

SOUTH-EASTERN EUROPE  
HEALTH NETWORK



REPUBLIC OF BULGARIA

# SUMMARY NOTE

on

*Executive Training Course on Global  
Health Diplomacy in times of emergencies  
and strengthening preparedness*

*IN MEMORY of Dr Mira Jovanovski-Dašić*

25-27 November 2024  
Sofia, Republic of Bulgaria

SEE HEALTH NETWORK MEMBER STATES



Министерство на  
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*IT IS WITH DEEP SORROW THAT WE SHARE THE NEWS OF THE PASSING OF DR. MIRA JOVANOVSKI-DAŠIĆ, THE ESTEEMED HEAD OF THE SECRETARIAT OF THE SOUTH-EASTERN EUROPE HEALTH NETWORK (SEEHN).*

*DR. DAŠIĆ WAS AN EXCEPTIONAL LEADER WHO'S COMMITMENT TO PUBLIC HEALTH AND REGIONAL COLLABORATION HAS PROFOUNDLY INFLUENCED THE SEEHN NETWORK AND FAR BEYOND. HER TIRELESS EFFORTS IN ADVANCING HEALTH DIPLOMACY, PROMOTING COLLABORATION AMONG MEMBER STATES, AND CHAMPIONING HEALTH EQUITY WERE PIVOTAL IN TRANSFORMING SEEHN INTO THE ROBUST AND UNIFIED ORGANIZATION IT IS TODAY.*

*PRIOR TO HER IMPACTFUL ROLE WITH SEEHN, DR. MIRA JOVANOVSKI DAŠIĆ HAD A DISTINGUISHED CAREER DEDICATED TO PUBLIC HEALTH AND INTERNATIONAL COOPERATION.*

*WITH OVER TWO DECADES OF EXPERIENCE AS A MEDICAL DOCTOR AND SPECIALIST PEDIATRICIAN ACROSS BOTH THE PUBLIC AND PRIVATE SECTORS, SHE LATER BECAME A NATIONAL PROFESSIONAL OFFICER WITH THE WHO REGIONAL OFFICE FOR EUROPE IN MONTENEGRO. DR. DAŠIĆ SERVED AS THE UNITED NATIONS FOCAL POINT FOR HIV/AIDS AND TUBERCULOSIS IN MONTENEGRO, PROVIDING EXPERT CONSULTANCY TO NUMEROUS NATIONAL AND INTERNATIONAL ORGANIZATIONS. SHE ALSO HELD SIGNIFICANT LEADERSHIP POSITIONS IN HER HOME COUNTRY, INCLUDING DEPUTY MINISTER OF HEALTH AND GENERAL DIRECTOR AT THE DIRECTORATE FOR BIOETHICS AND INTERNATIONAL COOPERATION, WHERE SHE CULTIVATED EXTENSIVE EXPERTISE IN PUBLIC HEALTH POLICY AND REGULATION, ALWAYS ADVOCATING FOR EQUITABLE HEALTH ACCESS FOR ALL.*

*DR. DAŠIĆ'S CAREER-WHICH SPANNED DECADES-WAS CHARACTERIZED BY HER UNPARALLELED EXPERTISE AND PASSION FOR EVERY INITIATIVE SHE UNDERTOOK. HER GUIDANCE DURING CRITICAL MOMENTS, STRATEGIC INSIGHTS, AND UNWAVERING COMMITMENT TO THE VALUES OF SOLIDARITY AND SHARED PROGRESS INSPIRED US ALL.*

*AS WE REFLECT UPON HER LEGACY, WE HONOR NOT ONLY HER NOTABLE PROFESSIONAL ACHIEVEMENTS BUT ALSO THE WARMTH, KINDNESS, AND DETERMINATION SHE CONSISTENTLY DEMONSTRATED WITHIN OUR COMMUNITY. SHE WAS BOTH A VALUED COLLEAGUE AND A CHERISHED FRIEND, AND HER ABSENCE WILL BE PROFOUNDLY FELT.*

*OUR DEEPEST SYMPATHIES ARE EXTENDED TO DR. DAŠIĆ'S FAMILY, FRIENDS, AND LOVED ONES DURING THIS CHALLENGING TIME.*

*LET US UNITE IN OUR RESOLVE TO CONTINUE THE VITAL WORK SHE FERVENTLY CHAMPIONED, AS A FITTING TRIBUTE TO HER EXTRAORDINARY LIFE AND CONTRIBUTIONS.*

*IN MOURNING AND SOLIDARITY,*

*SEEHN SECRETARIAT*

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COMMEMORATIVE ADDRESS

*OPENING REMARKS TO HONOUR DR. DAŠIĆ'S LIFE, LEGACY AND CONTRIBUTIONS TO PUBLIC HEALTH AND HEALTH DIPLOMACY WERE PRESENTED BY MEMBER STATE REPRESENTATIVES BOTH IN PERSON AND ONLINE, MODERATED BY MS. KATYA IVKOVA, DIRECTOR, EUROPEAN COORDINATION AND INTERNATIONAL COOPERATION DIRECTORATE, MINISTRY OF HEALTH OF THE REPUBLIC OF BULGARIA*



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## ***Executive Training Course On Global Health Diplomacy In Times Of Emergencies And Strengthening Preparedness***

***IN MEMORY of Dr Mira Jovanovski-Dašić***

**25-27 November 2024  
Sofia, Republic of Bulgaria**

## ABBREVIATIONS

AHEAD	WHO's Action for Health through Engagement, Advocacy and Dialogue
AI	Artificial Intelligence
AMR	Antimicrobial resistance
BDI	Bulgarian Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria
BRICS	Brazil, Russia, India, China, and South Africa
CDC	Centers for Disease Control and Prevention (Europe, USA, Africa)
COP	Conference of the Parties, United Nations Framework Convention on Climate Change (UNFCCC)
COVAX	COVID-19 Vaccines Global Access
EU	European Union
EURO	Europe
FCTC	Framework Convention on Tobacco Control
G7	Canada, France, Germany, Italy, Japan, the United Kingdom, and the United States
G8	Canada, France, Germany, Italy, Japan, the United Kingdom, United States plus Russia
G20	Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Russia, Saudi Arabia, South Africa, South Korea, Turkey, United Kingdom, United States, European Union
GHSS	Global Health Sector Strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030
HDC	Health Diplomacy Course
IASC	Inter-agency Standing Committee
IHR	International Health Regulations
INB	Intergovernmental Negotiating Body
IPPPR	Independent Panel for Pandemic Preparedness and Response
MDG	Millennium Development Goals
MOH	Ministry of Health
MSs	Member States
NATO	North Atlantic Treaty Organization
NCD	Non communicable Disease
NGO	Non-governmental organization
PHEIC	Public Health Emergency of International Concern
SDG	Sustainable Development Goals
SEE	South Eastern Europe
SEEHN	South Eastern Europe Health Network
SimEx	Simulation Exercise
WHA	World Health Assembly
WHO	World Health Organization
WGIHR	Working Group on Amendments to the International Health Regulations (2005)

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## SUMMARY BACKGROUND

The Bulgarian Presidency of the South-eastern Europe Health Network (SEEHN) is currently being held in the period from the 1st of July 2024 until 30th June 2025. During this period, the Executive Training Course on Global Health Diplomacy in Times of Emergencies and Strengthening Preparedness was held in Sofia, in the Republic of Bulgaria, from 25-27 November 2024.

The event was facilitated and attended by speakers and moderators from the Ministry of Health of the Republic of Bulgaria, the Bulgarian Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria (BDI), the World Health Organization (WHO) [EURO and Bulgaria Country Office], the Global Health Center of the Graduate Institute of International and Development Studies (Geneva), the Ministry of Health of Slovenia, the Department of Public Health Romania, the Ambassador of the Sovereign Order of Malta to the Republic of Bulgaria, and the SEEHN Member States. The full list of participants, speakers and moderators is available upon request.

The SEEHN Secretariat expressed sincere appreciation to the Republic of Bulgaria, under the current SEEHN presidency mandate, for their gracious hospitality and exceptional organization of the 3-day Health Diplomacy Course (HDC) in Sofia, in the Republic of Bulgaria. Special appreciation was given to the experts from the Global Health Center of the Graduate Institute of International and Development Studies, who facilitated numerous sessions, including the Simulation Exercise on Day 2. The meeting aimed to address and fulfill the following topics:

- Global and regional collaboration and partnership to share health and multilateral directions with regional partners;
- To honor the legacy of Dr. Dašić by carrying out the course while working together to uphold and realize the vision and aspirations she inspired;
- Strengthen the synergies within this network to respond to regional issues through regional cooperation;
- Support economic recovery and connectivity, as part of health diplomacy;
- Strengthen capacity building;
- Highlight the relevance of health diplomacy as an important multilateral, and critical intersection within global public health;
- Engage in practical simulations, as an important aspect of the HDC;
- Share discourse on what is done at the country level within government discussions, to build and shape regional and global negotiations to come together for common health;
- Enhance that the work that takes place at home first, then shared throughout the year with the network
- Define the many and changing threats across our borders, including conflicts in the region, and to discuss the shared responsibility to relieve the suffering of people in conflict;
- Discuss potential future pandemics and what is needed to ensure prevention; preparedness and response are unified to meet the needs: Our collective is in our hands.

The Health Diplomacy Course was generously supported by the Government of Luxembourg.

## DAY 1

### Welcome Address Session

Moderated by: Dr Mihály Kökény

Minister of Health of the Republic of Bulgaria, Dr. Galya Kondeva, expressed unity in sorrow with the loss of Dr. Dašić, and encouraged shared inspiration and focus to continue to dedicate efforts towards Global Health Diplomacy, for better pandemic preparedness and response for all cross-border threats, including the impact of climate change on health. It was with this great determination, and in agreement with Dr. Dašić, that the Road Map of the Bulgarian Presidency of the SEEHN included this Health Diplomacy Course (HDC). She concluded with remarks of appreciation for the Secretariat of the SEEHN, WHO, and the Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria (BDI), with special reference that the Bulgarian Presidency of the SEEHN stands in unity with Ms. Katya Ivkova's team to move forward in Dr. Dašić's memory. Additionally, she referenced that Dr. Dašić triggered the excellent regional collaboration and support between the WHO Country Office and the Government of Luxembourg, who provided generous funding for the visibility package for the Course and highlighted that this is the best example of great teamwork in the WHO European Region. Dr. Kondeva ended with a bid to the member states of the SEEHN to benefit from the HDC and to continue to network after its completion and to use diplomatic skills to improve global health outcomes.

Dr. Svetlana Nicolaescu, Chair of the SEEHN Executive Committee, shared opening remarks to welcome participants to the course, with recognition that the Course was to be opened by Dr. Dašić: her legacy lives on through shared collaboration. The course is designed to support members to better leverage health diplomacy effectively. She referenced that the Course will cover health diplomacy, health policy and science, highlighting that health must be implemented with regional and global cooperation, and with regional partnerships. Multi-laterals provide structure, while networks - such as SEEHN - raise specific health challenges within our communities and our network. She acknowledged SEEHN, the MOH of Bulgaria, BDI, WHO, and referenced that SEEHN partners with all ministries of health. She closed with a wish and a motion for an insightful Course ahead.

Mrs. Tanya Mihaylova, Director, Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria (BDI), shared personal remarks about her friendship with Dr. Dašić, their shared efforts to establish the Health Diplomacy Course, and her expectations to carry on Dr. Dašić's efforts to work diligently on health diplomacy. She shared that health diplomacy is already an essential part of their training agenda as they hold the Presidency of the SEEHN Secretariat. The Course held two years ago was greatly successful, and one to build upon; Mrs. Mihaylova shared her belief that the SEEHN partnership is an excellent platform, with visible synergies to gather partners in the region. Bulgaria's priorities include economic recovery, connectivity, innovations, and the means to raise the strong links of regional collaborations, including among SEEHN partners. She additionally raised the importance of internal partnerships with different ministries, with non-governmental organizations (NGOs), to strengthen health preparedness and capacity building, equity, accountability, food safety, etc. Health diplomacy intersects global health and foreign affairs. She presented a reflection that her team worked hard to prepare a rich agenda and training program on global diplomacy, which includes a simulation exercise to put to use global health diplomacy skills. In memory of Dr. Dašić, Mrs. Mihaylova wished all participants a good Course.

Mr. Guillaume Simonian, WHO Representative (ai) Bulgaria Country Office warmly thanked the MOH, BDI, and SEEHN for their collaboration to host this event. He shared three main reflections: (1) WHO, an inter-governmental organization, is a collective expression of member states' will: What you do to negotiate public health is extremely important to advance together towards a common health future; (2) This work takes place at home. The preparation work that you do within your own positions at home is made up of your constant interactions. There are many important public health negotiations which take place, including the Pandemic Treaty, which will be discussed during this course, looking at both blockages and solutions – he referenced that the work that member states do will help to find solutions with others, through collective will. Another example Mr. Simonian shared was the development of the Second European Program of Work, which Dr. Hans (who was just re-elected as Regional

Director) is working to define, which embodies the work of member states' collective will; and, (3) There are many public health threats, conflicts in the region, recollections of past conflicts, and a responsibility as member states and organizations to relieve the suffering of those in conflict, through humanitarian efforts. He raised the call to try to find an end to the conflict: there is no better medicine to war than peace.

He shared that putting prevention, preparedness and response methods at the fore of member states' efforts is essential, given pandemics, antimicrobial resistance (AMR) and other regional threats. He reminded the participants that the challenges that health diplomacy faces are in our hands to leave behind a better future for our children.

**The first session, Global Health and Health Diplomacy in a Rapidly Evolving Geopolitical Landscape,** opened with an online presentation delivered by Professor Ilona Kickbusch who emphasized that global health and health diplomacy are increasingly interconnected in a “perma-crises – or poli-crises” state, meaning ongoing instability across multiple sectors simultaneously, impacting various aspects of society. This could be impacted by economic, military, politics, and power shifts, health-related, environment, etc. Advocacy that during a “perma-crises” state, marked essential need for multilateral cooperation, resilience, and adaptability among multiple countries, in the SEEHN network, and globally. The evolving geopolitical landscape, with the US's shift towards hegemony, and the potential impact upon health, was highlighted, as the recently appointed US Secretary of Health presents to fight “big food, big pharma, and numerous types of vaccines” which could impact global health diplomacy. The talk raised the potential of the US withdraw from WHO, and how this would then shift available financial support, pandemic treaties, and overall health diplomacy during future pandemics.

Professor Kickbusch underscored the importance of global health diplomacy to foster the ideological components of the EU health mandate, global health strategies, the COP, G7, G20 and more. Health as a holistic approach was raised as health diplomats may not always be health experts; understanding what is at stake during health-related diplomatic deliberations and decisions can have far-ranging implications, as was seen during COVID-19 between the global north and south. Finally, Professor Kickbusch summarized the changing political powers within BRICS countries (Brazil, Russia, India, China, and South Africa), with Brazil as the next president. Health was sounded as a clarion call to economic development, specifically mentioning China and Africa in terms of vaccine and other health technology manufacturing potential. Local partnerships (such as with Africa Centers for Disease Control and Prevention (CDC), and with the African Union), and private sector and public sectors, need to interlink to safeguard health economy. The presentation touched upon China's increasing role as a health and economic anchor in Africa, which will tilt global health through their domestic involvement. Moderated by Professor Haik Nikogosian, the discussion advocated that broader foreign policy, and international relations, are needed to achieve sustainable global health outcomes in this shifting landscape.

**Session 2, The Basics of Health Diplomacy,** led by Dr. Mihaly Kökény, presented an overview of health through the WHO 1948 definition, to modern day global health; moving from health as defined by genetics, nutrition, lifestyle, environment, medical care - and into a modern definition which looks at health defined by political, social (greater mobility, travel, migration, media), environmental, commercial, economic and behavioral/cultural impacts. Dr. Kökény, with moderator Professor Haik Nikogosian, highlighted that successive climate summits achieved few results since the Paris Agreement, with alarm raised that the World Economic Forum projected that by 2050, directly and indirectly, climate damage will cause 14.5 million deaths, and \$12.5 trillion in economic loss.

During his session, Dr. Kökény summarized types of diplomacy including humanitarian, public, science, sectoral, and summit, all engaging on unique levels, evolving over time. He summarized the foundations of global health and diplomacy, from past to current challenges, with a view on how the COVID-19 pandemic

impacted global health diplomacy. The issue around an inability to gain consensus on the World Health Assembly (WHA) 77 to negotiate the pandemic treaty was raised.

*“Health is a political choice, and politics is a continuous struggle for power among competing interests. Looking at health through the lens of political determinants means analyzing how different power constellations, institutions, processes, interests, and ideological positions affect health within different political systems and cultures and at different levels of governance.”*

BMJ 2015;350:h81 doi: 10.1136/bmj.h81 (Published 8 January 2015)  
Prof. Ilona Kickbusch

Discussion took part around how a country can introduce the topic of health diplomacy into public health policy discourse; Dr. Kökény encouraged SEEHN member states to provide master-level public health training to diplomats, well beyond the health sector, to increase understanding and how to address current health trends and possible solutions. Another suggestion raised was to use a public health moderator during policy negotiations. As an example, the role of Global Health Ambassador, founded during the HIV crises, helped to present multilateral negotiations with one stance, incorporating all sectors prior to the deliberations (Ministries of finance, education, gender and equality, health, etc). This may help to improve health diplomacy, both during home-based policy development, as well as during global deliberations and negotiations. Global Health Diplomacy, through networks such as SEEHN, was encouraged to foster cross-border learning to improve health across regions. Refer to presentations slides for links to resources on global health diplomacy, governing pandemics, COVID-19 as a tool for global health diplomacy, and more.

**During session 3, Global Health Instruments,** presenter Professor Haik Nikogosian shared a summary of the numerous global health instruments to support international health cooperation, including pre-WHO, WHO, and non-WHO tools; bilateral, regional, and global tools; as well as national laws, regulations and intersectoral coordination. The discussion included the intersection and interdependence between global health governance, global health diplomacy and global health instruments. The WHA can adopt: Recommendations (Article 23), Regulations (Article 21) and Conventions and agreements (Article 19); conventions and regulations as “hard laws” while recommendations are “soft laws”. Thus far, two Regulations have been adopted: International Health Regulations (IHR, 1969), and Nomenclature Regulations (1967); member states can opt in/opt out of regulations. Conventions and Agreements can be adopted on any matter of WHO competence. Currently, the Pandemic Agreement is under negotiations.

Non-WHO instruments with health impact may be from the UN system and include treaties (legally binding) or others (non-legally binding), and could include environment, trade, narcotics, labor, human rights, and other areas. The Framework Convention on Tobacco Control (FCTC) is the first and only treaty using international law to address negative health affects (adopted May 2003). The discussion, moderated by Professor Michel Kazatchkine, included a look at what future health treaties could look like, in line with the FCTC, for other public health areas such as obesity, NCDs, alcohol use, research and development. The session closed with a summary on the interconnections between global health governance, diplomacy, and instruments.

**Session 4, Governance and Actors of Global Health Diplomacy,** presented by Dr. Mihály Kökény, opened with a summary on health governance versus government, and looking over time at how diplomacy has changed. This was summarized vis-à-vis the Millennium Development Goals (MDG, 2015), and Sustainable Development Goals (SDG, 2015). The discussion questioned the relevance of these goals, given less than one-fifth of the targets are on track to deliver on the SDG promise. In addition, has WHO – as one of the most exclusive venues for global health diplomacy – lost its edge? A brief focus group discussion took place asking the question “*why is WHO no longer the almost exclusive venue for global health diplomacy?*.” Group

responses and facilitation from speaker Dr. Kökény, and moderator Professor Kazatchkine, presented the following list:

- The rise of other donor-vaccine development-actors (such as Gates and Gavi and other private investors)
- WHO's funding dependency upon external donors, criticism in effectiveness, competition (such as COVID – WHO or COVAX – or bilateral)
- A shift in WHO portfolio from infectious disease and into NCDs
- Competition in preparedness frameworks (such as with the World Bank, African Union)
- Different sectors now include health (tourism, agriculture etc.)
- Digital tools move faster (Facebook, Instagram, etc.)
- Global fragmentation (China, India, becoming independent), growing politicization, paradigm shift, move from system focused approach and into problem-focused approach
- An increase in NGOs (Oxfam, Medicines Sans Frontiers, etc.) and,
- An increase in home-based policies which boost local responses (i.e., ECDC, European Health Union, European Cancer Organization etc.) and spend considerable budgets on health.

Other committed agendas such as the EU Global Health Strategy (adopted 2022), G7, G8 and G20 play increasingly prominent roles in global health diplomacy, while networks for health in Europe (such as SEEHN) provide support at regional levels. Using input from the group sessions, the discussion continued with a deep dive into WHO as a technical or political organization, whether it should remain as a viable leader in global health, and queries as to whether it should expand to allow governance from other sectors. WHO takes large amounts of funds from donors such as Gates, however, they are offered no governance role. Global governance under partners other than the WHO were additionally presented. This session paved the way for group work on Day 2.

**Session 5** ended Day 1, with a presentation by WHO Representative to Bulgaria (ai), Mr. Guillaume Simoni-an, who presented reflections that humanitarian spaces in modern day are shrinking, in part due to mandates of different agencies, but also due to changing definitions of humanitarian spaces (which sometime collide). The session defined humanitarian diplomacy and health diplomacy and how they intersect in practical implementation terms, with national security as the priority among member states. The role of interagency diplomacy in health was defined as an essential collaboration and coordination tool among various governmental agencies, international organizations, and other stakeholders. The presentation gave an on-the-ground perspective of how systems activate during an emergency or a protracted crisis, and how humanitarian spaces must be protected to respond efficiently. The session provided insight into how the Inter-agency Standing Committee (IASC) and the IHR work together to ensure coordination during infectious disease events, and how this synergy must be protected, especially with the likely rise in climate related crises, political threats, and future pandemics.

**Modern Diplomacy Revisited**, presented by Mrs. Katya Todorova and Dr. Valentin Katrandzhiev, covered definitions of health diplomacy, international relations, and foreign policy within a globalized world where ideology, culture, and services are quickly interconnected. It was raised that the Vienna Convention on diplomatic relations was developed to raise friendly relations among nationals, irrespective of their constitution and social systems. However, the current global re-distribution of power, particularly between the US and China, will significantly influence the evolution of the international ecosystem.

Dr. Katrandzhiev presented a summary of the Bulgarian Diplomatic Service and the Ministry of Foreign Affairs hierarchy, showing a detailed country case summary of bilateral, multilateral, and regional channels of diplomacy, and how these constructs interact with economic and diplomatic areas in Bulgaria. The opportunity for diplomats as generalists - versus specialists - was defined, shaping how this relates to modern diplomacy.

## DAY 2

**Session 6, Negotiations in Global Health in the Times of Emergencies** by Professor Michel Kazatchkine; and **Negotiating the WHO Pandemic Agreement**: three years on by Professor Haik Nikogosian focused on lessons learned from the COVID-19 pandemic. The complementary sessions presented findings from the Independent Panel's report on COVID-19, and the severe global economic impact. A considerable lesson learned was that declaration of COVID-19 as a Public Health Emergency of International Concern (PHEIC) by the WHO Director-General did not immediately result in the required urgent, coordinated, worldwide response with adequate financing, procurement capacities and equal access to vaccines. The Independent Panel Recommendations include:

1. Political leadership at the highest level;
2. Enhanced and effective surveillance and alert systems;
3. Platform for equitable countermeasures;
4. New financing for preparedness and response;
5. Well-functioning WHO;
6. Investments in whole-of-government national preparedness now.

Modern day vaccine inequity was highlighted as a lesson from the COVID-19 pandemic, specifically for lower-to-middle-income countries. Despite 2023 marking the end of the PHEIC for COVID-19, myriad challenges remain and the overall take away is that globally: we perform better in crisis management than in crisis prevention. Long-term investments in protecting health are investments in social, economic, and political stability and security.

Professor Nikogosian continued defining lessons learned from COVID-19 through a presentation on negotiating the new pandemic agreement, through the National IHR Authority. While some aspects are resolved (Research and Development, geographically diversified production, regulatory system strengthening), many aspects remain pending (prevention, pathogen access and benefit sharing, supply chain and logistic, technology transfer, financing, and compliance). Negotiating the pandemic agreement presents a summary as to where global health diplomacy suffers due to national obligations and interests. The IHR limitations were defined and the question raised as to the IHR's role after the pandemic agreement is in force.

**Sessions 7 and 8** provided experiences on how diplomacy, protocol and etiquette can achieve results. The first presentation, **Protocol and Etiquette**, presented by Mrs. Marina Vladimirova, covered essential elements of how modern diplomacy can maintain positive diplomatic relations, and how using certain protocol – both formal and informal – may be utilized to foster respect, avoid offense and misunderstanding, support national values, and promote diplomatic relations. The value of professionalism, trust and respect were central to diplomacy, as well as when to maintain protocol and when to bend the rules: **Master the rules, know when to bend them!**

The following presentation by Dr. Vesna Kerstin-Petric, Observations from Recent Negotiations, gave a detailed summary of how negotiations play a crucial role in global health diplomacy. Understanding what can be agreed on was presented as a foundation for negotiation, whereas the how to negotiate as the art. Examples were given around negotiation efforts during sessions on the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (GHSS). The power of wording was raised with specific examples around what is accepted in one country, may not be accepted in another country, despite the specific health risk being equally impacted: **nobody left behind**



must not be just a slogan. Finding acceptable language is an essential aspect of negotiating. Finally, the case study on the new pandemic agreement being negotiated by the Intergovernmental Negotiating Body (INB) was presented as a negotiation delayed.

The previous sessions led up to **Session 9**, the Simulation Exercise (SimEx) on Global Health Diplomacy During a Multilateral Negotiation, facilitated by Professor Michel Kazatchkine with the contribution of Professor Haik Nikogosian, Dr. Mihály Kökény and Mr. Jordan Stoitchkov. The topic of the SimEx was **countries negotiating modalities of access to new vaccines under the threat of a new virus outbreak**. The SimEx included 9 entities around the globe to discuss, negotiate and find consensus around how to respond to a novel Virus XX. Strategic alignment of national interests was achieved, after careful rounds of negotiations. The final consensus occurred because of finding acceptable language through a memo drafted by the Chair and the team.



## DAY 3

**Session 10, Navigating the EU Health Agenda:** Strategic Priorities and Diplomatic Efforts, was presented online by WHO colleagues Mr. Palm Willy and Ms. Caroline Bollars. The presentation focused on multisectoral collaborations, and the WHO and EU partnership in health for security, innovation, systems strengthening, promotion of NCDs, environment and climate, One Health and Antimicrobial resistance, and humanitarian relief. WHO's Action for Health through Engagement, Advocacy and Dialogue (AHEAD) was referenced as a hub for global health diplomacy, based in Brussels. They shared the mandate of the Global Health Strategy and the role that WHO plays to support this mandate in building resilient health systems. The roles of the EU Commission, the EU Parliament and the EU's College of Commissioners were presented, as well as the EU's Strategic Agenda 2024-2029.

*"We need diplomats to be health advocates. And we need public health experts to be also diplomats."*

Dr Hans Kluge, WHO Regional Director for Europe

Mrs. Katya Ivkova led **Session 11, Negotiations - the heart of Health Diplomacy**. The INB and IHR negotiations – approaches and lessons learned, moderated by Professor Nikogosian. The presentation summarized the key elements Member States need to undertake to ensure successful negotiations during the pre-negotiation stage, facilitated by the Independent Panel for Pandemic Preparedness and Response (IPPPR), as well as during the negotiation stage. To date, 12 Intergovernmental Negotiating Body (INB) sessions have been held since February 2022, yet finalization and adoption of the Pandemic Agreement, the mandate of the 77th WHA, has yet to be finalized and adopted. Additionally, the Working Group on Amendments to the International Health Regulations (2005) (WGIHR) was defined as the body to work exclusively on consideration of proposed targeted amendments to the IHR. To date, submissions have included more than 300 amendments. The complexity of the process was made clearer through the transparent process and structure. The importance of the chair and the co-chair in these negotiations was raised as incredibly important, as negotiations take a lot of work, a lot of revisions, and a lot of compromised text (and a lot of late nights!).

The new amendments to the IHR include:

- Introducing a definition of pandemic emergency;
- A commitment to solidarity and equity;
- Establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations;
- Creation of National IHR Authorities (and not focal points).

**The No Time to Gamble: Leader Must Unite to Prevent Pandemic** report was described; the overriding lesson: the cost of responding to a pandemic is enormously greater than the cost of preventing and preparing for one. Resources were shared on how to negotiate health development, global health negotiations, and health diplomacy. Some of the key lessons learned with INB negotiations include:

- Traceability of pathogens was a heavily debated component of the Plan;
- Clarity of financing is essential;
- M&E of implementation and compliance should be a component of the INB negotiations; however, it should not add to the burden of countries public health administrations (including language barriers);
- National ownership principle;
- Accountability and monitoring may need to be revised;
- On a global scale, we are not prepared for the next pandemic;
- To reach consensus, text should be less political and more practical;

- Is there a space for SEEHN to support the INB negotiations? Prepare a joint statement? Is this a viable network to support this process?
- Discussion included thinking around which other sectors of the government should be included in the INB delegation – this is an intersectoral matter which does not only involve MOH – it includes other sectors as well thus shouldn't they join the deliberations?
  - » If we are negotiating a pandemic treaty, which governmental sectors should be involved in the delegation? Develop a Council of Ministers unique for the pandemic which includes all sectors of governmental (as Bosnia-Herzegovina did) which may include Ministries of Health (national and regional), Finance, Security and Defense, Trade and Economics, Civil Affairs, Justice, Refugee and Human Rights:
  - » In Bulgaria, the Ministry of Health engaged in collaboration with the Ministry of Agriculture, Ministry of Environment and Waters – looking at the OneHealth approach – as well as Ministry of Interior and the Ministry of Transport (to define cross-border threats).

**Questions:** Can the SEEHN network help to promote and support national level efforts? Could a SEEHN Group Statement add value? Would it help to have one country take a group of smaller countries to build a consensus platform which is then taken to the global negotiations? Is there strength in smaller groups of unity to feed into the wider, global negotiations?

*No one is safe from COVID-19 until everyone is safe.*

**Session 12** included presentations on Regional Case Studies from Mrs. Vesela Vuchkova, *Regional Health Diplomacy* – general insights; from Associate Professor Diana Paun (pre-recorded) on *Health Diplomacy as soft power in international relations – the Romanian Experience*; and from H.E. Mrs. Ursula Höfter Zuccoli, sharing the *Sovereign Order of Malta – Humanitarian mission and Diplomatic Activities*.

These sessions shared their unique experiences in health challenges in health diplomacy, with special focus on regional health diplomacy, ranging from political differences, resource disparities, cross-border tensions, sovereignty concerns, among others. The Bulgaria experience shared key features and challenges of regional health diplomacy, and the success of cooperation among partners such as the ECDC, and the SEEHN, for enhancing public health capacity and ensuring stronger health systems and better outcomes for all citizens within the region.

In the Romanian experience, medical training for young doctors to meet national standards was identified as a challenge – including the need to train on digital health and AI - “big data” - to improve health outcomes. It was further referenced that engaging the medical professional diaspora could be an asset for medical diplomacy to share international success to enhance domestic systems.

The presentation by H.E. Mrs. Ursula Höfter Zuccoli summarized the absolute neutrality, apolitical stance, and impartiality of the Sovereign Order of Malta in delivering emergency and humanitarian support to over 30 countries, including in conflict scenarios. This stance enables the Order to provide support regardless of the recipients' backgrounds or circumstances. The presentation highlighted their humanitarian efforts facilitated by their diplomatic network, and their strong relations with international organizations, non-governmental organizations, and importantly, with governments. Their network is ready to deploy, even within hours.

These case studies, facilitated by Professor Nikogosian, presented a brief snapshot into how Bulgaria, Romania and the Sovereign Order of Malta have approached health diplomacy within humanitarian and diplomatic means.

**Session 13, Health Diplomacy: SEEHN Sub-regional Perspective: Challenges and the Way Forward**, presented by the Chair of the SEEHN Executive Committee Dr. Svetlana Nicolaescu, presented an overview of the 3-Day Health Diplomacy Course, and led a roundtable discussion on what actions are needed for the SEEHN to advance the collective agenda and ensure comparative advantage of this network. Reflections and discussions from SEEHN MSs representatives within this session are moved in next chapter *Challenges and proposed way forward*.

Course ended with **Session 14**, by presenting short closing remarks from organizers, followed with Certificates awarding ceremony for successful completion of the Course.

## CHALLENGES AND PROPOSED WAY FORWARD

Dr. Nicolaescu summarized the potential for SEEHN to fulfill commitments and agreed to find ways to connect the Network to potential future opportunities, taking into consideration the country reflections and needs, as well as the shifting landscape which may adversely impact resources at the country level. This places an even higher role on greater advocacy and collaboration through networks such as the SEEHN. Alliances to support health have never been as important. The feedback shared by the SEEHN colleagues are captured by country, below:

COUNTRY	CLOSING COMMENTS
Bosnia and Herzegovina	<ol style="list-style-type: none"> <li>The Belgrade Pledge remains unsigned by one Member State (BIH) due to political issues; it is suggested that newly acquired diplomatic skills be utilized to advance this agenda.               <ol style="list-style-type: none"> <li>A Preparedness Plan is currently not in place.</li> </ol> </li> <li>Regional sharing of best practices and addressing regional needs is encouraged.               <ol style="list-style-type: none"> <li>The possibility of applying for a joint EU4Health project for the SEE Health Network is proposed.</li> </ol> </li> </ol>
Republic of Bulgaria	<ol style="list-style-type: none"> <li>Implementation of the Belgrade Pledge is to be encouraged, noting that all Member States except two have signed.</li> <li>It is proposed that additional meetings of the SEEHN be organized, including the option of virtual sessions.</li> </ol>
State of Israel	<ol style="list-style-type: none"> <li>The private sector and civil society should be utilized to address identified gaps.</li> <li>Partnerships should be increased to address regional issues, recognizing the commonalities across many challenges.</li> <li>Preparedness for additional types of hazards, such as natural disasters, should be enhanced, with best practices on all-hazard approaches shared to facilitate mutual learning.</li> </ol>
Republic of Moldova	<ol style="list-style-type: none"> <li>Insufficient funding for healthcare is noted, with an excessive reliance on donor contributions.</li> <li>Challenges in accessing healthcare for rural populations persist.</li> <li>Limited technological integration is observed, particularly in the sharing of electronic data between countries.</li> <li>Geopolitical challenges continue to impact public health efforts.</li> <li>Issues related to pharmaceuticals remain unresolved.</li> <li>Gaps in health literacy are identified as an ongoing concern.</li> </ol>
Montenegro	<ol style="list-style-type: none"> <li>Training on earthquake management and health emergency management, funded by the EU Commission, was conducted, engaging various sectors, including civil protection and health.               <ol style="list-style-type: none"> <li>Several initiatives available to this network should be explored, with a focus on investigating different EU projects for potential funding.</li> <li>Assistance from the SEEHN Secretariat in identifying possible funding channels is recommended.</li> </ol> </li> </ol>

COUNTRY	CLOSING COMMENTS
Republic of North Macedonia	<ol style="list-style-type: none"> <li>It is proposed that future discussions focus on addressing gaps in health leadership at both governmental and health service levels.</li> <li>Health workforce shortages are identified as a critical issue, weakening healthcare services, limiting access to care, and hindering the achievement of regional and international health goals.               <ol style="list-style-type: none"> <li>Simulation-based training for medical professionals is suggested as a potential solution.</li> <li>Exploring mechanisms for pooling and sharing resources between countries is recommended.</li> </ol> </li> <li>Challenges in health financing are acknowledged as an ongoing concern.</li> </ol>
Romania	<ol style="list-style-type: none"> <li>Laboratory capacity is reported to be high, with lessons learned and expertise offered for sharing.</li> <li>Significant progress has been achieved in cancer screening within the country.</li> <li>Advancements in digital health are ongoing.</li> <li>Political stability and peace remain crucial, as controversial times impact economic and social disparities. A unified and influential voice is encouraged to address these challenges.</li> <li>The process of democratic transition continues to be strong.</li> <li>A lack of human resources is identified as a persistent challenge.               <ol style="list-style-type: none"> <li>Opportunities for collaboration to address training needs are highlighted.</li> </ol> </li> <li>Human resource constraints remain a significant issue.               <ol style="list-style-type: none"> <li>Efforts to consolidate resources and establish a public health hub are proposed.</li> </ol> </li> <li>Health systems should be reshaped to align with contemporary capabilities and demands.</li> </ol>

## WAY FORWARD IN THE SEEHN REGION

View the above-mentioned input summarized by the SEEHN Member States and view the core experts input received by the SEEHN Secretariat, the final recommendations for the way forward to be followed at the SEEHN region are as following:

1. Strengthen Regional Collaboration and Governance
  - » Belgrade Pledge: Renew efforts to facilitate the signing of the Belgrade Pledge by the remaining Member State (BIH) using newly acquired diplomatic skills.
  - » SEEHN Meetings: Organize additional SEEHN meetings, including virtual sessions, to maintain momentum and foster collaboration.
  - » Regional Partnerships: Increase partnerships to address shared challenges and enhance resource sharing among Member States.
2. Enhance Preparedness and Emergency Response
  - » Preparedness Plan: Provide support to the MSs that need to develop and implement a comprehensive preparedness plan, foster exchange of experiences.
  - » All-Hazard Approaches: Strengthen capacity to address diverse hazards, including natural disasters, by sharing best practices across Member States.
  - » Earthquake Management: Expand training programs on earthquake and emergency management, building on the successful EU-funded initiative.
3. Address Gaps in Health Systems and Resources
  - » Human Resources: Address critical health workforce shortages through training programs (e.g., simulation-based training) and explore mechanisms for pooling resources regionally.
  - » Health Leadership: Focus on closing gaps in health leadership at governmental and service levels to ensure effective decision-making and governance.
  - » Health Literacy: Implement initiatives to bridge gaps in health literacy across the region.
4. Advance Health Financing and Sustainability
  - » Reduce reliance on donor funds by exploring alternative financing models, including potential EU4Health projects.
  - » Leverage SEEHN Secretariat support to identify funding opportunities and facilitate grant applications.
5. Promote Technological Integration and Innovation
  - » Expand efforts in digital health, particularly in electronic data sharing and interoperability between Member States.
  - » Utilize high laboratory capacity to share expertise and enhance regional diagnostic and research capabilities.
6. Foster Equity and Access to Healthcare
  - » Address barriers to healthcare access for rural populations.
  - » Ensure equitable distribution of healthcare resources to minimize disparities.
7. Leverage Multisectoral Collaboration
  - » Engage the non-governmental organizations and civil society to address gaps and foster innovation in healthcare delivery.
  - » Explore opportunities for regional partnerships to enhance service provision and system sustainability.

8. Reform and Modernize Health Systems
  - » Reshape health systems, in accordance with the national legislation of the Member States, to align with contemporary needs, focusing on efficiency, equity, and resilience.
  - » Establish a regional public health hub to consolidate resources and improve collective capacity.

*“Collective power and joint efforts on multisectoral issues is an added value to be driven by the SEEHN.”*

Dr Svetlana Nicolaescu, Chair, SEEHN Executive Committee,  
Deputy Secretary General, MOH, Republic of Moldova

It is proposed that the SEEHN adopts a unified approach by developing a common voice or issuing joint statements on key issues of regional or global health significance. This initiative would:

1. **Enhance Regional Influence:** A coordinated stance would amplify the region’s impact in international forums and negotiations, ensuring that its priorities and challenges are effectively represented.
2. **Foster Collaboration:** Joint statements would strengthen solidarity among Member States, promoting a shared commitment to addressing pressing health concerns.
3. **Address Shared Challenges:** By focusing on issues of mutual importance, such as health workforce shortages, health financing, or preparedness for emerging hazards, the region can present cohesive solutions.
4. **Support Advocacy Efforts:** A unified message can enhance advocacy for global funding opportunities, partnerships, and policy changes that benefit the SEEHN region.

Key topics for common statements could include:

- Emergency preparedness (IHR, pandemic agreement, etc.) and resilience.
- Addressing health inequalities and rural healthcare access.
- Strengthening digital health and technological integration.
- Promoting sustainable health financing models.
- Advancing health equity and addressing regional health disparities.

The SEEHN Secretariat could facilitate this process by coordinating discussions, drafting statements, and ensuring alignment with Member States’ priorities, beyond its usual efforts during the World Health Assembly and WHO Regional Committee sessions each year. The leadership shall be a shared commitment between SEEHN Secretariat and the current presidency at the moment of each initiative.

# AGENDA



**25-27 NOVEMBER 2024**  
**BULGARIA, SOFIA**  
**VENUE: CENTRAL HOTEL SOFIA**  
 52, Hristo Botev Blvd, Sofia 1000, Bulgaria

Date: 27 November 2024  
 ORIGINAL: ENGLISH

IN MEMORY OF DR MIRA JOVANOVSKI-DASIC

## PROGRAMME

**NOTE: ALL HOURS IN THE PROGRAMME ARE IN LOCAL, EEST TIME**

### EXECUTIVE TRAINING COURSE ON GLOBAL HEALTH DIPLOMACY IN TIMES OF EMERGENCIES AND STRENGTHENING PREPAREDNESS

#### SPEAKERS/MODERATORS DURING THE COURSE:

*Prof. Michel Kazatchkine, Senior Fellow, Global Health Center, Graduate Institute of International and Development Studies, Geneva*

*Dr Mihaly Kökény, Former Senior Fellow, Global Health Centre, Graduate Institute of International and Development Studies, Geneva, Switzerland; Lecturer, Institute of Public Health and Epidemiology, Faculty of Medicine, University of Debrecen, Hungary*

*Prof. Haik Nikogosian, Senior affiliate, Global Health Center, Graduate Institute of International and Development Studies, Geneva, Switzerland*

*Prof. Dr Ilona Kickbusch, Graduate Institute of International and Development Studies, Geneva, Switzerland*

*Dr Vesna Kerstin Petrich, Head of office for cooperation with WHO, Ministry of Health, Slovenia*

*Mrs. Katya Todorova, Ambassador, Former Vice Minister of Foreign Affairs of the Republic of Bulgaria, Bulgarian Diplomatic Institute*

*Dr. Valentin Katrandzhiev, Chief Expert, Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria*

#### SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

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 Web: [www.seehn.org](http://www.seehn.org)



*Mrs. Marina Vladimirova, Chief Expert at the Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria*

*Dr Oxana Domenti, WHO Representative to the EU*

*Mrs. Katya Ivkova, Director "European Coordination and International Cooperation" Directorate, Ministry of Health of the Republic of Bulgaria*

*Mrs. Vesela Vuchkova, Chief Expert, "European Coordination and International Cooperation" Directorate, Ministry of Health of the Republic of Bulgaria*

*Ass. Prof. Diana Paun, Presidential Adviser, Dep. Public Health, Romania*

*H.E. Mrs. Ursula Höfter Zuccoli, Ambassador Extraordinary and Plenipotentiary of the Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta to the Republic of Bulgaria*

All sessions will have a short Q&A and Discussion section at the end.

24 November 2024		
Arrival of participants to the hotel. The organizers will arrange the transfers for those arriving by plane.		
25 November 2024		
Day 1: Introduction to Global Health Diplomacy (GHD)		
Timeframe:	Activities and Presenters	Guidance, Comments
8:30 – 09:00	Registration of participants	SEEHN Secretariat
09:00-09:30	Commemoration Ceremony in Memory of Dr. Mira Jovanovski-Dašić, Director of the SEEHN Secretariat	Moderator: <b>Mrs. Katya Ivkova</b>
09:30 – 10:15	<b>Welcome address:</b> <ul style="list-style-type: none"> <li><b>Dr Galya Kondeva</b>, Minister, Ministry of Health of the Republic of Bulgaria</li> <li><b>Dr Svetlana Nicoleescu</b>, Chair, SEEHN Executive Committee</li> <li><b>Mrs. Tanya Mihaylova</b>, Director, Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria</li> <li><b>Mr. Guillaume Simonian</b>, WHO Representative (ai) Bulgaria</li> </ul> <b>Introduction of the faculty and the participants</b>	Moderator: <b>Dr Mihály Kökény</b>

SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968 E-mail: [secretariat@seehn.org](mailto:secretariat@seehn.org)  
 Web: [www.seehn.org](http://www.seehn.org)



10:15-11:00	<b>Session 1: Global health and health diplomacy in a rapidly evolving geopolitical landscape</b> Speaker: <b>Prof. Ilona Kickbusch (online)</b> Q&A and Discussion	Moderator: <b>Prof. Haik Nikogosian</b>
11:00-11:30	<b>Coffee break &amp; Family photo</b>	
11:30-13:00	<b>Session 2: The basics of health diplomacy</b> Speaker: <b>Dr Mihály Kökény</b> Q&A and Discussion	Moderator: <b>Prof. Haik Nikogosian</b>
13:00-14:00	<b>Lunch break</b>	
14:00-15:15	<b>Session 3: Global Health Instruments</b> Speaker: <b>Prof. Haik Nikogosian</b> Q&A and Discussion	Moderator: <b>Prof. Michel Kazatchkine</b>
15.15 -16.45	<b>Session 4: Governance and actors of GHD</b> <b>Dr Mihály Kökény</b> Q&A and Discussion	Moderator: <b>Prof. Michel Kazatchkine</b>
16:45-17:00	<b>Coffee break</b>	
17:00-18:30	<b>Session 5: Modern diplomacy revisited</b> <b>“System &amp; Method of Health Diplomacy in the Humanitarian Space”</b> Speaker: <b>Mr. Guillaume Simonian</b> , WHO Representative (ai) Bulgaria  <b>“Diplomacy in a multipolar geopolitical context”</b> Speaker: <b>Mrs. Katya Todorova</b> , Ambassador, Former Vice Minister of Foreign Affairs of the Republic of Bulgaria, Bulgarian Diplomatic Institute  <b>“Modern diplomacy: Challenges and opportunities”</b> Speaker: <b>Dr. Valentin Katrandzhiev</b> , Chief Expert, Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria Q&A and Discussion	Moderator: <b>Dr Mihály Kökény</b>
20:00	<b>Official Dinner</b> <b>Moma Bulgarian food and wine</b> („Solunska“ N°28), Walking distance from Central Hotel	Offered by MoH of Bulgaria for all international participants and invited local participants



26 November 2023		
Day 2: Negotiations in Global Health		
Timeframe:	Activities and Presenters	Guidance, Comments
09:00 – 10:45	<b>Session 6: Negotiations in Global Health in times of emergencies</b>  <i>“Are we learning the lessons from the Covid-19 pandemic?”</i>  Speaker: <b>Prof. Michel Kazatchkine</b>  <i>“Negotiating the WHO Pandemic Agreement. “</i>  Speaker: <b>Prof. Haik Nikogosian</b>  Q&A and Discussion	Moderator: <b>Dr Mihály Kökény</b>
10:45-11:00	<b>Coffee break</b>	
11:00–12:00	<b>Session 7: Protocol and etiquette</b>  Speaker: <b>Mrs. Marina Vladimirova</b> , Chief Expert at the Diplomatic Institute to the Ministry of Foreign Affairs of the Republic of Bulgaria  Q&A and Discussion	Moderator: <b>Prof. Michel Kazatchkine</b>
12:00–13:00	<b>Session 8: Observations from recent negotiations</b>  Speaker: <b>Dr. Vesna Kerstin-Petric</b> , Slovenian Ministry of Health [online] Q&A and Discussion	Moderator: <b>Prof. Haik Nikogosian</b>
13:00-14:00	<b>Lunch break</b>	
14:00-18:00	<b>Session 9: Global Health diplomacy during a multilateral negotiation (Simulation exercise)</b>  <i>Simulation exercise (topic: countries negotiating modalities of access to new vaccines under the threat of a new virus outbreak)</i>  Led by Michel Kazatchkine with the contribution of Haik Nikogosian, Mihály Kökény and Jordan Stoitchev.	
18:30	<b>Dinner at hotel restaurant</b>	For guests staying at hotel



27 November 2024

Day 3: GHD/Regional Focus

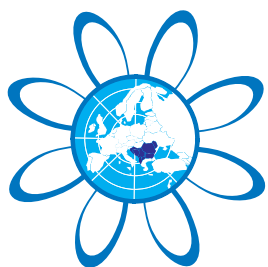
Timeframe:	Activities and Presenters	Guidance, Comments
09:15 – 10:15	<p><b>Session 10: EU and GHD</b></p> <p><i>“Navigating the EU Health Agenda: Strategic Priorities and Diplomatic Efforts”</i></p> <p>Speakers: <b>Mr Willy Palm</b> and <b>Mrs Caroline Bollars</b>, on behalf of <b>Dr Oxana Domenti</b>, WHO Representative to the EU (online)</p> <p>Q&amp;A and Discussion</p>	Moderator: <b>Dr Mihály Kökény</b>
10:15-10:45	<b>Coffee break</b>	
10:45–12:30	<p><b>Session 11: Negotiations – the heart of HD. The INB and IHR negotiations – approaches and lessons learned</b></p> <p>Speaker: <b>Mrs. Katya Ivkova</b>, Director “European Coordination and International Cooperation” Directorate, Ministry of Health of the Republic of Bulgaria</p> <p><b>Reflections from Member States. A Round Table discussion</b></p>	Moderator: <b>Prof. Haik Nikogosian</b>
12:30-13:30	<b>Lunch break</b>	
13:30-14:30	<p><b>Session 12: Regional case studies: actors and experiences</b></p> <p><i>“Regional Health Diplomacy – general insights”</i></p> <p>Speaker: <b>Mrs. Vesela Vuchkova</b>, Chief Expert, “European Coordination and International Cooperation” Directorate, Ministry of Health of the Republic of Bulgaria</p> <p><i>“Health diplomacy as soft power in international relations - the Romanian Experience”</i></p> <p>Speaker: <b>Ass. Prof. Diana Paun</b>, Presidential Adviser, Dep. Public Health, Romania (pre-recorded message)</p>	Moderator: <b>Prof. Haik Nikogosian</b>



	<p><b>Key note closing speech:</b></p> <p><i>“Sovereign Order of Malta – Humanitarian mission and Diplomatic activities”</i></p> <p>Key note speaker: <b>H.E. Mrs. Ursula Höfter Zuccoli</b>, Ambassador Extraordinary And Plenipotentiary of the Sovereign Military Hospitaller Order Of St. John of Jerusalem of Rhodes and of Malta to the Republic of Bulgaria</p> <p>Q&amp;A and Discussion</p>	
14:30-15:15	<p><b>Session 13: HD: SEEHN Sub- regional perspective; challenges and way forward</b></p> <p>Moderator: <b>Dr Svetlana Nicolaescu</b>, Chair of SEEHN Executive Committee</p> <p><b>Round Table discussion among the SEEHN Member States</b></p>	
15:15-16:00	<b>Session 14: Reflections and closing, Certificates ceremony</b>	
16:00-16:30	<b>Networking Coffee</b>	
17:30	<b>Cultural tour</b>	Offered by MoH of Bulgaria only for international participants
19:00	<b>Dinner at hotel restaurant</b>	For guests staying at hotel
<b>28 November 2024</b>		
Departure of participants. The transfers for those traveling by plane will be arranged by the organizers.		







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