



**Karolinska  
Institutet**



HOUSE OF GOVERNANCE  
AND PUBLIC POLICY

*International Politics, Leadership and Diplomacy for Health*  
Stockholm, 20 – 22 November 2023

# CONFERENCE REPORT



## FOREWORD

Today, humanity is facing some of its greatest threats in generations, reversing improving trends in key health indicators in recent decades. These threats include the legacy of the COVID-19 pandemic; rising temperatures and climate breakdown; conflicts continuing to break out around the world; unprecedented levels of population displacement; hyperinflation, economic stagnation, and a worsening economic outlook. Despite historical successes and moments of political leadership for health, we are currently at an inflection point with both opportunity and peril, which will require new and sustained political leadership if we are to see health improve globally.

On November 20–22, 2023, the Karolinska Institute and House of Governance and Public Policy at the Stockholm School of Economics hosted a meeting in Stockholm, Sweden. The aim of the meeting was to discuss lessons learned from historical defining moments in politics and health diplomacy, to identify the means of success and listen to emerging leaders on their priorities and needs with a view to developing learning and capacity building opportunities.

The 60 participants in the meeting included existing leadership in the fields of health, politics, and diplomacy as well as a group of 'emerging leaders'. The meeting involved a geographically and ideologically diverse group representing academia, civil society, government, the private sector, and multilateral organisations. They participated in presentations, panels, and group discussions, with the meeting held under Chatham House Rules to foster open and frank discussion.

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The report is organised in six sections and two annexes, summarising the discussions that took place.

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## REVIEWING THE PAST: LESSONS LEARNED AND MEANS FOR SUCCESS

The right leaders, with the rights qualities, at the right time

The value of multilateral institutions

Strategy and tactics for negotiation are critical

Mobilising affected communities drove change

Having the right narrative, aligning with political incentives, and communicating effectively

New geopolitical realities

The conference started with a focus on defining historical political moments for global health and learning lessons with leaders of governments, the multilateral system, and the private sector. There was a specific emphasis on four key historical moments in the political history of global health: HIV/AIDS, the UN High Level Meeting on Non-Communicable Diseases (NCDs), the International Conference on Population and Development (ICPD) and the recent COVID-19 Pandemic. The first three are clear illustrations of what political leadership combined with amenable circumstances can achieve to advance health, whilst unfortunately experiences from COVID-19 illustrated only too clearly the price of an absence of political leadership for health.

**The right leaders, with the rights qualities, at the right time** were identified as key ingredients for success. With both HIV and NCDs, it was clear the right leadership high up the multilateral system provided both direction and cover for those working to advance health goals. A willingness to take risks and try new approaches, such as elevating health issues to the Security Council or to the Economic and Social Council (ECOSOC) delivered opportunities for key political declarations on health issues. This willingness to take risks included who people were willing to talk to, engaging the private sector or political leaders that were seen as off-limits, building coalitions with people one may not agree with, finding commonalities around shared challenges to get around roadblocks. The absence of political leaders willing to lead at the global level undermined the COVID-19 response and instead we saw more nationalistic responses.

**The value of multilateral institutions** and knowing how to navigate through and around them was a key to successes, but also the risks of fragmentation when creating new institutions. Participants reflected on moments in history where the UN, WHO, and other agencies have failed to live up to what was expected of them, be it COVID-19, sexual and reproductive health and rights, or HIV and AIDS. It was suggested that UN institutions are not geared to engage with industry who often have access to the tools, such as vaccines or

antiretrovirals (ARV's), essential for saving lives. At times they reflected concerns of member states, such as with population, rather than those of 'the people', leading to the support of policies that were harmful to human rights, such as coercive population control.

**Strategy and tactics for negotiation are critical** in achieving progress on health issues as well as putting them at the top of the agenda. Leaders shared their 'top tips', this included the willingness to talk to everyone and anyone, to build 'unlikely partnerships'. They also stressed the value of the personal to diplomacy and being able to utilise it as a vital skill. Investing in people and relationships from remembering personal details to hosting dinners or a skiing weekend led to interesting diplomatic breakthroughs. Other approaches highlighted the sequencing of discussions, not focussing on roadblocks such as fixed policy disagreements on key national interests first but putting those last in any meeting, allowing agreement to be fostered in other areas.

**Mobilising affected communities drove change**, particularly in response to HIV/AIDS. Activists were key to driving down the price of ARVs. This required leaders to create opportunities for the voices of affected communities to enter political spaces. However, with shrinking civic space this may prove challenging to replicate in the future, particularly on sensitive issues to more conservative governments like gender, abortion, and sexual rights. Participants did note that in the current social media environment it would be challenging to mobilise around issues in the same way, given the lack of trust in institutions and the current 'infodemic'.



**Having the right narrative, aligning with political incentives, and communicating effectively** were essential to historical global health successes. HIV and NCDs were recognised as threats to development, allowing them to be escalated up the political agenda. The economic costs of inaction, for example, was recognised, acknowledging that unabated, the HIV epidemic would have collapsed the Sub-Saharan Economy. At other times, aligning health with a wider security agenda, as in the cases of Ebola and HIV, was key to driving action, though some participants did express concern about the risks associated with securitisation too.

The simplicity of some messages that could be understood by all was also key to success. For example, ending preventable maternal mortality as the reason to change approaches to sexual and reproductive health. There was recognition of challenges in sustaining attention, with the incentives of political leaders being drawn to focusing on the immediate rather than the long term. Previous successes relied on windows of opportunity as much as any long-term vision for success.

**New geopolitical realities** will make it increasingly challenging to replicate the successes of the past, with the impact of current geopolitics spilling into health politics and diplomacy. The current scale of global conflict has not been seen for generations, with attention drawn to Ukraine, Gaza and 'great power competition' between the US and China. Action on other priorities remains challenging. Trust between Global North and South is also severely lacking following the COVID-19 pandemic, shifting perceptions towards needing to be more self-reliant.

New and emerging challenges that present threats to health, such as COVID-19 and other infectious threats, climate change, and artificial intelligence, will require concerted global action. This is hard to achieve in the current situation of 'crisis hopping', where leaders move from one crisis to another and do not have the bandwidth to prioritise health. Responding to these threats will also require responding to the crisis of legitimacy of institutions, acknowledging the role for health and its limitations, as well as embracing creativity, activism, and 'de-bureaucratization'.

## OPPORTUNITIES FOR POLITICAL LEADERSHIP FOR HEALTH

Regional forums and economic blocs will remain central to advancing global health objectives

There are multiple approaches to ensuring health is central to the international and foreign relations of countries

Political leadership is failing to respond to current humanitarian needs

Climate change represents an opportunity for health

Defining the role of the private sector and working out how to engage

Beyond looking at the past, there was also a critical reflection on the present throughout the conference with a view to identifying opportunities for political leadership within the current global health landscape. This included looking closely at experiences within regional forums, different government structures, and thematic health issues.

**Regional forums and economic blocs will remain central to advancing global health objectives.** Participants reflected on experiences of addressing health issues in the G7, G20 and in the European Union and African Union. It was noted that the formats of these meetings were more conducive to relationship and trust building; there are less pre-prepared statements and more interactivity than in forums with all 194 member states. In the case of recent G7 presidencies, it presented an opportunity to elevate health issues to the level of Heads of State; however, challenges remain with follow up versus adding new items to the agenda. There was agreement of some of the limitations of this approach, particularly the lack of wider legitimacy of some forums such as the G7, and a need to think about how to make the existing global health architecture work better.

**There are multiple approaches to ensuring health is central to the international and foreign relations of countries.** Participants listened to representatives reflect on the German, Japanese, Norwegian, South African and US models of embedding global health within government decision-making. The models ranged from envoy roles and thematic ambassadorships to directorships within ministries, being housed within the Presidency, Ministries of Health, and Foreign Affairs. The difference in approaches reflects the institutional and political structures within each country. With the appointment of Global Health Ambassadors being a relatively recent trend, there are opportunities for lesson learning and sharing between countries, including how to work across governments with structures existing to facilitate that. An area to watch closely will be on the African continent. Firstly, in the way Africa CDC was set up - it reports to Heads of Government, not ministers of health, and secondly, a move to have global health ambassadors across

Africa and as such moving away from it being predominantly a function within donor governments.

**Political leadership is failing to respond to current humanitarian needs** with important health consequences. Participants listened to discussions on the current humanitarian crises unfolding around the world and how the failure to safeguard health infrastructure represents a failure of global health diplomacy. The lack of consistent condemnation when nations violate humanitarian norms poses a significant risk to wider health politics and diplomacy, driving cynicism and undermining trust. Peaceful societies are essential for good health. Health diplomacy in humanitarian crises requires speaking to everyone, including those seen as off-limits, and to depoliticise the idea of meeting the bare minimum under International Humanitarian Law. Despite the overall sentiment of pessimism among many, there was a recognition of opportunities in crisis, including for new leaders to gain moral authority and potentially for 'track 2' diplomacy (informal and backchannel diplomatic efforts) and unlikely partnerships.



**Climate change represents an opportunity for health** as well as an inherent threat to both health and wellbeing around the globe. There was acknowledgement of the value of health in humanising the climate agenda for political leaders, with a strong evidence base of health co-benefits of mitigation efforts, as well as the costs of inaction. In terms of thinking around health's engagement in the climate space, there is a crowding into climate discussions with many 'climate and x' meetings seeking access to growing climate finance. Climate illustrates the challenge of multisectoral action with important lessons for other health actions too; budgeting is, by its nature, siloed and hierarchical. Participants were posed the question of how we differentiate between investment in health and investments for health.



**Defining the role of the private sector and working out how to engage** them was key to previous health challenges and will provide tools and solutions in the future. Discussions with private sector representatives highlighted how greater investments in research are in interest of all stakeholders, including the private sector. It was raised that political leaders do not fully understand how the private sector functions, and vice versa, with the need for greater ability to speak each other's language. The role of the private sector existing beyond just making a profit was also discussed and how they respond to the societies they serve. Finally, there were robust discussions around where the private sector and the health needs of societies come into conflict and how to address that, including allowing, and facilitating, discussions between public and private sectors to try to identify 'win-win' solutions and avoid conspiracy theory stereotyping.



## WHAT IS NEEDED TO FOSTER FUTURE LEADERSHIP IN THE FIELDS OF HEALTH, POLITICS, AND DIPLOMACY?

'What got us here won't get us there'

Construction vs disruption

Mentorship is invaluable

We run the risk of recreating the current elites in global health

The participants heard the findings of the qualitative work conducted by Karolinska Institute and Stockholm School of Economics, which involved interviewing past and future leaders on what was needed to develop the next generation of leaders in the field. There were discussions with emerging global health leaders on what they wanted, as well as insights from existing leaders about what they wished they had known before stepping into leadership roles.

The work presented showed an increasing interest in global health diplomacy, with increasing numbers of publications from the year 2005 onward in the academic literature. Participants were presented with details of existing global health diplomacy training programmes; they included a range of formats and target participant profiles, but the vast majority of programmes were based in institutions in the Global North.

A total of 52 existing and emerging global health leaders were interviewed including both individual interviews and focus groups with a balance between Global North and South, gender, and roles. Six key themes emerged from the interviews: experiences from global health diplomacy; hurdles in practice; future issues and priorities; knowledge management; pedagogic proposals (format-content-method) and potential challenges to delivery.



From the discussions the following themes emerged:

- » **'What got us here won't get us there'**. There was much discussion on what constitutes being a global health leader, and acknowledgement that responding to the challenges of today will require bold leadership and taking risks. This requires creating hope and being able to overcome cynicism. Future leaders should be encouraged to live in two realities: the world as it is and the world as it should be. Emerging leaders need to be given the opportunity to imagine alternative realities and hold onto their values and principles as they move forward with their careers, as well as see this role modelled in existing leaders.
- » **Construction vs disruption**: identifying the best pathways to affect change. Existing leaders should provide cover for those emerging within organisations to disrupt organisations' ways of working but also help them navigate effecting change within an organisational structure. Emerging and existing leaders discussed the relative vulnerability of emerging leaders, for whom the consequences of being outspoken can be more damaging to their career than for more established leaders. There was also a recognition of the need to develop skills for fostering benevolent disagreement within and between organisations.
- » **Mentorship is invaluable** in fostering emerging leaders, with many existing leaders reflecting on who their mentors were when they were getting established, as well as peer mentors as they grew in their roles. One point that came out strongly in conversations was that mentorship is not about creating 'mini-me's', with a requirement on the part of mentors to support mentees being different to themselves. Mentors can be valuable both in opening doors but also through helping mentees manage failure and personal challenges, protecting them at vital points in their

personal and professional development, as well as sharing their own experiences of mistakes and failure.

» **We run the risk of recreating the current elites in global health** if not identifying and recognising a diverse range of talent and overcoming the barriers to entry to global health leadership. There were discussions about what this means in practice, including recognising that global health talents lie both in underrepresented groups and geographies, as well as outside the traditional public health sphere, notably in the private sector. Emerging leaders should be encouraged and facilitated to gain a diverse range of experiences across sectors and be able to acquire experiences in their home countries. Other challenges raised were the financial costs of gaining exposure to global health diplomacy, with the need for resourcing for opportunities to be available more equitably. There was also recognition of the need for leaders to 'lean out' and create opportunities for new talents to step into their place, as well as engage in succession planning.



## POTENTIAL APPROACHES TO FACILITATE SKILLS DEVELOPMENT, MENTORSHIP AND LEARNING FOR HEALTH POLITICS AND DIPLOMACY

Mixed formats

Use teaching methodologies from business schools

Executive coaching

How to identify the talent

The opportunity to put knowledge into practice is key

The final day of the conference was spent exploring practical ways of delivering skills development, learning and mentorship opportunities. This included looking at a range of different pedagogical approaches and techniques. There was agreement in the room that any future programme would not need to focus on developing theoretical knowledge on health politics and diplomacy, as there were existing programs that could provide that baseline knowledge, and to instead focus on how to navigate the political system and the soft skills.

- » **Mixed formats** involving both online and face-to-face learning were best suited to this group of learners, with both a longitudinal component and intensive face-to-face contact. This would enable participants to put knowledge into practice and be flexible based on current life and career circumstances. Face-to-face components need to take place in a range of countries and ideally any program would be part of a network approach, allowing the sharing of resources between institutions and thus mitigating the risk of brain drain.
- » **Use teaching methodologies from business schools.** There was a recognition of the value of methods such as leadership circles and case studies in teaching key lessons for successfully navigating challenges. There was discussion on content of case studies and whether they should involve examples more relevant to the kind of diplomacy participants were conducting day to day, rather than 'higher level' political case studies that we discussed earlier in the conference. There was also agreement on the benefits of drawing on different disciplines for content, such as political economy analysis. Additionally, there was consensus on the need to share stories and encourage bold leadership, not just accept the current status quo. Participants emphasised the importance of reflection on tactics, strategy, and vision.

- » **Executive coaching** could contribute to part of the program, providing opportunities to access coaching for participants alongside access to experienced mentorship. It was raised that participants should also learn how to be mentored and 'coachable' to maximise use of these opportunities.
  
- » **How to identify the talent** to maximise leadership potential was identified as key challenge, including determining the correct target audience. There was a recognition that, beyond looking outside existing health diplomacy institutions, there is also a need to look at those operating at the mid-career level within governments and multilateral institutions. Ideas for ensuring that any program attracts the right participants included utilising psychometrics in evaluation. Additionally, participants from civil society highlighted the need to identify participants that won't accept the status quo and are impatient for social change, including from affected communities.
  
- » **How to identify the talent** to maximise leadership potential was identified as key challenge, including determining the correct target audience. There was a recognition that, beyond looking outside existing health diplomacy institutions, there is also a need to look at those operating at the mid-career level within governments and multilateral institutions. Ideas for ensuring that any program attracts the right participants included utilising psychometrics in evaluation. Additionally, participants from civil society highlighted the need to identify participants that won't accept the status quo and are impatient for social change, including from affected communities.
  
- » **The opportunity to put knowledge into practice is key.** This means that any future programs should be linked to allowing participants opportunities to gain exposure to leadership opportunities. This could be linked to in-service training models, such as those of the US Foreign Service, or shorter-term ones, like what the Thai Government uses at the World Health Assembly to give exposure to global health diplomacy.



## NEXT STEPS

The participants recognised the importance of politics for health and despite the current challenges, political action has delivered positively in the past and there is a reason to hope it can in the future. There was a commitment to reach out and continue to put global health diplomacy issues at the top of the political agenda. There were also commitments to:

1. **Create a network of institutions and partners** working on training in global health diplomacy, with a follow-up meeting on how to collaborate and potentially share resources. This will include a web platform for sharing information, courses and learning opportunities.
2. **Mentors are willing to participate** in future programmes and be available to emerging leaders in global health diplomacy. This includes those with backgrounds in government, civil society, academia, multilateral institutions, the private sector, and philanthropy.
3. **Participants will advocate for a global health ambassador's role** within governments and continue to facilitate opportunities for shared learning between ambassadors.
4. **A new fellowship program will be established** for mid-career professionals, with leadership potential hosted by the Karolinska Institute and the House of Governance and Public Policy at the Stockholm School of Economics. This program will involve both online and Master Class components and will launch in 2024. Its content will be informed by the outputs of this conference, and the aforementioned qualitative interviews conducted.
5. **A network of fellows from global health diplomacy programmes** will be explored, involving participants from the new fellowship programme and other global health diplomacy programs. A web-based platform would facilitate connection and shared learning amongst alumni.
6. **Create a space for disruptive political and policy dialogues** within, and outside, the context of academic programs, including opportunities to imagine different global health futures and confront areas of disagreement.

## ACKNOWLEDGMENTS

The conference and this report would not have been possible without the invaluable contribution of multiple individuals and organisations.

This conference was convened by the Karolinska Institute (KI) and the House of Governance and Public Policy (GaPP) at the Stockholm School of Economics (SSE). Anders Nordström, former Global Health Ambassador, Tobias Alfvén at KI, and Karl Wennberg at GaPP/SSE were the co-organisers of the meeting. Carita Rehn at KI and Paul Rosenbaum at GaPP/SSE conducted the pre-conference literature reviews, focus groups and key informant interviews, that informed the content of the meeting. Logistical support for the meeting was provided by Sofia Fransson at GaPP/SSE. Mike Kalmus Eliaz at the University of Liverpool produced this report. Photographs from the conference were taken by Alex Kumar.

The conference was enabled by generous sponsorship from the Bill & Melinda Gates Foundation, Open Philanthropy, the Beijer Foundation and the Hong Kong Jockey Club Global Health Institute through the International Vaccine Institute.





## ANNEX 1: PARTICIPANTS

### Global health/political leaders

Carl Bildt	Former Prime Minister and Minister for Foreign Affairs, Sweden
Helen Clark	Former Prime Minister and UNDP Administrator, New Zealand
Jan Eliasson	Former Minister of Foreign Affairs and DSG UN, Sweden
Jim Yong Kim (video link)	Chancellor University of Global Health Equity, Vice Chairman and Partner at Global Infrastructure Partners Former President of the World Bank Group
Sania Nishtar	Senator, Pakistan
Peter Piot	Special Advisor to President von der Leyen on European and Global Health Security; ex-Executive Director UNAIDS; ex-Director LSHTM, Belgium
Michel Kazatchkine	Professor, former ED GFATM, France
Gunilla Carlsson	Former Minister for Development Cooperation, Sweden
Ala Alwan	Professor LSHTM and University of Washington, former Minister of Health, Iraq
Jimmy Kolker	Senior advisor for the State Department Bureau of Global Health Security and Diplomacy, US
Noah Tegene	Principal Policy and Health Diplomacy Officer, Africa CDC
Joanne Liu	Professor, McGill University, Canada
Amirhossein Takian	Professor, Tehran University of Medical Sciences, Director, Department of Global Health & Public Policy, Iran
Heidi Larson	Professor, London School of Economics, US



## Emerging leaders

Lwazi Manzi	Head of Secretariat, AU COVID-19 Commission, Executive Producer Spier Films, South Africa
Hampus Holmer	Desk Officer, Ministry for Foreign Affairs, Sweden
Nina Rawal	Partner and Co-Head at Trill Impact Ventures, Young Global Leader at World Economic Forum
Josefin Wiklund	Nordic Head of Office, ONE
Lolem Ngong	Chief of Staff, AMREF
Anh Wartel	Deputy Director General / Head of IVI Europe Regional Office (IERO), International Vaccine Institute (IVI)
Brian Li Han Wong	Digital Health Consultant, European Health Observatory
Usman Mushtaq	Former deputy Mayor Oslo
Mike Kalmus-Elias	University of Liverpool
Rooney, Long Hei Fong	Hong-Kong, Hong Kong Jockey Club



## Government partners

John-Arne Røttingen	Ambassador Global Health Ministry for Foreign Affairs, Norway
Susan Mockache	Health Permanent Secretary, Kenya
Carl Hartzell/Ola Sohlström	Department for Multilateral Partnerships, Ministry for Foreign Affairs, Sweden
Emi Inaoka	Special Adviser for Global Health, Ministry of Foreign Affairs, Japan
Walaiporn Patcharanarumol	Director Global Health, Ministry of Public Health, Thailand
Björn Kümmel	Director, Ministry of Health, Germany
Jakob Forssmed	Minister for Social Affairs and Public Health, Sweden

## Civil society partners

Kate Gilmore	IPPF, Board chair, former dep. ED UNFPA
Itonde Kakoma	Interpeace, President
Maria Guevara	MSF, International Medical Secretary
Lolem Ngong	AMREF, Chief of Staff
Anders Pedersen	Swedish Red Cross, acting Secretary General



## Private sector and foundations partners

Leif Johansson	Former Chairman of AstraZeneca and Ericsson, Former CEO of Volvo and Electrolux
Jim Yong Kim (video link)	Vice Chairman and Partner at Global Infrastructure Partners, Former President of the World Bank Group
Gustaf Salford	President & CEO Elekta
Elisabeth Björk	Senior Vice President, AstraZeneca
Lina Andersson	Head of Corporate Social Responsibility, Viartis
Yanchun Lily Li	CEO Oriental Bioengineering Inc, Founder Harvard Wealth Strategy & Management LLC
Nina Rawal	Partner and Co-Head at Trill Impact Ventures, Young Global Leader at World Economic Forum
Lwazi Manzi	Executive Producer Spier Films, Head of Secretariat, AU COVID-19 Commission
Morten Nyegaard	Acting Nordic Head, Bill and Melinda Gates Foundation
James Kin-sing Chan	Senior Manager, Hong Kong Jockey Club Charities Trust

## Media

Sara Heyman (20 Nov)	Science and health journalist, Swedish Radio
Alex Kuman	Creative director, Global Health Creative



## Institutional partners

Abebe Bekele	University of Global Health Equity, Dean, Rwanda
Rhoda Wanyenze	Makerere University, School of Public Health, Dean, Uganda
Fadi El-Jardali	American University of Beirut, Professor of Health Policy and Systems
Suerie Moon	Graduate Institute, Professor Co-Director, Geneva, Switzerland
Ellen Roskam	Graduate Institute, Geneva, Switzerland
Sanjay Pattanshetty	Manipal Academy, Professor, Global Health Governance, Health Diplomacy, India
Rajat Khosla	UN University, International Institute for Global health, Executive Director, Malaysia
Garry Aslanyan	University of Toronto, School of Public Health, Professor, TDR/WHO, Canada
Lyndsay S. Baines	Wolfson College, University of Oxford, Course lead, UK
Rahul Jindal	Wolfson College, University of Oxford, UK
Warisa Panichkriagkrai	International Health Policy Program, IHPP, Senior Researcher, Thailand
Annika Östman Wernersson	Karolinska Institutet, President, Sweden
Lars Strannegård	Stockholm School of Economics, President, Sweden
Karl Wennberg	Stockholm School of Economics, Professor, Sweden
Tobias Alfvén	Karolinska Institutet, Professor, Sweden
Anders Nordström	Karolinska Institutet & Stockholm School of Economics, Advisor, Sweden
Paul Rosenbaum	Stockholm School of Economics, Sweden
Carita Rehn	Karolinska Institutet, Sweden





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# PROGRAMME



## **Monday 20 November 2023**

12.00 - 17.30

11.30 **Arrival and registration**

12.00 **Lunch**

13.00 **Welcome & introductions** (Annika Östman Wernerson, Lars Strannegård, & Anders Nordström)

13.30 **International Politics, Leadership and Diplomacy for Health – our perspectives** (Helen Clark and Carl Bildt moderated by Anders Nordström)

14.00 **Looking back – Defining historical political moments for health**

- HIV/AIDS, mid 1990 and early 2000 (Peter Piot)
- ICPD Cairo and SRHR (Kate Gilmore)
- UN High Level Meetings on NCDs 2011 (Sania Nishtar & Ala Alwan)
- The Covid-19 pandemic 2020-23 (Helen Clark & Michel Kazatchkine)

15.00 **International Politics, Leadership and Diplomacy for Health – my perspective** (Jim Yong Kim by video link)

15.30 **Coffee and group discussions** based on the four cases presented earlier during the day

- What happened, what worked and why – challenges and lessons with a political lens
- What can we learn for the future?

16.30 **Why does this matter for the private sector** (Leif Johansson)

17.00 **End of day one reflections**

19.00 **Dinner hosted by the President of the Karolinska Institutet** at Svenska Läkaresällskapet



## Tuesday 21 November 2023

08.30 - 17.30

08.30 **Re-cap of day one** (Karl Wennberg)

09.00 **Power, Politics, Leadership and Diplomacy for Health – looking forward**

- G20, G7 and regional perspectives on the future agendas for health (Noah Tegene, Emi Inaoka, Björn Kummel & Jimmy Kolker)
- Health, humanitarian needs and conflict settings (Joanne Liu & Itonde Kakome)
- Health and climate change (Gunilla Carlsson & John-Arne Røttingen)

10.00 **The next generation of global health leaders – what do we need?**

(Discussions with a group of emerging global health leaders moderated by Hampus Holmer)

10.45 **Coffee and group discussions – What can we offer in terms of support?**

11.45 **International Politics, Leadership and Diplomacy for Health – my perspective**

(Jakob Forssmed, Minister for Social Affairs and Public Health)

12.00 **The next generation of global health leaders** (reporting back from group discussions moderated by Hampus Holmer)

12.30 **Lunch**

13.30 **International Politics, Leadership and Diplomacy for Health – my perspective**

(Jan Eliasson speaking with Anders Nordström)

14.00 **What I wish I had known? Emerging global health leaders interviewing senior leaders**

(Lwazi Manzi & Nina Rawal interviewing Helen Clark, Jan Eliasson, Peter Piot, Elisabeth Björk & Diane Gashumba)

15.00 **Coffee**

15.30 **Learning, mentoring and skills development for international politics, leadership and diplomacy for health**

- Understanding demand, content, format and target groups – presentation of interview and focus groups findings
- Group discussions on needs, gaps and ways forward



**Tuesday 21 November 2023**

08.30 - 17.30

17.00 **End of day two reflections**

19.00 **Informal mingle** hosted by Anders Nordström with the President of the  
Stockholm School of Economics



## Wednesday 22 November 2023

08.30 - 12.30

08.30 **Re-cap of day two** (Tobias Alfvén)

09.00 **Ambassadors and envoys for global health – challenges and opportunities**

(Introduction John-Arne Røttingen)

- Roles and functions; Challenges and opportunities
- Country experiences; Japan, Sweden, Norway, Germany, US & Rwanda

10.00 **Coffee**

10.30 **Next steps**

- How can/will we take this forward? Academic institutions, governments, regions, private partners, civil society – reporting back from yesterday's group discussions
- Establishment of potential networks for
  1. GHD Fellow and Practitioners
  2. Institutions – an International GHD Academy?

12.15 **Conclusions and final words** (Anders Nordström)

12.30 **Lunch**



## Background

Health diplomacy has contributed to some of the most important global health achievements in recent decades, including the sharp increase in international resources for health at the beginning of the 21st century. Today, health is clearly part of global and regional politics.

There is a growing interest in international politics, leadership and diplomacy for health across the world, particularly in terms of practical approaches on how to navigate in a political environment, diplomacy and applied political economy of health - beyond merely theoretical knowledge.

The link between governance, diplomacy, development, political science and public health disciplines and communities is often missing. Learning opportunities exist but are limited and there is currently no established network neither for practitioners nor for institutions.

The conference is part of a project with the objective to contribute to an expanded cadre of mid-career professionals who are competent in international politics and diplomacy, and able to effectively navigate in the political landscape of health across the world. This project includes a mapping of demand and existing skill development opportunities, followed by this conference, the *International Politics, Leadership and Diplomacy for Health Conference*, and a pilot program Q2-Q3 2024 targeting a first group of 20-24 participants.

The program is a collaboration between and managed by the House of Governance and Public Policy at the Stockholm School of Economics, and the Karolinska Institutet, Department of Global Health. There is an interest to establish collaborations with other institutions with similar interests.



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## ***Objectives***

The overall objective for the conference is to explore the lessons learned around international politics, leadership and diplomacy for health from the past and discuss challenges and opportunities for the future. The aim is also to identify potential learning and capacity building gaps as well as new possibilities for collaboration between institutions and practitioners.

The specific objectives are to

- Explore lessons learned around global health, leadership, diplomacy and politics from the past successes and challenges
- Explore how health diplomacy and a common (health) interest has provided an opportunity to overcome different national interests as well as mobilizing needed resources
- Discuss experiences from the political processes relating to health at the G20, G7, AU and EU
- Review skills and approaches which have been successful – or not
- Listen to emerging leaders and hear their specific priorities and needs
- Identify learning and capacity building gaps and opportunities in international politics, leadership and diplomacy for health with a focus on practical skills, experiences and the next generation of leaders

## ***Expected outcomes***

- The potential of establishing a network of institutions and leaders for GHD
- Conference report and a joint OpEd/Comment on the topic
- Input on the design of the International Politics, Leadership and Diplomacy for Health pilot program

