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COURSE BROCHURE

Advanced Global Health Diplomacy and Negotiation Training Course

5 – 16 September 2027
Kuala Lumpur

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Registered in the United Kingdom and Saudi Arabia

Advanced Global Health Diplomacy and Negotiation Training Course

Ref: 772_29143 **Date:** 5 – 16 September 2027 **Location:** Kuala Lumpur **Fees:** 8000 GBP

Global Health Diplomacy and Negotiation is a 2-week training course for health ministry officials, international health NGO managers and hospital partnership leads who must secure cross-border health agreements, ending with a negotiation mandate dossier for a live agreement. Outbreaks, pooled financing and shared medicine supply now cross every border, so health institutions need negotiators who can turn public health evidence into durable commitments. Jupiter Prime Training delivers this course on Global Health Diplomacy and Negotiation.

Why Global Health Diplomacy and Negotiation Matters Now

Three forces shape health diplomacy today. Outbreak preparedness depends on rapid sharing of pathogen samples, surveillance signals and countermeasures between states that do not always trust one another. Donor fatigue and shifting aid priorities push ministries and NGOs towards co-financing, blended funds and results-based grants. Hospitals increasingly sign twinning, referral and workforce agreements with foreign partners. An organisation that negotiates well protects access to vaccines, funding and expertise; one that negotiates poorly signs vague texts that collapse under pressure. The course rests on principled negotiation, the Best Alternative to a Negotiated Agreement BATNA and a health-in-all-policies view of government action.

Who Gains Most from Global Health Diplomacy and Negotiation

- Officials who draft national positions for multilateral health assemblies and bilateral health accords
- NGO managers who negotiate grant terms, consortium roles and access arrangements with donors and host authorities
- Hospital partnership leads who structure twinning, referral and clinical training agreements with foreign institutions
- Emergency preparedness coordinators who arrange cross-border surveillance, sample sharing and surge staffing
- Advisers who brief ministers and boards on the health, trade and security stakes of a proposed text

A delegation team that attends together, combining technical, legal and financing specialists, gains most because it rehearses a shared negotiating mandate before facing a real counterpart.

Global Health Diplomacy and Negotiation Capabilities

Participants learn to move from health evidence to a signed text, weighing sovereignty, solidarity and funding realities at each stage of a negotiation.

- Map the interests, influence and red lines of every party at the table — delegation leaders setting a mandate
- Build a negotiating position backed by burden-of-disease and cost evidence — ministers approving a national stance
- Design co-financing and pooled-fund structures for international health initiatives — donors and finance ministries
- Specify outbreak cooperation clauses on data, samples and benefit sharing — preparedness and laboratory leads
- Apply principled negotiation and BATNA analysis under time pressure — heads of delegation during plenary sessions
- Communicate concessions and outcomes to domestic constituencies — boards, parliaments and partner hospitals

Key Global Health Diplomacy and Negotiation Terms

- Global health diplomacy — negotiation among states, agencies and non-state actors that shapes health policy and resources beyond national borders.
- Negotiating mandate — the written authority setting a delegation's objectives, fallback positions and limits before talks begin.
- BATNA — the best outcome a party can secure if talks fail, used to judge whether a deal is worth accepting.
- Benefit sharing — arrangements giving contributors of pathogen samples or data fair access to resulting vaccines, diagnostics or treatments.
- Co-financing — funding in which a recipient government and external partners each commit resources to the same health initiative.
- Memorandum of understanding — a non-binding text recording shared intentions, roles and coordination arrangements between health partners.

Global Health Diplomacy and Negotiation Day by Day

Day 1: The Global Health Diplomacy Landscape

- Multilateral, Bilateral And Regional Health Forums — Choosing The Right Negotiating Venue
- State And Non-State Actors In Health Diplomacy — Mapping Who Shapes Outcomes
- Health Security, Trade And Development Agendas — Framing The Stakes Of A Text
- Health In All Policies Approach — Linking Health Goals To Other Ministries
- Soft Power And Health Cooperation — Weighing Reputation Against Concrete Gains

Day 2: Stakeholder Mapping and Interests

- Power-Interest Grid For Delegations — Prioritising Engagement With Key Parties
- Interest Versus Position Analysis — Uncovering What Counterparts Truly Need
- Coalition And Bloc Mapping — Spotting Allies Before Plenary Sessions
- Domestic Constituency Analysis — Anticipating Approval Hurdles At Home
- Civil Society And Private Sector Voices — Managing Influence And Conflicts Of Interest

Day 3: Building the Negotiating Position

- Burden-Of-Disease Evidence Briefs — Grounding Demands In Population Health Need
- Cost-Effectiveness Arguments — Justifying Requests To Finance Counterparts
- Mandate Drafting And Red Lines — Setting Limits Approved Before Talks
- BATNA And Reservation Point Analysis — Deciding When To Walk Away
- Position Papers And Talking Points — Equipping Every Delegate With One Message

Day 4: Negotiation Methods and Tactics

- Principled Negotiation Model — Separating People From The Problem
- Integrative Versus Distributive Bargaining — Expanding Options Before Dividing Them
- Anchoring, Framing And Concession Patterns — Shaping Expectations Across Rounds
- Consensus And Chair's Text Procedures — Moving Multilateral Drafts Forward
- Cross-Cultural Negotiation Styles — Adapting Approach To Counterpart Norms

Day 5: Health Agreements and Treaty Texts

- Binding Versus Non-Binding Instruments — Choosing Treaty, Accord Or Memorandum
- Clause Drafting And Bracketed Text — Resolving Disputed Language Line By Line
- Reservations, Exceptions And Review Clauses — Protecting Flexibility After Signature
- Monitoring And Reporting Provisions — Making Commitments Verifiable
- Dispute Resolution Mechanisms — Handling Disagreements Without Collapse

Day 6: Financing International Health Initiatives

- Pooled Funds And Multilateral Financing Channels — Selecting The Right Funding Vehicle
- Co-Financing And Transition Plans — Shifting Costs From Donors To Governments
- Results-Based And Blended Finance — Linking Disbursement To Verified Outputs
- Grant Agreement Negotiation — Securing Workable Terms For Implementers
- Budget Advocacy With Finance Ministries — Protecting Health Allocations Domestically

Day 7: Cross-Border Outbreak Cooperation

- Event Notification And Information Sharing — Agreeing Timely Alert Arrangements
- Pathogen Sample And Genomic Data Sharing — Balancing Speed With Sovereignty
- Benefit-Sharing And Countermeasure Access — Securing Fair Vaccine Allocation
- Border Health Measures And Travel Advice — Weighing Public Health Against Trade
- Surge Staff And Mutual Aid Arrangements — Deploying Responders Across Borders

Day 8: Hospital and Institutional Partnerships

- Twinning And Sister-Hospital Agreements — Structuring Long-Term Clinical Exchange
- Cross-Border Referral And Patient Transfer Accords — Allocating Cost And Liability
- Health Workforce Mobility Arrangements — Applying Ethical Recruitment Principles
- Medical Supply And Procurement Partnerships — Negotiating Joint Purchasing Terms
- Partnership Performance Reviews — Renewing Or Exiting Agreements

Day 9: Crisis Diplomacy and Communication

- Deadlock Analysis And Breakthrough Options — Restarting Stalled Talks
- Mediation And Third-Party Facilitation — Using Neutral Actors To Bridge Gaps
- Media And Public Messaging During Talks — Protecting The Negotiating Space
- Ministerial And Board Briefings — Securing Approval For Final Concessions
- Post-Agreement Implementation Roadmaps — Turning Signatures Into Delivery

Day 10: Practising the Negotiation Mandate Dossier

- Stakeholder Map Refinement For A Live Case — Confirming Priority Counterparts
- Financing Proposal Defence — Testing Co-Financing Terms Under Challenge
- Outbreak Cooperation Clause Simulation — Negotiating Data And Benefit Sharing
- Multi-Party Negotiation Simulation — Applying Tactics Across Several Rounds
- Negotiation Mandate Dossier — Completing Mandate, Positions And Fallbacks

Applying Global Health Diplomacy and Negotiation After the Course

- Lead a stakeholder mapping session for an upcoming health agreement, recording interests, red lines and coalition prospects for each counterpart.
- Run a mandate rehearsal with colleagues, testing BATNA, fallback positions and concession sequence before the next round of talks.

Global Health Diplomacy and Negotiation Questions FAQ

What is Global Health Diplomacy and Negotiation and why does it matter now?

Global Health Diplomacy and Negotiation is the practice of securing health agreements between states, agencies and partners. It matters now because outbreaks, shrinking aid and shared supply chains require durable cross-border commitments that protect access to funding, countermeasures and expertise.

Which roles gain most from Global Health Diplomacy and Negotiation training?

Health ministry officials, international NGO managers and hospital partnership leads gain most. You will benefit if you draft positions, negotiate grant or partnership terms, coordinate outbreak cooperation or brief leaders on what a proposed health text commits your organisation to.

How does Global Health Diplomacy and Negotiation differ from a general international relations course?

Global Health Diplomacy and Negotiation focuses on health-specific texts and evidence. Rather than general foreign policy theory, you work with burden-of-disease arguments, health financing structures, sample-sharing clauses and hospital partnership accords, rehearsed through stakeholder mapping and negotiation simulation.

What do you bring back from Global Health Diplomacy and Negotiation training?

You bring back a completed mandate for a real agreement. It sets out stakeholder maps, evidence-based positions, financing terms, outbreak cooperation clauses and fallback options, ready for your delegation or partnership team to refine and approve.

Global Health Diplomacy and Negotiation: The Way Forward

The negotiation mandate dossier gives a delegation one agreed record of objectives, evidence, red lines and fallbacks. Its first use is deciding whether to enter or pause talks on a specific agreement. Heads of delegation, partnership leads and approving ministers rely on it, and after the first round it is worth revisiting how counterparts actually behaved against the stakeholder map.