Ebola, and now Coronavirus Disease 2019 (COVID-19), have demonstrated the close connection between national security, foreign policy interests, and global health response. Second, the globalization of health, as influenced by economic conditions and governance structures, goes beyond any individual country's borders. Third, the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have emphasized the global reduction of health disparities, which challenges high-income countries to contribute more to the healthy development of low-to-middle income countries. Last, global health has become more interdisciplinary, with increased links between health and other areas such as international trade and intellectual property rights, agriculture, education, and the environment.

In 2006, Brazil, France, Norway, Senegal, South Africa, Thailand, and Indonesia initiated the Foreign Policy and Global Health (FPGH) Initiative. FPGH's Oslo Ministerial Declaration of 2007 underlined the importance of integrating health issues in foreign policy priorities, and the FPGH

has produced several resolutions at the United Nations General Assembly since 2008. Fast-forward to the present, and the COVID-19 pandemic has strongly demonstrated the important connection between health and foreign policy. As most diplomatic activities are currently resigned to virtual engagement, including the 73rd World Health Assembly, leaders and health ministers have emphasized the need for unity and solidarity to fight COVID-19, focusing on ensuring equitable access to a vaccine, once available. This health crisis requires strong leadership, communication, diplomacy, negotiations, and advocacy, affirming the need for capacity building and training in global health diplomacy.

This module's inspiration was a 30-day GHD Training Program carried out in Indonesia from September to October 2020, in collaboration with the World Health Organization Indonesia and the Ministry of Health Bureau of International Cooperation. It was recognized that while Indonesian national leaders' global health engagement has markedly increased in the past decade, few formal in-country programs are available to provide enhanced health diplomacy training for future global health leaders. Graduates of Indonesia's health discipline programs are particularly enthusiastic and motivated to work at the national, regional, and international levels. The GHD Training Program was developed to address this need and provide participants with skills and knowledge to elevate their work to the national or international levels. Given the concerns of meeting in large groups during the pandemic, the training was designed to be completely virtual.

OVERALL GOAL OF THE GHD TRAINING MODULE

This module's overall goal is to provide a training framework on Global Health Diplomacy that can be implemented in any country as a way to empower, encourage, and instill confidence among individuals working in health or policy-oriented positions to apply GHD knowledge and skills as part of daily activities.

OVERALL LEARNING OBJECTIVES

Upon completion of this module, it is expected that the participant will be able to:

1. Understand the basic concepts of global health diplomacy in health settings
2. Improve skills to succeed in various diplomatic settings in the global health arena
3. Develop and improve individual persona when practicing skills in global health diplomacy, and
4. Build and maintain a network among participants, speakers, facilitators to enhance communication when practicing global health diplomacy.

PARTICIPANTS

This module is designed to be self-guiding, where anyone can read and make use of it. However, the ideal participants for this training are middle-level managers from institutions and government agencies engaged in health-related activities, mid-level faculty members, and students who work in the health sector. Participants are expected to have duties, responsibilities, and opportunities to engage in meetings, conferences at national, regional, and international levels. They are often the frontline actors who will fulfill and implement global health diplomacy actions.

USE OF THE MODULE

This training module is designed to be flexible in its use so that it can be tailored to suit specific institutional and country needs. Depending upon the user's goals, one or both of the objectives mentioned above (information-sharing or program support) may be emphasized, shaping the training experience with hands-on practice.

THE VIRTUAL TRAINING ENVIRONMENT

The training framework includes didactic, practical, role-playing, and case study activities. The virtual design utilizes a mix of synchronous and asynchronous activities. Synchronous activities refer to those experiences conducted together as a group using live telecommunication software (e.g., Zoom, Google Hangouts, etc.). Asynchronous activities include assignments and readings that participants complete independently or in small groups between each of the synchronous sessions. This training module attempts to integrate synchronous and asynchronous such that they build upon each other in a logical a fluid way.

The recommended time for the entire GHD training is **one month (30 days)**, comprising at least four synchronous sessions (one per week) where international and national speakers can interact with participants directly. In between synchronous sessions, participants can then actively work with training facilitators (described in the next section) on assignments, readings, reviewing the speaker's talk, working on the case study assignment, and preparing presentations as assigned.

As part of the virtual design, the training is recommended to utilize some e-learning platform or a course site where training material can be made available to participants. Systems of this type are also known as Course Management Systems, Learning Management Systems, or Virtual Learning Environments. The benefits of including an e-learning platform or course site include:

1. Materials can be prepared in advance and shared with participants before their synchronous sessions to prepare them for discussion.
2. Assignment files, such as case studies and writing exercises, can be posted to the site, letting participants easily access and submit their work in one central location.
3. Participants can receive feedback on their work quickly through an assignment grading feature (if available).

4. The site can serve as a central repository for all training material accessed by participants even after completing the training program.

FACILITATORS

Facilitators are a critical component of the implementation of virtual training. They should be individuals who work closely on issues of global health. The ideal number of facilitators to include is one facilitator per three participants. Facilitators guide participants throughout training with a focus on the asynchronous training period. Facilitators also help establish a more consistent thread of knowledge from each week's live synchronous sessions.

The ideal prerequisites of a facilitator are:

1. Has a graduate degree.
2. Fluent in English.
3. Good communication.
4. Friendly.
5. Ability to work in a team.
6. Commit to assisting participants for the entire training period virtually.

The tasks and responsibilities of a facilitator include:

1. Ensure participants can access online materials.
2. Assist participants in answering questions for each topic.
3. Evaluate work and participant's progress.
4. Assist participants in understanding the speakers' material.
5. Assist participants in understanding and analyzing the case studies.
6. Assist participants in preparing and conducting presentations.
7. Attend all synchronous sessions.
8. Spend a minimum of 3 contact hours with participants each week.



CHAPTER 2



THE TOPICS OF GHD MODULE



CHAPTER 2: THE TOPICS OF GHD MODULE

INTRODUCTION TO THE MODULE

This Module is fully compatible, and it has been designed to:

1. Provide condensed information on global health diplomacy, its definition, and related issues.
2. Provide practical case studies, which will serve to support government agencies and institutions to mainstream GHD issues in their strategy, programs, and projects.

The Module can be used as a quick reference tool or as background material for training or brainstorming sessions on GHD. Due to the “menu” of the training materials, the Module can serve as a toolkit for a short brainstorming session or a one-, two-, or three-day training. It will depend on the extent to which Government agency staff or institutions may wish to broaden their knowledge, especially their practical skills, on particular topics of GHD.

Depending on the target users’ specific characteristics and expectations, the modules are flexible. The content can be selected according to the participants’ needs (e.g., GHD training on negotiation or GHD training on communication).

KNOWING THE PROFILE AND LEARNING NEEDS ASSESSMENT OF THE PARTICIPANTS

In the preparation phase, it is crucial to assess whom the training is intended, their level of prior knowledge of the topics to be discussed, their role in the

department/agency/organization to which they belong (e.g., are they in programming, fieldwork or managerial positions), and other tangible and intangible aspects which would influence the design and eventual delivery of the training. This module's materials allow for flexibility in shaping either a more information-oriented or more interactive training content, depending on participants' average proactive role.

In addition to the general impression of the variety of participants, learning needs assessment (LNA) can be carried out before the training. It could be sent to the selected participants through email and the invitation to participate in the training. The learning needs assessment should be carried out to assess the current level of knowledge and understanding of global health diplomacy by participants.

The LNA form, attached in annex 1, included in this Module is designed to get an adequate impression of participants' average profile, as mentioned above. The results from this assessment can be instrumental in customizing the training agenda to the participants' particular learning needs (e.g., a greater focus on topics with which participants are less familiar).

In addition to the "formal" evaluation at the end of the training, it may be useful also to have an interim evaluation, e.g., by the end of day one. This can be done informally by asking participants to do a quick evaluation of the day and note down what they have learned: *"What are some of the key points you learned today?"* or *"Which of the things you learned today has been the most remarkable/surprising/useful for you?"*

Below is a description of the sessions to be carried out during the training, with details on the materials needed for each session, the session's learning objectives, the outputs, the format and timing, and key messages that should emerge during the session. The description ends with some practical notes for the moderators and facilitators. It should be noted that the sessions' format and timing can be modified in accordance with the specific requirements and the situation of each country/training. It can be challenging to maintain the target duration of the sessions.

TOPIC 0: WELCOME AND INTRODUCTION

Lead Responsibility

Training Committee

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.) for the session
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand the training agenda;
2. Know more about their fellow trainees, including name, job title, and department/agency;
3. Know their facilitator and the facilitator's roles and responsibilities;
4. Understand the goals, objectives, content, and expected results of the training; and
5. Understand the expectations for virtual training, including specific responsibilities for synchronous and asynchronous sessions.

Key Points – Topic 0

Although the training is virtual, the communication among the stakeholders (speaker, participants, facilitators, committee) should be established and maintained.

Moderator's Note

- ❖ Consider the use of an “icebreaker” or specific methods for the introductory session.
- ❖ While going through the training agenda, this will be an interactive training requiring proactive and creative thinking on the participants. This must be not only an informative training but have the character of a hands-on session.
- ❖ Mention that participants will be asked to think about what they will do in practice as a follow-up to the training.
- ❖ Emphasize the facilitator's important role as the extended hands of the speaker who will spend additional time engaging with participants on each topic.
- ❖ Try to create an atmosphere of expectations of good, useful results. Some participants may have the feeling that this is “another compulsory training”. Convince participants that good analysis and planning are the keys to real and sustainable results.
- ❖ Participants should be conversant in the use of e-learning platforms or course sites and make maximum use of them.

E-learning Platform or Course Site

It is recommended that all training material be packaged into a virtual module and be made available through an e-learning platform (e.g., Blackboard, Sakai, etc.). Systems of this type are also known as Course Management Systems, Learning Management Systems, or Virtual Learning Environments. If access to a more robust course management system is not

feasible, then a basic course website where content can be uploaded is sufficient. The e-learning platform benefits include:

- ❖ Materials can be prepared in advance and shared with participants before their live synchronous sessions to prepare them for each week's discussions.
- ❖ Assignment files, such as case studies and participant reflections, can be posted to the site, letting participants quickly access and submit their work in one central location.
- ❖ Participants can receive feedback on their work quickly through an assignment grading application (course management systems only).
- ❖ The site can serve as a central repository for all training material accessed by participants even after completing the training program.

Evaluation

Evaluation is an important component to ensuring that the training program is meeting the overall objectives. The recommended training strategy includes formative and summative assessments given before, after, and throughout the training program. When designing assessments, there should be a balance between the depth of data collected and the time it takes to complete each instrument. Assessments may vary based on the needs and context of each training program. Please refer to the section titled **Chapter 4: Evaluation** in this module for additional guidance regarding training program evaluation.

TOPIC 1: FUNDAMENTALS OF GLOBAL HEALTH DIPLOMACY

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Define global health diplomacy and describe its purpose in national and international affairs;
2. Describe the history of global health diplomacy and how it has been applied in the national context;
3. Identify key stakeholders engaged in global health diplomacy and explain their role and coordination;
4. Analyze how policy is used to implement global health diplomacy actions;
5. Recognize important finance structures that support global health diplomacy activities.

Speaker Profile

The speakers should include professionals and experienced leaders engaged in global health diplomacy activities either in the private, governmental, or academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, The Association of Southeast Asian Nations/ASEAN, etc.). For this topic, the expert should also possess knowledge and experience in the area of global health diplomacy.

Key Points

1. The historical development of GHD, the conceptual differences between global health and international health, and the relationship between global health and global health diplomacy.
2. The definition of GH Diplomacy (from two combined words, which means a multilevel and multi-actor negotiation process that shapes and manages the global policy environment and global health), the nature and the importance of GHD, and the components of GHD.
3. Key actors and stakeholders of GHD such as the United Nations (UN) agencies, non-UN specialized agencies, regional, multilateral and bilateral collaborations, and the UN agencies that closely work on health and development issues, such as The United Nations International Children's Emergency Fund (UNICEF), WHO, and the United Nations Population Fund (UNFPA).
4. The various forms of collaboration at the international, regional and national levels as vehicles for the implementation of GHD.
5. The governance of GHD which is comprised of international policies that have an impact on national and regional policies, financial arrangements, and networking at various diplomatic levels.
6. The importance of leadership, communication, and negotiation when engaged in GHD activities. For example, how communication must keep pace with the development of digital technology.

7. The relationship between GHD and the MDGs/SDGs, and the call for working together on emerging global health issues to safeguard common health interests and to strengthen regional and global solidarity for global health.
8. Description of examples of GHD such as ASEAN, South-to-South Collaboration, Global Health Security Agenda (GHSA), and countries' engagements in Universal Health Coverage (UHC).

Potential Discussion Points

The following are potential points for discussion:

1. The success of some countries in the west and east in practicing GHD (e.g., the success of the Thailand mental health model in building mental health resiliency during COVID-19).
2. The importance of coordinating bodies to ensure that regional or multi-bilateral collaborations' goals and missions are not overlapping with each other.
3. If a country is the initiator of a global resolution, how and who is responsible for monitoring the product at the global level and whether, when following that, the country level has to produce local regulation on that particular resolution.
4. Whether there is a gap between the products at the global level with the implementation at the country level.
5. How to build collaboration with insurance companies to support hospitals' spending during a pandemic (e.g., COVID-19).
6. International Health Regulations 2005 and challenges some countries have faced in their implementation.

Moderator's Note

1. Prioritize group sessions, discussions, role-plays, and active learning approaches over just didactic lecture presentations. Lecture format should be reserved for key presentations to confer necessary information

and not be overly long or technical.

2. Presentation time blocks for invited speakers was scheduled for 90 minutes, followed by discussion. Facilitators should take notes during each presentation, with a focus on identifying terms or concepts that may need to be explained further to the participants following the synchronous session.
3. It is suggested that selected speakers incorporate practical examples from their experiences to illustrate key concepts they seek to cover.
4. Encourage facilitators to be creative in their engagement with participants during the asynchronous sessions. Facilitators should prepare notes during the synchronous sessions to help stimulate small group discussions. The goal is to help trainees engage in the topics and not necessarily to communicate answers directly.
5. Provide clear instructions and reminders to participants regarding any evaluation forms they should complete at the end of a speaker's presentation and/or synchronous session.
6. Remember to thank the participants for their active participation and congratulate them on their accomplishments. Ideally, participants should finish each session with a sense of achievement that motivates continued engagement in the topic.

E-learning Platform or Course Site

It is recommended that all training material be packaged into a virtual module and be made available through an e-learning platform (e.g., Blackboard, Sakai, etc.). Systems of this type are also known as Course Management Systems, Learning Management Systems, or Virtual Learning Environments. If access to a more robust course management system is not feasible, then a basic course website where content can be uploaded is sufficient. The e-learning platform benefits include:

- ❖ Materials can be prepared in advance and shared with participants before their live synchronous sessions to prepare them for each week's discussions.

- ❖ Assignment files, such as case studies and participant reflections, can be posted to the site, letting participants quickly access and submit their work in one central location.
- ❖ Participants can receive feedback on their work quickly through an assignment grading application (course management systems only).
- ❖ The site can serve as a central repository for all training material accessed by participants even after completing the training program.

Evaluation

Evaluation is an important component to ensuring that the training program is meeting the overall objectives. The recommended training strategy includes formative and summative assessments given before, after, and throughout the training program. When designing assessments, there should be a balance maintained between the depth of data collected and the time it takes to complete each instrument. Assessments may vary based on the needs and context of each training program. Please refer to the section titled **Chapter 4: Evaluation** in this module for additional guidance regarding training program evaluation.

TOPIC 2: GLOBAL HEALTH DIPLOMACY IN THE CONTEXT OF TARGET COUNTRY OR REGION

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand different types of leadership, especially in the field of global health diplomacy.
2. Identify the changes in global political composition, notable practice and achievements of global health diplomacy.
3. Know the interaction of global health diplomacy in the bilateral, regional, and multilateral segment.
4. Analyze how to involve in the global health diplomacy practice at the country level, including the contribution in increasing the country's success in those practices.

Speaker Profile

The speakers should include professionals, and experienced leaders engaged in global health diplomacy activities either in the private, governmental, or academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, ASEAN, etc.). For this topic, the expert should also possess knowledge and experience in global health diplomacy.

Key Points

1. The changes in global political composition from traditional issues towards nontraditional issues such as but not limited to global health, which becomes the rising diplomatic agenda among countries in creating global health cooperation, which also impacts the structural change of country- or regional-level health agencies.
2. Health diplomacy is recognized as the catalyst for the development of national-level health development plans.
3. Notable GHD achievements of a country or region demonstrated through participation and involvement in the World Health Assembly (WHA).
4. Country-level health diplomacy performance achievements in the bilateral, regional, multilateral formats, and cooperation with international organizations, health development partners, and International Non-governmental Organization (INGO) with relevant examples.
5. How a country can be actively involved in global discussions regarding health trends and other needs associated with emergent infectious disease outbreaks (i.e., COVID-19). These may influence the health diplomacy readiness of a country-level health agency.
6. Factors that contribute to a country's success in building regional and global collaborations beyond just diplomatic competency and understanding of the key issues.

Moderator's Note

1. Prioritize group sessions, discussions, role-plays, and active learning approaches over just didactic lecture presentations. Lecture format should be reserved for key presentations to confer necessary information and not be overly long or technical.
2. Presentation time blocks for invited speakers were scheduled for 90 minutes, followed by discussion. Facilitators should take notes during each presentation, with a focus on identifying terms or concepts that may need to be explained further to the participants following the synchronous session.
3. It is suggested that selected speakers incorporate practical examples from their experiences to illustrate key concepts they seek to cover.
4. Encourage facilitators to be creative in their engagement with participants during the asynchronous sessions. Facilitators should prepare notes during the synchronous sessions to help stimulate small group discussions. The goal is to help trainees engage in the topics and not necessarily to communicate answers directly.
5. Provide clear instructions and reminders to participants regarding any evaluation forms they should complete at the end of a speaker's presentation and/or synchronous session.
6. Remember to thank the participants for their active participation and congratulate them on their accomplishments. Ideally, participants should finish each session with a sense of achievement that motivates continued engagement in the topic.

E-learning Platform or Course Site

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feasible, then a basic course website where content can be uploaded is sufficient. The e-learning platform benefits include:

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Evaluation

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TOPIC 3: LEADERSHIP IN GLOBAL HEALTH

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand the theories, needs, and the importance of global health leadership;
2. Describe the World Health Organization's (WHO) global health aims, goals, and activities;
3. Demonstrate a specific leadership role to assist the Ministry of Health in reaching health goals for a target country;
4. Communicate principles of successful leadership in real-world settings;
5. Identify important barriers to global health leadership; and
6. Implement practical ways for ongoing personal leadership development.

Speaker Profile

The speakers should include professionals, and experienced leaders engaged in global health diplomacy activities either in the private, governmental, or academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, ASEAN, etc.). For this topic, the expert should also possess knowledge and experience in the area of global health leadership.

Key Points

1. Global Health Leadership (GHL) is defined as collective ‘strong, dynamic and resilient leadership’ in health at the global level, which is essential to shape and drive global health governance. The WHO defines Global Health governance as “the application of rules”- both legally binding and customary- relating to the global management of health issues.
2. The COVID-19 pandemic has demonstrated the importance of strong and dynamic leadership at the local, national, regional, and global levels.
3. WHO is and will continue to be a powerful convener and coordinator at the national, regional, and global levels by:
 - a. Bringing different global initiatives together to increase coherence and inclusiveness, including those outside the health sector whose work impacts population health.
 - b. Facilitate consensus on global health priorities and action.
 - c. Bring together partners at the regional, sub-regional, and country-level to support countries with national health policies, strategies, and plans.
4. Global health governance addresses the direct causes of ill health and the broader political, environmental, economic, and social determinants of health, which requires a multi-sectoral and multi-stakeholder approach. This has led global health governance to become a multi-stakeholder process characterized by many players, with a

great degree of resources and influence, each accountable to a different constituency, with different mandates, guiding principles, expertise, etc.

5. There is the agreement that the vision of global health governance reflects a shift of perspective in terms of health as a global public good with inherent principles of accessibility, affordability, equity and is structured on the premise that national governments alone cannot address the complexity of factors which directly or indirectly impact health and *vice versa*. Therefore, to achieve the above vision and the mission, global health diplomacy takes center stage.
6. There are several opportunities and challenges in applying GHL:
 - a. The actors that shape global health governance are far more than just the WHO's Member States; such actors include the private sector, civil society, associations, foundations, etc.
 - b. In the clamor of voices of many groups, member states' risk losing their voice in shaping the global health agenda, which eventually impacts individual countries.
 - c. Increasingly, donors often drive the global health agenda, which may not necessarily be harmonious with member states' interests.
7. Some necessary action to be taken at the regional and national levels.
 - a. There is a need to build regional and national capacity for health leadership training and create for our future health leaders the opportunity to engage at regional global health forums and in global health governance discussions.
 - b. National governments need to reevaluate their human resource policies and practices to redefine public health experts' roles and build stronger linkages with the ministry of foreign affairs through mutual collaboration and capacity building.

Moderator's Note

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4. Encourage facilitators to be creative in their engagement with participants during the asynchronous sessions. Facilitators should prepare notes during the synchronous sessions to help stimulate small group discussions. The goal is to help trainees engage in the topics and not necessarily to communicate answers directly.
5. Provide clear instructions and reminders to participants regarding any evaluation forms they should complete at the end of a speaker's presentation and/or synchronous session.
6. Remember to thank the participants for their active participation and congratulate them on their accomplishments. Ideally, participants should finish each session with a sense of achievement that motivates continued engagement in the topic.

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feasible, then a basic course website where content can be uploaded is sufficient. The e-learning platform benefits include:

- ❖ Materials can be prepared in advance and shared with participants before their live synchronous sessions to prepare them for each week's discussions.
- ❖ Assignment files, such as case studies and participant reflections, can be posted to the site, letting participants quickly access and submit their work in one central location.
- ❖ Participants can receive feedback on their work quickly through an assignment grading application (course management systems only).
- ❖ The site can serve as a central repository for all training material accessed by participants even after completing the training program.

Evaluation

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TOPIC 4: NEGOTIATION IN GLOBAL HEALTH

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand health negotiation as part of an interdependent world;
2. Identify the challenges facing global negotiations and how different groups are addressing them and at different levels of governance;
3. Understand the knowledge of techniques in negotiation to reach a win-win outcome; and
4. Describe the issues faced in negotiating for resource mobilization.

Speaker Profile

The speakers should include professionals, and experienced leaders engaged in global health diplomacy activities either in the private, governmental,

or academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, ASEAN, etc.). For this topic, the expert should also possess knowledge and experience in the area of health negotiation.

Key Points

1. Over the last two decades, global health issues have become more prominent in foreign policy. Thus, state health actors need to collaborate with non-state actors better.
2. There are several unique initiatives from each countries' milestone for Health Diplomacy (e.g., the establishment of Foreign Policy Global Health (FPGH) initiative in ASEAN).
3. Negotiation is an essential tool in global health diplomacy. It is not a purely public health issue. The intersections of health, trade, human rights, environment, and legal issues create complexity; hence, it requires intersectoral coherence (i.e., the Negotiation for the WHO Framework Convention on Tobacco Control - not only the health and trade policy nexus, but also human rights, environment, and customs issues).
4. There was an urgency to revise the International Health Regulation (IHR) during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 with several considerations:
 - a. The overall control of the negotiations was difficult because key negotiators frequently did not know their interlocutors.
 - b. There are always political issues around the negotiation table, so delegations must be clear about their primary objective.
 - c. The High-Level Panel set up by the UN Secretary-General produced a report entitled "A more secure world: Our shared responsibility," suggesting that the UN Security Council should consult with the WHO Director-General to work together in the event of a suspicious or overwhelming outbreak of infectious diseases.

- d. The negotiating process brought together legal, medical, and other experts and representatives of international organizations and diplomats.
5. There are several ways to strengthen health diplomacy.
 - a. Understanding the domestic issues in a regional and global context.
 - b. Solid and intensive multi-sector preparation.
 - c. The need for policy coherence, strategic direction, and a shared value base in global health begins at the national level.
6. The challenges in health diplomacy.
 - a. Donor assistance for health has decreased.
 - b. Previously developing countries have made progress in their income and capacities that raise their ambitions to be equal partners and not merely aid recipients.
 - c. Significant engagement from all sides.
 - d. Address a set of newly recognized health issues.
 - e. Global health diplomacy requires attention to issues of country ownership and fostering equitable partnerships.
7. The possible way forward for future negotiations are:
 - a. Develop a global health strategy by optimizing countries' comparative advantages in the global health sphere.
 - b. Identify the architectural and policy challenges to be addressed and defining countries' global health priorities and objectives.
 - c. Map areas where countries' foreign policy affects global health.
 - d. Promote intensive collaboration across ministries.
 - e. Engage key partners and stakeholders.

Moderator's Note

1. Prioritize group sessions, discussions, role-plays, and active learning approaches over just didactic lecture presentations. Lecture format

should be reserved for key presentations to confer basic information and not be overly long or technical.

2. Presentation time blocks for invited speakers were scheduled for 90 minutes, followed by discussion. Facilitators should take notes during each presentation, with a focus on identifying terms or concepts that may need to be explained further to the participants following the synchronous session.
3. It is suggested that selected speakers incorporate practical examples from their experiences to illustrate key concepts they seek to cover.
4. Encourage facilitators to be creative in their engagement with participants during the asynchronous sessions. Facilitators should prepare notes during the synchronous sessions to help stimulate small group discussions. The goal is to help trainees engage in the topics and not necessarily to communicate answers directly.
5. Provide clear instructions and reminders to participants regarding any evaluation forms they should complete at the end of a speaker's presentation and/or synchronous session.
6. Remember to thank the participants for their active participation and congratulate them on their accomplishments. Ideally, participants should finish each session with a sense of achievement that motivates continued engagement in the topic.

E-learning Platform or Course Site

It is recommended that all training material be packaged into a virtual module and be made available through an e-learning platform (e.g., Blackboard, Sakai, etc.). Systems of this type are also known as Course Management Systems, Learning Management Systems, or Virtual Learning Environments. If access to a more robust course management system is not feasible, then a basic course website where content can be uploaded is sufficient. The e-learning platform benefits include:

- ❖ Materials can be prepared in advance and shared with participants before their live synchronous sessions to prepare them for each week's

discussions.

- ❖ Assignment files, such as case studies and participant reflections, can be posted to the site, letting participants quickly access and submit their work in one central location.
- ❖ Participants can receive feedback on their work quickly through an assignment grading application (course management systems only).
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Evaluation

Evaluation is an essential component to ensuring that the training program is meeting the overall objectives. The recommended training strategy includes formative and summative assessments given before, after, and throughout the training program. When designing assessments, there should be a balance between the depth of data collected and the time it takes to complete each instrument. Assessments may vary based on the needs and context of each training program. Please refer to the section titled **Chapter 4: Evaluation** in this module for additional guidance regarding training program evaluation.

TOPIC 5: GLOBAL HEALTH COMMUNICATION AND DIGITAL HEALTH

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand the fundamentals of communication and digital health;
2. Describe the role of communication and digital health as part of global health diplomacy;
3. Identify cultural barriers to the effective use of communication and digital health; and
4. Understand social media's role as part of communication strategies, including both benefits and challenges to its use in global health diplomacy.

Speaker Profile

The speakers will include professionals and experienced leaders engaged in professional communications or digital health applications, preferentially in a global health context. It is possible to have multiple speakers who can offer different perspectives on communications and digital health as part of global health activities (i.e., didactic vs. application).

Key Points

1. Fundamentals of Communication – a survey of communication theory and how that can inform communication practice
2. The sender/receiver model – the message goes from the sender (encoder) into the receiver (decoder) through the medium (media) with an environment barrier (e.g., noise). There are several communication contexts: mediated communication, mass communication (large aggregate, undifferentiated, no order, reflects society)
3. Cultural Barriers in Communication – culture barriers that exist and strategies to overcome them.
4. Digital Health – how technology influences how communication is delivered but also received.

Moderator's Note

1. Prioritize group sessions, discussions, role-plays, and active learning approaches over just didactic lecture presentations. Lecture format should be reserved for key presentations to confer basic information and not be overly long or technical.
2. Presentation time blocks for invited speakers were scheduled for 90 minutes, followed by discussion. Facilitators should take notes during each presentation, with a focus on identifying terms or concepts that may need to be explained further to the participants following the synchronous session.

3. It is suggested that selected speakers incorporate practical examples from their experiences to illustrate key concepts they seek to cover.
4. Encourage facilitators to be creative in their engagement with participants during the asynchronous sessions. Facilitators should prepare notes during the synchronous sessions to help stimulate small group discussions. The goal is to help trainees engage in the topics and not necessarily to communicate answers directly.
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E-learning Platform or Course Site

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Evaluation

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TOPIC 6: GLOBAL HEALTH SECURITY

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand policy frameworks for global health security;
2. Summarize Countries role as part of the Global Health Security Agenda;
3. Identify cultural barriers to the effective use of communication and digital health; and
4. Describe trans-national cooperation as part of the infectious disease outbreak response.

Speaker Profile

The speakers will include professionals and experienced leaders engaged in global health diplomacy activities in the private, governmental, and academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, ASEAN, etc.). They should know the Global Health Security Agenda and the target training country's historical engagement or region for this topic.

Key Points

1. Global Health Security Policy Frameworks – In terms of Global Health Security, policy frameworks help guide local authorities in improving their response to a Public Health Crisis by having a set of procedures or goals that might be used to curb the spread of an outbreak. A policy framework aims to guide policy-makers to make the best decisions so that an outbreak can be brought under control with as little damage as possible to the lives of the population and the country's economy while also preventing the outbreak from escalating a matter of global concern. This training should cover these principles and include practical examples of how different frameworks might be applied to global health diplomacy objectives and activities.
2. Global Health Security in the National or Regional Context – Each country has its historical connection to global health security in general and, more specifically, the Global Health Security Agenda. Training for this topic should examine this history so that trainees can contextualize their country or region's level of engagement.
3. International Health Regulations – with the world becoming increasingly interconnected and with people now traveling at unprecedented rates, disease outbreaks and the spread of other acute public health risks have also grown to become more unpredictable and contagious. With that said, in response to this newly emerging crisis, the WHO established the International Health Regulations (IHR), which are a set of rules that aim to provide a guide for countries to

follow when dealing with localized public health emergencies that could potentially become a matter of international concern. The IHR is legally binding in 196 countries worldwide and has been used extensively in the past to track and control the spread of different outbreaks.

Moderator's Note

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TOPIC 7: DRAFTING WHO GOVERNING BODIES DECISIONS AND RESOLUTIONS

Lead Responsibility

Moderator

Format

Virtual

Timing

1.5 Hours

Materials/Equipment

- ❖ Computer and reliable internet connection
- ❖ Video conference meeting software (e.g., zoom, google meet, etc.)
- ❖ E-learning platform or course site
- ❖ Evaluation forms
- ❖ Attendance list

Objectives

By the end of this topic, participants will be able to:

1. Understand varied modes of information sharing among different stakeholders (e.g., government, donor agencies, individuals, etc.);
2. Describe the key structure and outcomes of a press briefing;
3. Analyze an international resolution with a focus on WHO draft resolutions at the regional level.

Speaker Profile

The speakers should include professionals and experienced leaders engaged in global health diplomacy activities either in the private, governmental,

or academic settings (e.g., Ministry of Health, Ministry of Foreign Affairs, WHO, ASEAN, etc.). For this topic, the expert should also possess knowledge and experience in the area of WHO draft resolutions.

Key Points

1. The importance of the World Health Organization and World Health Assembly, serving as the platform for multilateral Negotiation and coordination for the health sector.
2. World Health Assembly key themes include agenda, officers and committees, and an executive board, the latter being driver of some of the WHA agenda.
3. The result of the Assembly was later consolidated into a regional committee session, which involves member states involved in the caucus.
4. Resolution becomes the main output of multilateral meetings, which follow a certain pathway and structure.

Moderator's Note

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CHAPTER 3



THE CASE STUDIES



CHAPTER 3: THE CASE STUDIES

INTRODUCTION OF THE CASE STUDIES

Case studies were incorporated as a key component in the training framework to maximize practical skill learning that aligns with the training's overall objectives. For these case studies, all participants may be required to do assignments assisted by facilitators. To this end, participants can be divided into ten groups (3 participants per group), and each assigned one facilitator. The case studies can be implemented in both the asynchronous and synchronous parts of the training. The synchronous session is defined as the day where all stakeholders of the training meet and interact intensively, started with the virtual presentation of the trainer or speaker on a particular topic, followed by discussion and further explanation about the related case study.

The asynchronous sessions are the sessions where only the facilitator and the participants do the virtual interaction and are conducted outside the synchronous days. The facilitator and participant interactions can last for a minimum of three hours or more. Participants should be given time to discuss and consolidate the case studies during the asynchronous training period before presenting them in the actual synchronous training sessions. In the synchronous session, participants can be given time to discuss the day's session and share their thoughts and implementation of the case study. This module's case studies are centered on four main themes: critical analysis, negotiation and leadership, communication, and writing. Figure 1 summarizes the flow and sequence of how case studies may be implemented.

Global Health Diplomacy Training Module

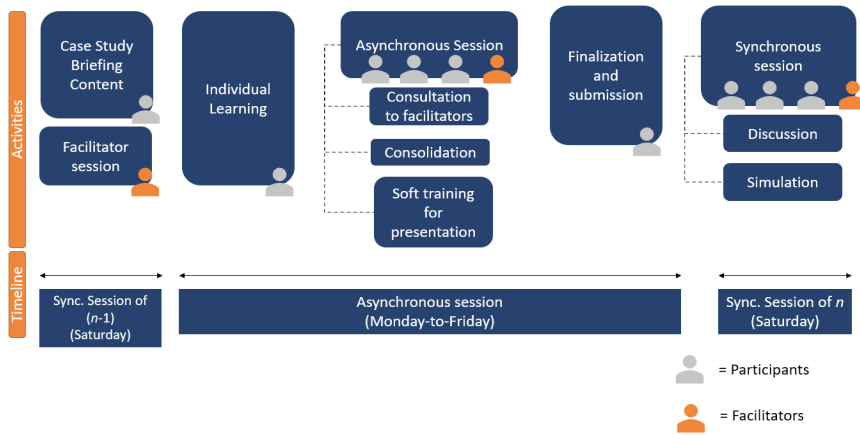


Figure 1. The Possible Flow of Case Studies

Facilitators can work with assigned participants on each case study weekly. The training planning committee may brief participants and facilitators about the upcoming case study during relevant synchronous or use the e-learning platform or course site. After a briefing, participants should be given time to read and study the case studies individually and review a list of readings and references. Separately, the planning committee may provide weekly briefings to the facilitators on the expectation of assigned case studies.

Facilitators and participants should meet for at least two hours during the asynchronous periods to review the case studies together as a small group. On some occasions, especially for the communication topics, the asynchronous session can be used to prepare for an assigned presentation (i.e., elevator pitch), which can be delivered during the following synchronous session. Participants should complete and submit any written assignments (when relevant) prior to the next synchronous session during which the work will be reviewed.

As the schedule permits, the time during the synchronous sessions may be allotted for participants to discuss the case study in small groups while being observed by the training committee and relevant guest speakers.

The group discussion can include questions posed by that week's topic expert based on the given presentation. After the small group discussion session, participants should be encouraged to share their work while being observed by the committee.

The case studies are designed as an extension of the topical material and presentations given during the synchronous sessions. Overall, they serve the role of being a practical application of each topic (Table 1).

Table 1. Summary of Case Study Skills, Objectives, and Assignment Deliverables

Case Study	Skills to be Learned	Objectives	Assignments (Title and Deliverables)
1	Critical Analysis	To gain an understanding of the foundational concepts of global health diplomacy. To critically analyse the global health diplomacy approach in-country or region.	Title: Comparative Global Health Diplomacy Efforts in countries or region Deliverables 1. Discussion report of Global Health Diplomacy
2	Negotiation and Leadership Writing	To gain proficiency in conveying position within the negotiation. To understand the technical preparation needed before going into the negotiation. To understand the flow of multilateral meetings and types of negotiations occur within such theme.	Title: Building Position Paper for Negotiation Purpose Deliverables 1. Writing for Position Paper 2. Art of Negotiation*

Case Study	Skills to be Learned	Objectives	Assignments (Title and Deliverables)
3	Communication	<p>To understand the use of informal negotiations in a diplomatic setting.</p> <p>To understand the flow and format of the short-yet-concise form of diplomatic communication.</p> <p>To understand techniques for research in preparing the elevator pitch.</p>	<p>Title: Elevator Pitch</p> <p>Deliverables</p> <p>I. Narratives and performance of short persuasive pitch to pre-identified subsidiary (elevator pitch)</p>
4	Drafting Resolutions and Writing	<p>To understand how to research for and appropriately cite evidence and background paper for resolution.</p> <p>To understand the use of appropriate preambles and operative clauses for resolution.</p> <p>To understand the process of drafting a resolution in a diplomatic setting.</p>	<p>Title: Draft Resolution</p> <p>Deliverables</p> <p>I. Writing Draft Resolution**</p>

CASE STUDY 1: COMPARISON OF GLOBAL HEALTH DIPLOMACY EFFORTS AMONG COUNTRIES

Lead Responsibility

Moderator and Facilitator

Format

Small group session through virtual breakout room.

Materials/Equipment

1. Internet Connection
2. Video Conferencing Software (Zoom, Skype, Microsoft Teams, etc.)

Timing

A minimum of 3 hours in the asynchronous session.

General Objective

Through working on the case study, participants to be able to:

1. Summarize the key takeaways from topic one presented at the synchronous session.
2. Bring the knowledge obtained from topic one to analyze and to answer the issues raised in the case study.

Instructional Objectives

With the guidance and support from the facilitators, participants will be able to:

1. Understand the foundational concepts and importance of global health diplomacy;
2. Analyze the current approaches to global health diplomacy in the region; and

3. Identify the policy setting, key players, actors (stakeholders), and the essential steps of the budgeting process of global health diplomacy.

Description of Activities

1. The activity on discussing the case study is carried out during the asynchronous days, with a minimum of 3 hours of interaction between a facilitator with his/her group of 3 participants.
2. As a prerequisite, participants must attend the synchronous session and listen to the presentation related to this case study, which is topic 1: the Fundamentals of Global Health Diplomacy (GHD) presented by the selected speaker.
3. With the guidance from the facilitator (1 facilitator is assigned to 3 participants), participants will:
 - a. Discuss and summarize the key takeaways obtained from topic 1.
 - b. Carefully read the case study and its questions. The questions in this cases study are: to do a comparative study between the implementation of GHD in two or three countries using several criteria such as comparing the key policy on GHD in each country compared, the key stakeholders, the budgeting process, and other approaches in GHD which is specified in each country. Facilitators can add on other tools and instruments to enrich the analysis
 - c. Analyze the case study to answer the questions.
4. Discuss the answers in small groups.
5. Write individual reports with the case study answers and analysis. Reports should be in a Word document template (e.g., maximum two pages of A4, Times New Roman, Font Size 12, 1.15 line spacing, with docx format).
6. Submit the answer sheet to the e-learning platform or course site.

Facilitator's Role

1. Ensure participants can access online materials.

2. Assist participants in answering questions for each topic.
3. Evaluate work and participant's progress.
4. Assist participants in understanding the speakers' material.
5. Assist participants in understanding and analyzing the case studies.
6. Assist participants in preparing and conducting presentations.
7. Attend all synchronous sessions.
8. Spend a minimum of 3 contact hours with participants each week.

Evaluation

Moderators and facilitators may provide constructive feedback using a case study feedback form (see example in Annex 2).

CASE STUDY 2: BUILDING POSITION PAPER FOR NEGOTIATION PURPOSE

Lead Responsibility

Moderator and Facilitator

Format

Small group session through virtual breakout room.

Materials/Equipment

1. Internet Connection
2. Video Conferencing Software (Zoom, Skype, Microsoft Teams, etc.)

Timing

3 hours minimum in the asynchronous session.

General Objective

By working on the case study with the facilitators' guidance, participants to better understand the content of Topic 4 – Negotiation in GHD.

Instructional Objectives

With the guidance and support from the facilitators, participants will be able to:

1. Summarize the key takeaways from topic 4 – Negotiation in GHD presented at the synchronous session;
2. Understand the foundational concepts and importance of negotiation in global health diplomacy;
3. Identify and use appropriate skills related to negotiation in GHD to develop an individual negotiation paper;

4. Do some research to enrich the content of individual negotiation paper; and
5. Based on objectives #3 and #4, construct and deliver an individual position paper based on a negotiation scenario.

Description of Activities

1. The activity on discussing the case study is carried out during the asynchronous days, with a minimum of 3 hours of interaction between a facilitator with his/her group of 3 participants.
2. As a prerequisite, participants must attend the synchronous session and listen to the presentation that relates to this case study, which is topic 4: Negotiation in GHD presented by the selected speaker.
3. With the guidance from the facilitator (1 facilitator is assigned to 3 participants), participants will:
 - a. Discuss and summarize the key takeaways obtained from topic 4 – Negotiation in GHD
 - b. Carefully read the case study and its instructions.
 - c. Select a representative country and assume a specific role as an actor in negotiation for that country.
 - d. Develop individual position papers based on the case study prompt. Facilitators may suggest additional tools and instruments enrich the analysis.
4. Write individual negotiation position paper in a Word document template (e.g., maximum two pages of A4, Times New Roman, Font Size 12, 1.15 line spacing, with docx format).
5. Discuss each participant's negotiation paper as a small group.
6. Submit the individual negotiation paper to the e-learning platform or course site.

Facilitator's Role

1. Ensure participants can access online materials.
2. Assist participants in answering questions for each topic.
3. Evaluate work and participant's progress.
4. Assist participants in understanding the speakers' material.
5. Assist participants in understanding and analyzing the case studies.
6. Assist participants in preparing and conducting presentations.
7. Attend all synchronous sessions.
8. Spend a minimum of 3 contact hours with participants each week.

Evaluation

Moderators and facilitators may provide constructive feedback using a case study feedback form (see example in Annex 2).

CASE STUDY 3: ELEVATOR SPEECH, KNOWN ALSO AS ELEVATOR PITCH

This case study relates to Topic 5 – Communication

Lead Responsibility

Moderator and Facilitator

Format

Small group session through virtual breakout room

Materials/Equipment

1. Internet Connection
2. Video Conferencing Software (Zoom, Skype, Microsoft Teams, etc.)

Timing

3 hours minimum in the asynchronous session.

General Objective

Through working on the case study with the guidance of the facilitators, participants to be able to understand and practice persuasive negotiation and communication. This case study relates to Topic 5 – Global Health Communication and Digital Health.

Instructional Objectives

With the guidance and support from the facilitators, participants will be able to:

1. Understand the content and technicality of an elevator pitch as one mode of persuasive negotiation;
2. Convey concise information within a short time frame, understanding the gesture of body language in pitching an idea;

3. Explain the various aspects of an effective elevator pitch, adopting grammar and tone that works most effectively for rapid and persuasive communication; and
4. Implement new skills and receive structured feedback.

Description of Activities

1. The activity on discussing case study is carried out during the asynchronous days, with a minimum of 3 hours of interaction between a facilitator with his/her group of 3 participants.
2. As a prerequisite, participants must attend the synchronous session and listen to the presentation that relates to this case study, which is Topic 5: Global Health Communication and Digital Health presented by a selected speaker.
3. This case study is presented as a hypothetical scenario where participants use an elevator pitch to convince one of their superiors to invest in a vaccine.
4. Discuss and summarize the key takeaways obtained from Topic 5 – Global Health Communication and Digital Health.
5. Carefully read the case study and its instructions.
6. Write individual elevator pitch in a Word document template (e.g., maximum one page of A4, Times New Roman, Font Size 12, 1.15 line spacing, with docx format).
7. Submit the individual negotiation paper to the e-learning platform or course site.

Facilitator's Role

1. Ensure participants can access online materials.
2. Assist participants in answering questions for each topic.
3. Evaluate work and participant's progress.
4. Assist participants in understanding the speakers' material.
5. Assist participants in understanding and analyzing the case studies.

Global Health Diplomacy Training Module

6. Assist participants in preparing and conducting presentations.
7. Attend all synchronous sessions.
8. Spend a minimum of 3 contact hours with participants each week.

Evaluation

Moderators and facilitators may provide constructive feedback using a case study feedback form (see example in Annex 2).

CASE STUDY 4: DRAFTING WHO GOVERNING BODIES DECISIONS AND RESOLUTIONS

This case study relates to Topic 7: Drafting WHO Governing Body Decisions and Resolutions

Lead Responsibility

Moderator and Facilitator

Format

Small group session through virtual breakout room.

Materials/Equipment

1. Internet Connection
2. Video Conferencing Software (Zoom, Skype, Microsoft Teams, etc.)

Timing

3 hours minimum in the asynchronous session.

General Objective

By working on the case study with the facilitators' guidance, participants will understand and practice skills in drafting WHO Southeast Asia Region Office (SEARO) resolutions.

Instructional Objectives

With the guidance and support from the facilitators, participants will be able to:

1. Understand the meaning, the aim, the components of a regional resolution using the WHO global health resolution format;
2. Understand how to research for and appropriately cite evidence and background papers for resolutions;

3. Identify the appropriate preambles and operative clauses for resolutions;
4. Understand the process of drafting a resolution in a diplomatic setting; and
5. Gain practical skills in developing a draft resolution for a specific regional level.

Description of Activities

1. The activity on discussing case study is carried out during the asynchronous days, with a minimum of 3 hours of interaction between a facilitator with his/her group of 3 participants
2. As a prerequisite, participants must attend the synchronous session and listen to the presentation that relates to this case study, which is topic 7: Drafting WHO Resolution presented by selected speaker. Prerequisite: speaker should be from the WHO office
3. The WHO speaker provides guidance as how to develop such a WHO resolution draft, and prepared a hypothetical technical case to be brought for discussion and development of the draft resolution
4. With the guidance from the facilitator (1 facilitators is assigned to 3 participants), participants to:
 - a. Discuss and summarize the key takeaways obtained from topic 7: Drafting WHO resolution in GHD
 - b. Read carefully on the case study and its instructions.
 - c. Develop a draft WHO resolution on the particular technical content
 - d. Present and discuss the draft in the small group for refinement
5. Write group work draft of WHO resolution summary in the form of Word document template (e.g., maximum two pages of A4, Times New Roman, Font Size 12, 1.15 line spacing, with docx. Format)
6. Submit the group summart paper to the e-learning platform or course site.

Facilitator's Role

1. Ensure participants can access online materials.
2. Assist participants in answering questions for each topic.
3. Evaluate work and participant's progress.
4. Assist participants in understanding the speakers' material.
5. Assist participants in understanding and analyzing the case studies.
6. Assist participants in preparing and conducting presentations.
7. Attend all synchronous sessions.
8. Spend a minimum of 3 contact hours with participants each week.

Evaluation

Moderators and facilitators may provide constructive feedback using a case study feedback form (see example in Annex 2).





CHAPTER 4
EVALUATION



CHAPTER 4: EVALUATION

INTRODUCTION TO THE EVALUATION

Evaluation Policy

The objective of evaluating any training program is to measure whether the efforts to conduct and carry out the training fulfill the expected objectives. The evaluation strategy present here is built upon two primary components that play an essential role in andragogy training. The first component is the formative evaluation. The first area in which formative evaluation is applied is for evaluating the achievement of knowledge gained. In this training, knowledge is categorized as a hard skill. Formative evaluations can also be developed to assess how the participant's viewed the speaker's ability to deliver their presentation, whether the content delivery met expectations, measure the access and use of Information and Technology (IT) features the overall environment of the training and the quality and usage of the e-learning platform or course site. The second component is the summative evaluation. Participants can be asked to conceptualize and draft an action plan as to how they will use the knowledge and skills from the training within the next six months. Participants can also be asked how they would promote the concept of GHD in their workplace. The summative evaluation can be used as part of a follow-up strategy that includes contacting and surveying the participants six months post-training.

Evaluation Forms

The following are examples of possible assessments to administer as part of the training program.

1. Pre-test – To measure the overall knowledge gained from the training program, participants can complete a pre- and post-test evaluation. A pre-test may include multiple-choice, true/false, or matching questions that covered knowledge concepts from the targeted training program. The pretest should be administered on day one of the training program prior to any delivery of topic material.
2. Post-test – At the conclusion of the final synchronous session, participants should complete the post-test. Pre-test and post-test scores (percent number of correct answers) can be compared for each participant to measure overall change. A positive score increase indicates an overall knowledge gained by participating in the program.
3. Attendance Form – Administered during each synchronous session, this form helps track training program attendance. Training planners may choose to take attendance at the beginning, middle, and end of a synchronous session to encourage consistent participation.
4. Participant Evaluation of Speaker's Presentation – This assessment gathers feedback from participants regarding the speaker presentations. Questions cover speaker engagement, knowledge, and quality of presentation. It should be administered for each synchronous session where a guest speaker presents.
5. Participant Evaluation of Training Environment – This assessment gathers feedback from participants regarding the training environment. Questions cover training access, engagement, and IT. It should be administered for each synchronous session.
6. Participants' Overall Evaluation of GHD Training Program Communication – This assessment gathers feedback from participants regarding overall program communication. Questions cover quality, format, and quality of communication. It should be administered on the last day of training.

7. Participants' Overall Evaluation of GHD Training Program Topics – This assessment gathers feedback from participants regarding the overall assessment of training program topics. Questions cover the quality, depth, and quality of topic information. It should be administered on the last day of training.
8. Participants' Overall Evaluation of GHD Training Program Implementation – This assessment gathers feedback from participants regarding the overall training program implementation assessment. Questions cover structure, procedures, and quality of program implementation. It should be administered on the last day of training.

Written Feedback and Assessment

The primary objective in assessing written assignments as part of this training program is to provide formative and constructive feedback to participants in a timely manner. Assignments can be assessed for the following two categories: Content and Clarity. Feedback and assessment guidelines should be developed and provided to training evaluators as a means to optimize feedback. See Annex 2 for an example written assignment feedback guideline and assessment form.

ANNEX 1. LEARNING NEEDS ASSESSMENT (LNA) FORM

For the Participant

Formal-photo of the participant:

4 x 3 cm

Name (complete with titles for certificate) : _____
Department or Unit of Employment : _____
Address of Office : _____
Location : _____
Current Position : _____
Gender : Male/ Female _____
Age : _____
Length of Time Working in the Existing : _____
Position : _____
Email Address : _____
Reachable and Always Active Mobile Number : _____
for WhatsApp/Other Social Media : _____

Education Background:

No	Degree	Name of School	City, Country	Field Study/ Major	Year Graduate
1	Bachelor's				
2	Master's				
3	Doctoral				
4	Other				

Where is your English ability on this scale? Please tick below:

No	Barriers	Least → Most			
		1	2	3	4
1	Listening				
2	Speaking				
3	Understanding in English /Reading				
4	Writing				

Have you ever been assigned to participate in an international meeting held in the country of origin or abroad?

Yes,

No

Give the reasons if yes and no: _____

If yes, list the international meetings you were assigned to (the list also when you are in the previous unit or department)

No	Name of international meeting participated	City and year of participation	length of meeting in days	Assigned as (e.g., Team leader, drafter, etc).	Did you feel you achieved your assignment (No-Partially - Yes
1					
2					
3					
4					
etc					

What is the most challenging part you feel when you are assigned to International meetings? Please tick:

No	Barriers	Biggest barrier →			Very less / No barrier
		1	2	3	
1	Language				
2	Cultural				
3	Speaking in English				
4	Understanding in English				
5	Writing in English				
6	Working with others in an international team setting				

Current English Certification (IELTS/TOEFL (PBT/IBT/CBT)):

Are you familiar with the usage of IT/ Internet/Meeting Application?

- Yes
- Average
- Not at all

What gadget are you using to link to the internet? (more than one)

- Laptop
- Handphone
- Desktop
- Others

If yes, which links are you familiar with:

- Zoom
- Microsoft Team
- Whatsapp
- Google meet
- Others _____

Rate the usual internet connection that you are using. Please tick below:

No	Mode of Internet Connection	Poor	On and Off	Stable
1	Laptop			
2	Dekstop Home			
3	Desktop Office			
4	Mobile Phone			
	Other			

The other challenges that might occur during virtual training: _____

The expected solution: _____

From where do you have the information on this training

- My unit received the announcement from the respected government or partner, which is offered to staff in our unit.
- I am assigned by my supervisor to participate.
- I know about this training from a friend and asked my supervisor whether I can participate.
- Others _____

What do you expect to learn in this training? Please give a tick on the most appropriate box on each topic:

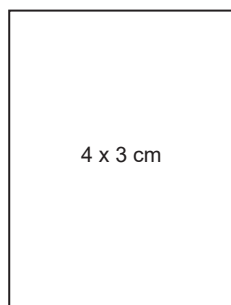
No	Title of Topics	Least Wanted 1	2	3	Most Wanted 4
Topic 1	Fundamentals of GHD				
Topic 2	GHD from Indonesia Perspective				
Topic 3	Leadership in Global Health				
Topic 4	Negotiation in Global Health				
Topic 5	Global Health Security				
Topic 6	Communication and Digital Health				
Topic 7	Drafting WHO Resolutions and Press Briefings				
Case Study	Case Study				

Others please list (can be more than one) : _____

Profile of the Speaker:

The recommended bio-sketch template is filled with 50 words that are describing the speaker profile, including but not limited to: full name and scholarly title, educational history, current works, specific specialization scope, and other things related to their work. Another thing, they should give a glimpse of their picture:

Formal-photo of the speaker:



ANNEX 2. FEEDBACK GUIDELINES AND FORM FOR WRITTEN ASSIGNMENTS

Content. Content is a critical element to the quality of a written assignment. This is also called the ‘substances’ of the written work. This element is particularly important for position statements or policy papers. Weak or illogical ideas, no matter how well presented, may not persuade the reader towards the intended position or thesis of the paper. Therefore, a written work should provide both accurate and relevant information while also acknowledging the limitations of certain recommendations or analysis. Any recommendations should include honest and realistic alternatives. Here are some things to keep in mind when evaluating a written assignment that includes a policy or position objective.

1. The paper presents the most relevant information and states the main ideas and any recommendations clearly.
2. The paper presents opinions as opinions and NOT as facts.
3. The opinions presented in the paper are substantiated by evidence and/or logical arguments.
4. The paper uses logic and facts to support each of the main points and/or to refute opposing points.
5. The paper cites accurate facts in-text.
6. The paper avoids logical fallacies such as appeals to authority, slippery slope arguments, hasty generalizations, and faulty causation.

Clarity. Clarity is another element that is essential to a high quality written product. This includes how well the paper is structured/organized and how well it reads. A paper that is difficult to understand, not well organized, or poorly structured (arguments do not flow in logical way) is characterized as having poor clarity. Instead, papers must be clear and direct so that readers can understand the main points quickly. If the writer has focused on building strong content that is well organized, and if the writing exhibits well-chosen language, then the result is a clear argument.

The way to understand the type of clarity that is required in a policy memo is to compare a memo to a typical history paper.

Table 2. Written Assignment Feedback Form

Criteria	Feedback
<p>Content</p> <ol style="list-style-type: none">1. The paper presents the most relevant information and states the main ideas and any recommendations clearly.2. The paper presents opinions as opinions and NOT as facts.3. The opinions presented in the paper are substantiated by evidence and/or logical arguments.4. The paper uses logic and facts to support each of the main points and/or to refute opposing points.5. The paper cites accurate facts in-text.6. The paper avoids logical fallacies such as appeals to authority, slippery slope arguments, hasty generalizations, and faulty causation.	
<p>Clarity</p> <ol style="list-style-type: none">1. Language use – the paper has no/minimal spelling and grammatical errors.2. The content is well organized.3. The arguments are presented in a logical order that is easy to follow.4. Transitions between ideas are clear.5. Limited subjective and emotive language.	
<p>Overall Comments</p>	

ANNEX 3. CASE STUDIES TEMPLATE

CASE STUDY 1

Comparison of Global Health Diplomacy Efforts among Countries

Full Name, Institution, Group Number

In your understanding, what is Global Health Diplomacy, and why is it important?

xxx

Health Diplomacy?

xxx

Who are the relevant and essential stakeholders of health diplomacy in Countries?

xxx

Please put other relevant information which you think is essential in propagating Global Health Diplomacy in Countries.

xxx

CASE STUDY 2

Building Position Paper for Negotiation Purpose

Full Name, Institution, Group Number |

The Scenario can vary in each of the GHD Training. However, in this example, the case study will discuss negotiation while in the COVID-19 pandemic situation.

GHD Scenario: Vaccine Development and Cross-Country Data Handling.

Since January 2020, the world's attention has been shifted to the recent pandemic COVID-19. Emerged in Jupiter, COVID-19 has infected 215 countries, with the total confirmed cases reaching 7.739.944 per June 2020 globally. The puzzle of controlling pandemic has never been easy. In general, WHA recommended several technical guidelines under WHO's outbreak communication planning guide. However, there are concerns about epidemiological data sharing between countries.

“You are assigned by your country to negotiate for sharing epidemiological data needed for formulating a vaccine for COVID-19. Your job is to prepare a few paragraphs consisting of arguments to explain your stance on sharing epidemiological data and decision on whether you would participate in cross-country vaccine development.”

The speech is given at the start of the negotiation, moderated by your facilitator, who will be the session's chair. The negotiation is assumed to be situated in a room with strict health protocols, months after the first COVID-19 recorded patients hit. (NOTE that **you do NOT have to prepare for the negotiation in this case study**)

Choose a role for you from the options below after discussing it with your team members.

1. Neptune Representative

You are the current ministry of health of Neptune. In Neptune, COVID-19 was handled pretty well at the beginning of the outbreak,

around March 2020. You and the ministry of Finance coordinated lockdown for 'hot zones' for COVID-19 while keeping some regions open while banning national and international travel.

However, the govt decided to open the lockdown two months after being implemented, as the govt oversees the downturn of economic growth, which is equally felt. As the govt started to open, the public was divided into two groups, whether to stay home or go outside for work. Both groups are waiting for the vaccine to come so that activities can get back to normal. However, there are small groups hesitant to use the vaccine.

Neptune has a giant domestic pharmaceutical industry that is capable of producing vaccines. However, the hesitancy is seen especially since many vaccines are seen as 'haraam' due to the porcine element (not accepted to be consumed in Moslem) in the vaccine's active component.

2. Saturn Representative

You are the deputy minister of health on infectious disease and immunization. In Saturn, COVID-19 is generally not handled well. The country has overseen mass lockdown by the prime minister's instruction, leaving the economy hanging. Mass emigration is happening, further hampering down the economy. However, despite the mass lockdown, the country still sees soaring numbers of new capital locus infections, such as Star.

Some months later, after seeing that the lockdown has practically no effect on the incidence of COVID-19, the govt. It opens the economy and starts allowing people to interact with health protocols. However, in implementation, the protocols are often disobeyed, keeping the number arises. Some say vaccines might be the answer for the true mobility of people and govt. is ready to subsidize vaccines when necessary.

Fortunately, Saturn has one of the biggest pharmaceutical industries in Asia. Many companies are ready to produce the COVID-19 vaccine. Unfortunately, many groups are still hesitant to take the vaccine.

3. Venus Representatives

You are the minister of health of Venus. When allowed to attend the assembly, you feel jubilant as you have been trying to create a forum for sharing ideas on the COVID-19 vaccine. Your top academics and bureaucrats are ready to support the development of the COVID-19 vaccine, given your resources.

However, the conditions in Venus is not COVID-19 stable yet. Until now, Venus still counts for the country's highest cases. The morbid situation is arguably not going to change especially after the pulling of lockdown status in several states, including those considered dangerous.

According to your trusted expert, Vaccine is the only two keys for getting the situation back to normal again, besides definitive COVID-19 treatment. You are ready to develop your vaccine with vast resources that the country has. However, you need the epidemiological data from other countries to complete the vaccine's profiling for it to become globally acceptable. Fortunately, the COVID-19 vaccine has been accepted by everyone in Venus, far before.

4. Pluto Representatives

You are the minister of health of Pluto. You have been waiting for this assembly because you know the COVID-19 vaccine topics are important, and you want to make sure Pluto takes part in pioneering this.

Pluto itself is regarded as one of the safest countries from COVID-19. At the early of the COVID-19 vaccine, you ensured that lockdown was implemented strictly coupled with sanctions for disobedience. Even months after the first Pluto COVID-19 case, you have been implementing a very careful protocol for transitioning people back to normal. You have even stopped international and domestic travel, which hampers the economy.

Your prime minister believes vaccines are the only way people's lives can go back to normal. You have been tasked with developing

the vaccine, but you are lacking a data profile that you might benefit from attending the assembly. Despite the ambition, there is still some degree of hesitancy associated with the COVID-19 vaccine.



Extended Information 2, Case Study 2. The example of the position paper

Instructions: you can paraphrase and add your writing style to the existing country profile. The first two paragraphs usually discuss the current situation and the past solutions, while the last two paragraphs explain the stance of your country of choice and the solution your country will propose.

Nebula City, 14th September 2020

Position Paper

Committee : World Health Organization
Topic : Informal Meeting on Multilateral Vaccine Development
Country : Republic of Nebula
Delegate's Position : The Minister of Health

COVID-19, as it has been regarded as pandemic since March 2020, has been circulating ever since the first case was confirmed in March 2020. Up until now, the number of cases keeps soaring. In March 2020, the Republic of Nebula had been one of the countries implementing lockdown as soon as the first detection of COVID-19, per 2nd March 2020. The pandemic has impacted the economy, and even more so after the curfew being implemented. The downfall of economic growth potentially leading to recession is overseen.

Despite the rising number of cases, the Republic of Nebula is marching towards transition. Six months after the appearance of the first confirmed COVID-19 case, the transition to the new normal makes way to the reopening of the economy partially, while at the same time requiring the strict implementation of the safe distancing and hygiene protocol. In the field, however, not all components implement the protocol as instructed.

The Republic of Nebula believes that in order to keep its citizen healthy amidst the challenging time of COVID-19, vaccine development should be done as soon as possible when necessary. The vaccine is, without a

doubt, is one of the best investments in public health. Realizing the nation's commitment to work together in protecting the health of the nation, The Republic of Nebula will take the necessary steps to ensure vaccine is readily available to all corners of the country. COVID-19 itself has been a universal threat, and the Republic of Nebula, with other countries, are committed to working together in combating the spread of COVID-19.

Recognizing the importance of evidence necessary for building appropriate formula for the vaccine, especially based on different biological profiles, the nation will take precautions to share cross-country epidemiological and biological data for building the vaccine. The Republic of Nebula acknowledges its right for decision on sharing sensitive data and will only share data limited to the scope of the vaccine development.

Extended Information 3, Case Study 2. Questions and Answers (QnAs)

What is a position paper?

Position Paper quite literally communicates the position of a country of a particular topic. It is a short topic specifying your country's policies on the topics being discussed in your committee. Each country represented in a committee should send a concise and clear position paper to the chairs well in advance of the conference. Each paper should be approximately one page for each topic.

How is it necessary?

A well written position paper provides a basis for future Working Papers and Draft Resolutions, which is brought into the negotiation in introductory speech agenda. Bringing position paper is importance to give glance of your position as representative in a country to the rest of the committee.

How do you write a position paper?

The best position papers are backed by facts and figures; however, it might be difficult to fit such into a short and concise written product. Important thing in policy paper is that it is refrain from describing the topic example but rather explaining country's standing or position on the issue at hand.

In essence, a position paper should seek to:

- ❖ Include introductory to the context of the country related to the topic or issue at hand and committee, embedding historical timeline and references (as short yet as concise as possible);
- ❖ Show how the country is affected by the issue;
- ❖ Include country's position and policy, as well as the reasoning behind such;
- ❖ Discuss any measures taken by the country and reasons for these;
- ❖ Mention previous international participation by country, or citing previous resolutions, treaties and UN actions on the issue;

- ❖ Include (your) country's proposal on the issue, as well as best fit solution.

Tips for writing a Position Paper

Formal – communication is carried out in formal manner. **Simple** – refrain from using uncomplicated language. **Well argued** – what step your country is taking as well as its justification to do so. **Structured** – using structured sentence and flow into the paragraph. **Concise** – contain important information delivered and standings in assert. **Suggesting solutions** – provide basis for future resolutions or any pertaining documents for settlement.

CASE STUDY 3

Elevator Speech, Known Also as Elevator Pitch

Full name, Institution, Group Number |

What is Elevator Speech?

An elevator speech is a clear, brief message or “commercial” about you. It communicates who you are, what you’re looking for and how you can benefit an organization. It’s typically about 30 seconds, the time it takes people to ride from the top to the bottom of a building in an elevator. (The idea behind having an elevator speech is that you are prepared to share this information with anyone, at anytime, even in an elevator.) It is important to have your speech memorized and practiced.

Extended Information 1, Case Study 3. Convincing for Vaccine Investing (GHD Scenario)

You are working as the acting deputy on health surveillance and quarantine of the Ministry of Health (MOH) of a country. On one occasion, you are invited to a hearing in the senate for COVID-19 containment effort in the MOH. This event was held due to public inquiries for elaboration of COVID-19 handling in the nation. The meeting was led by the head of the 9th commission of the senate, which focuses on issues on health and employment.

In the meeting, you were accompanied by the minister of health, minister of finance, and minister of state-owned enterprise. The minister of health led your team in the meeting. On one occasion in the meeting, the MOH team was asked about the exit strategy on COVID-19, in which your minister delivered one message: COVID-19 will only be contained once we have definitive treatment, or readily distributed vaccine. The head of commission applauds the answer and believes that treatment should be pursued over vaccines. You think otherwise – because you know over treatment, vaccines have a greater chance of reversing the outbreak of COVID-19. You tried to give the answer, but apparently you are out of

time in the meeting. The head of commission left unsatisfied from the meeting since no solution was agreed upon.

On your way to the lobby, you encountered the head of commission in the elevator. You both exchanged glances --- and on the 45 seconds on the way down, on the lobby, you recognize this is your chance to convince him.

Objective

Build a narrative based on evidence on how vaccine can be trusted as an effective intervention to contain COVID-19 pandemic.



Extended Information 2, Case Study 3. The Example of Elevator Speeches

Speech Draft 1

We are Eunice Ndonga-Githinji, Executive Director from Refugee Consortium of Kenya. We will be delivering this speech to Siciliy Kariuki, Minister of Health of Kenya upon a run in at the UN compound in Nairobi, Kenya.

Hello Madam Kariuki, it's great to run into you again. I can't believe it's been over 6 months since we both attended Nursing now! Launch in August. I was just speaking to Patrick Ntutu (RAS) and Walpurga Englbrecht (UNHCR) from the Refugee Affairs Secretariat and UNHCR and we were saying how we wish you were able to join our meeting. In our discussions, we spoke about the urgency to enhance the refugee registration system and the cascading benefits this can have for refugees, especially those in urban areas. We know accessing healthcare has been an issue due to lack of registration in the past, but since we have obtained commitment from RAS and UNHCR to improve the registration system our next steps require us to ensure that the 76,920 refugees in urban areas are able to obtain primary health care services that are of the same quality that are available to Kenyan citizens. Knowing all the hard work you have put into establishing Universal healthcare in Kenya, we think it will be most efficient to integrate refugees into the UHC system as a means to truly ensure health access for all. This will be aligned with accomplishing Kenya 2030 and ensuring that refugees have long-lasting productivity in society.

So, I ask that you put aside some time to meet with myself, Walpurga, and Patrick so we can discuss in further detail and establish a committee that focuses specifically on refugee health with a concrete timeline that can be executed well before the next election campaigns begin. And, of course, we all recognize that providing secondary and tertiary services in refugee camps are a longer-term vision, we should also consider writing these plans into the long-term timeline of the committee. So, what's your availability next week?

Speech Draft 2

Hello Madam Kariuki, it's great to run into you again. I can't believe it's been over 6 months since we both attended Nursing now! Launch in August. I was just speaking to Patrick Ntutu (RAS) and Walpurga Englbrecht (UNHCR) from the Refugee Affairs Secretariat and UNHCR and we were saying how we wish you were able to join our meeting. In our discussions, we spoke about the need to enhance the refugee registration system and the cascading benefits this can have for refugees, especially those in urban areas. We know accessing healthcare has been an issue due to lack of registration in the past, but now we need to ensure that registered refugees in urban areas are able to obtain primary health care services that are of the same quality that are available to Kenyan citizens. Knowing all the hard work you have put into establishing Universal healthcare, we think it will be most efficient to integrate refugees into the UHC system as a means to truly ensure health access for all. This will also support the accomplishment of Kenya 2030.

So, I ask that you put aside some time to meet with myself, Walpurga, and Patrick so we can discuss in further detail and establish a committee that focuses specifically on refugee health with a concrete timeline that can be executed well before the next election campaigns begin. And, of course we all recognize that providing secondary and tertiary services in refugee camps are a longer-term vision, we should also consider writing these plans into the long-term timeline of the committee. So, what's your availability next week?

Extended Information 3, Case Study 3. Guide to Create a Good Elevator Speech

P.S. This document is guiding you to creating a good elevator speech, please use it as reference when necessary.

1. Framing the Issues

When planning to convey your elevator pitch, consider the following questions.

(Note that you don't have to write the answer to this question for the sake of the assignment, but you can research and try to answer some at your own convenience)

Category	Factor	Consider the Questions Below
Actor Power	<ol style="list-style-type: none"> 1. Policy Community 2. Cohesion 3. Leadership 4. Guiding Institutions 5. Civil Society Mobilization 	<ol style="list-style-type: none"> 1. Will your arguments be more convincing if you present them as part of position that a broader array of actors has bought into? 2. Which other actors would it be persuasive to refer to in your elevator pitch? 3. Would implicating certain actors undermine your case?
Ideas	<ol style="list-style-type: none"> 1. Internal Frame 2. External Frame 	<ol style="list-style-type: none"> 1. To what extent is there clarity in the literature about the scale of the problem, the effectiveness of the policy that you are proposing, etc.? 2. How best can you use this evidence to persuade a non-technical audience in a short space of time? 3. How will you deal with gaps in the evidence? 4. Of the different ways of framing the issue, are some likely to be more appealing to the policymaker or key stakeholders you are speaking to than others? 5. What are you going to call your ideas, so that people know what it is about?

Category	Factor	Consider the Questions Below
Political contexts	1. Window of Opportunity 2. Existing Health Priorities	1. How does the proposed ideas fit with the status quo or policy in the country? 2. Are there other priorities that you want to connect this to? 3. Are there focusing events (conferences, global commitments) or windows of opportunity (election commitments) that you want to connect yours to?
Issue characteristics	1. Credible Indicators 2. Severity 3. Availability Effective Interventions	1. How severe is the problem that your idea will address, and how best can you convey a sense of severity and urgency? 2. How will people know whether the idea has been successful or not?

2. Developing the Speech

Use the material you have compiled in the table above to develop an Elevator speech that can take no longer than one minute. Please note that there is a tendency to over-run with this type of thing – we will be strict with timing. We recommend that the group representative practices the speech ahead of time.

Be sure to:

- a. Address your beneficiaries/policymaker appropriately;
- b. Introduce yourself;

For this role, we suggest presenting yourself as the deputy of MoH as opposed to a large multinational agency, donor organization, or another external actor, such as another country. This should not deter you from expressing similar interests or sharing positions with these external actors on relevant policy issues, etc.

- c. Identify the problem that you are addressing;
- d. Use data;
- e. Avoid acronyms and make the speech easy to understand;

Global Health Diplomacy Training Module

- f. Be positive (emphasize opportunities rather than current shortcomings); and
- g. Make the ask (be clear what you want the policy maker to do).

CASE STUDY 4

DRAFTING WHO GOVERNING BODIES DECISIONS AND RESOLUTIONS

Full Name, Institution, Group Number

The case studies made by collaborating with the World Health Organization, which has specialization in creating a draft resolution. Therefore, after the document is provided, those are the question that can be used for the case study.

What are the key points you can gather from the report? (*please state no more than 5 pointers*)

xxx

What are points you think need clarification from the agenda provision?

xxx

Please write two paragraphs to summarize the report of the draft resolution given.

xxx

ANNEX 4. BIOSKETCH OF AUTHOR AND CO-AUTHOR

Biosketch



Adik Wibowo professor, MD MPH DrPH

Adik Wibowo pursued her medical degree from Faculty of Medicine Universitas Padjadjaran Indonesia, further achieved MPH degree from University of Hawaii, certificate on International Health from the Johns Hopkins University and Doctoral degree in Public Health from School of Public Health Berkeley-Universitas Indonesia. In 1996, she achieved her full professorship in public health from Universitas Indonesia. She received outstanding awards from the Asia Pacific Consortium of Public Health (APACPH) for her contribution and active involvement in the development of schools of Public Health in Indonesia and another medal as Public Health Hero for Outstanding Leadership in Public Health nationally, regionally and globally. She was well known as national consultant on health for government agencies MoH, National FP Board, various UN agencies and international organizations. In her years at the FPHUI, she held important positions of Vice Dean, Head of Department, Member of the prestigious National Committee on health ethics and research development. She was further asked to join the WHO South East Asia Regional Office in New Delhi, India, and then became Acting WHO Representative for Nepal, and further as full term WHO Representative for Myanmar. She dedicated her work for almost 15 years at the WHO international and due to reaching the retirement age of WHO she resumed duties at the FPHUI as senior researcher and senior

lecturer. In 2017 she founded the Global Health Initiative Indonesia, one cluster under the auspices of FPHUI. In close collaboration with the Duke University Institute for Global Health Kunshan, the main and growing activities of GHII are in communicable and NCD research, training on global diplomacy in health and the publication pathway programme. The GHII has conducted trainings for young future Indonesia global health leaders on global health diplomacy, report writing, communication, negotiation and research on TB. She published 5 public health books which become the main reference at the Indonesia public health education and numerous research publications. She is married, has two sons, one daughter and two grandsons.



Benjamin Anderson, MPH, PhD, CPH | Duke Kunshan University

Dr Anderson is an Assistant Professor of the Practice, Department of Global Studies, Duke University Deputy Director, One Health Research Laboratory, Duke Kunshan University Co-Director, Health Humanities Laboratory, Duke Kunshan University Duke Scholars: (DKU) in China. He holds multiple leadership positions at Duke Kunshan University, including Deputy Director of the One Health Research Laboratory and Co-Director of the Health Humanities Laboratory. Dr. Anderson received his MPH and Ph.D. in Public Health (One Health) from the University of Florida (USA). His research experience and expertise includes emerging infectious diseases, zoonotic diseases, and viral respiratory pathogens with a strong focus on zoonotic viruses. He has considerable laboratory experience at BSL-1 to BSL-3+ environments using serological and molecular diagnostic techniques and has worked extensively in multiple countries on epidemiology studies looking at infectious disease transmission and persistence among humans, animals, and their environment across different animal agriculture settings. His current work focuses on the optimization of bioaerosol and other novel sampling technologies for the detection of emerging viruses in infectious disease hot spots and among vulnerable populations with intense contact with animal reservoirs. In addition to his epidemiological research, Dr. Anderson has a strong passion for global health and scientific research capacity building. This includes the development of new collaborative international research networks and laboratory infrastructure. Dr. Anderson has been collaborating in research and training projects with the Global Health Initiative Indonesia and Universitas Indonesia for over two years.

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