

# Health Diplomacy Futures Capacity Building in the Global South

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## High Level Stakeholder Consultation Report

January 2026



**RIS**

Research and Information System  
for Developing Countries

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली



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**NIMS**  
UNIVERSITY  
RAJASTHAN, JAIPUR



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30 September 2025

New Delhi

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Zone IV B, 4th Floor, India Habitat Centre  
Lodhi Road, New Delhi 110 003, India  
Tel.: +91-11-24682177-80; Fax: +91-11-24682173-74  
E-mail: [dgoffice@ris.org.in](mailto:dgoffice@ris.org.in); [communications@dakshin.org.in](mailto:communications@dakshin.org.in)  
Website: [www.ris.org.in](http://www.ris.org.in); [www.dakshin.org.in](http://www.dakshin.org.in)

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# Foreword

## Professor Sachin Kumar Sharma

Director General, RIS

I am pleased to introduce this timely and important report, *Health Diplomacy Futures: Capacity Building in the Global South*, which captures the rich deliberations of the high-level consultative meeting convened by the DAKSHIN - Global South Centre of Excellence at RIS, in partnership with the NIMS Institute of Public Health and Governance, NIMS University Rajasthan, Jaipur. The meeting brought together eminent leaders from governments, multilateral institutions, academia, think tanks, philanthropy, and the private sector to address the urgent imperative of strengthening health diplomacy capacities across Global South countries amid escalating threats from pandemics, climate change, and geopolitical disruptions.

The conversations explored health diplomacy's transformative potential as a pillar of South-South solidarity, institutional strengthening, multilateral advocacy, and innovative financing, reflecting deeply on how these elements can forge mutual resilience and equitable systems tailored to our shared realities. They underscored India's pivotal role, exemplified by successful efforts like Co-WIN's digital vaccine platform, Vaccine Maitri's outreach to neighbours, DAKSHIN's regional collaboration, and AYUSH's global promotion of traditional systems, initiatives that have not only fortified our own health architecture but also inspired equitable partnerships worldwide, demonstrating the power of indigenous innovation in addressing universal challenges.

Central to the discourse were reflections on the urgent need for tailored curricula that blend public health, international relations, and policy literacy; interdisciplinary training to bridge epistemological divides; and a cohesive Global South presence in key areas, such as the WHO and the WTO, to counter power asymmetries. Alongside these, pragmatic recommendations emerged with clarity: establishing a Global South Health Diplomacy Consortium to coordinate priorities and evidence generation; launching a Regional Health Diplomacy Curriculum Network for shared modules and simulations; creating a Multilateral Engagement Accelerator for negotiation coaching; and forming a Health Diplomacy Investment Platform to pool public, philanthropic, and private resources for training, digital goods, and context-appropriate technologies. These ideas remind us that true capacity building demands not just technical expertise but also political will and inclusive stakeholder engagement.

Health diplomacy embodies the Foucauldian notion of biopolitics reimagined through postcolonial lenses, where Global South agency disrupts hegemonic North-South paradigms, echoing Fanon's call for mutual recognition in decolonizing health governance. As Amartya Sen's capability approach reminds us, true equity lies in expanding freedoms through collective diplomatic praxis, not mere resource transfers, a principle this report operationalizes with intellectual rigour.

At RIS, we are steadfast in our resolve to champion these initiatives, cementing India's stature as a preeminent hub for Global South health diplomacy. This report stands as a clarion call and practical blueprint for collective endeavour, paving the way for robust health systems and just global governance that serve all humanity.



**Sachin Kumar Sharma**



# Preface

## **Prof. (Dr.) Balvir S. Tomar**

Founder and Chancellor

NIMS University Rajasthan, Jaipur

As the Founder and Chancellor of NIMS University and having been a practicing paediatric gastroenterologist, it became clear to me that many of the challenges faced in clinical settings are shaped far beyond the hospitals. It is by policy choices, cross-border cooperation, access to technologies, and the strength of health systems themselves. It also became evident that institutions do not change the world by reacting to crises, but they do so by anticipating them, building capacity quietly, and standing ready when the moment arrives. This report matters because it speaks to that moment.

Health today occupies a central place in diplomacy, development, and global governance. Pandemics, climate-related health risks, and geopolitical uncertainty have shown that health challenges do not respect borders and cannot be addressed in isolation. For the Global South, building health diplomacy capacity is essential to securing equity, voice, and influence in global decision-making processes.

This report is significant because it treats health diplomacy as a practical capability rather than an abstract concept. It emphasizes the need for strong institutions, skilled professionals, and sustained collaboration to move from reactive participation to proactive leadership. By grounding its approach in the realities and priorities of the Global South, it contributes meaningfully to more inclusive and effective global health governance.

Universities have a vital role in this effort by connecting evidence, policy, and practice. At NIMS University, this responsibility is central to our mission and to our commitment to serving both national and global public good.

The value of this report lies not only in the insights it offers but in its potential to inform action, guide investment, and strengthen cooperation across the Global South. I would like to thank Prof. Sachin Kumar Sharma, Director General, RIS; the team of DAKSHIN - Global South Centre of Excellence, RIS; the team of NIMS Institute of Public Health and Governance; and the RIS publication team for compiling this timely and purposeful report.

**Balvir S. Tomar**



# Concept Note

## Background

The increasing complexity of global health governance, amplified by pandemics, climate change, geopolitical tensions, and cross-border health threats, has elevated the importance of health diplomacy. For the Global South, where the need for equitable access, regional cooperation, and sustainable health financing is urgent, there is a clear imperative to invest in institutional capacities and cultivate a cadre of professionals trained in health diplomacy.

India, with its leadership in global health initiatives (such as Co-WIN, Vaccine Maitri, DAKSHIN, and AYUSH), is uniquely positioned to catalyze this transformation. Building on its robust infrastructure and strategic geopolitical engagement, India can help define a context-specific, scalable framework for capacity-building in health diplomacy tailored to the Global South.

## Purpose of the Meeting

The consultative meeting aims to initiate a structured, multi-stakeholder dialogue on building institutional and human capacity for health diplomacy. It seeks to co-develop a practice-oriented and context-sensitive curriculum in health diplomacy, aligned with the priorities of the Global South. It will serve as a foundational step to institutionalize health diplomacy as a core discipline in academic, policy, and governance settings.

## Objectives

- Identify current gaps and opportunities in health diplomacy capacity in India.
- Define core competencies required for health diplomats across sectors.
- Explore institutional, academic, and inter-ministerial mechanisms to support engagement.
- Co-design interdisciplinary training programs and scalable learning platforms.
- Strategize sustainable financing models for health diplomacy, education, and research.
- Foster multi-stakeholder partnerships and South-South collaboration.

## Expected Outcomes

- Draft roadmap for institutional development and interdisciplinary training.
- Recommendations for a national curriculum/module on health diplomacy.
- Actionable proposals for coordination mechanisms among key sectors.
- Identification of potential funding and partnership models to sustain long-term capacity building.

## Participants

Representatives from academia, industry, INGOs, universities, donor agencies, philanthropic foundations, multilateral partners, and government ministries

# Agenda

9:30am – 10:00am	Registration
10:00am – 11.15am	Context Setting
10:00am – 10.10am	<p>Welcome Address</p> <ul style="list-style-type: none"> <li>· Professor Sachin Kumar Sharma, Director General, RIS, India</li> <li>· Dr Balvir Singh Tomar, Founder and Chancellor, NIMS University Rajasthan, India</li> </ul>
10:10am – 11:00am	<p>Opening Remarks</p> <ul style="list-style-type: none"> <li>· Professor Gulshan Sachdeva, Chief Coordinator, DAKSHIN, RIS, India</li> <li>· Dr Rakesh Gupta, Additional Secretary to the President of India</li> <li>· Dr R Balasubramaniam, Member - Human Resources, Capacity Building Commission, Govt of India</li> <li>· Dr Soumya Swaminathan, Chairperson, M S Swaminathan Research Foundation (MSSRF), Chennai, India (Virtual)</li> <li>· Dr Catharina Boehme, Officer-in-Charge, World Health Organization South-East Asia Regional Office (WHO SEARO)</li> </ul>
11:00am – 11:15am	<p>Keynote Address</p> <p>Charting a Collective Path: Investing in the Future of Health Diplomacy</p> <ul style="list-style-type: none"> <li>· Dr Angela Lusigi, UNDP Resident Representative, India</li> </ul>
11:15am – 11:30am	Tea Break
11:30am – 12:15pm	PANEL – I: Health Diplomacy as a Catalyst for Global South-South Solidarity
	<p>Speakers</p> <ul style="list-style-type: none"> <li>· Mr Dadang Hidayat, Minister Counselor, Embassy of the Republic of Indonesia, New Delhi, India</li> <li>· Ms Vinita Sethi, Independent Director, Former Lead Corporate Affairs, Apollo Hospitals; Past President - Public Affairs Forum of India (PAFI)</li> <li>· Dr Anunaya Jain, Global Technical Director, Digital and Data Analytics Hub, Jhpiego Corporation, New Delhi, India</li> <li>· Ms Lakshmy Ramakrishnan, Associate Fellow, Observer Research Foundation (ORF), New Delhi, India</li> </ul> <p>Moderator</p> <ul style="list-style-type: none"> <li>· Professor Gulshan Sachdeva, Chief Coordinator, DAKSHIN, RIS, India</li> </ul> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>· Health diplomacy and its importance for the Global South</li> <li>· Diplomatic, legal, and technical skills needed for health negotiators</li> <li>· Role of multisectoral collaboration (health, foreign affairs, trade)</li> </ul>

12:15pm – 1:00pm	<b>PANEL – II: Building Institutional and Human Capacity for Health Diplomacy</b>
	<p>Speakers</p> <ul style="list-style-type: none"> <li>· Professor Fuad, Education and Cultural Attaché, Embassy of the Republic of Indonesia, New Delhi, India</li> <li>· Professor Neeta Inamdar, Dean, Faculty of Education, Jean Monnet Chair Professor, Symbiosis Centre for Higher Education Research and Policy Advocacy (SCHERPA), Symbiosis International (Deemed University), Pune, India</li> <li>· Ms Amrita Sadarangani, Senior Director and Head, Global Research Alliances, Ashoka University, Sonapat</li> <li>· Dr Anshul Chauhan, Medical Consultant, ICMR-National Institute for Research in Digital Health and Data Science (ICMR-NIRDHDS), New Delhi, India</li> </ul> <p>Moderator</p> <ul style="list-style-type: none"> <li>· Dr Sanjay Pattanshetty, Professor &amp; Director, NIMS Institute of Public Health and Governance, NIMS University Rajasthan, India</li> </ul> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>· Training programs and curricula for health diplomacy</li> <li>· Developing interdisciplinary courses or modules (Health + IR + Law)</li> <li>· Role of universities, Federations, Development sector, National Associations, Regional cooperation, and learning platforms</li> <li>· Strategies for scaling up local expertise and institutional readiness</li> <li>· Diverse career pathways in health diplomacy</li> </ul>
1:00pm – 2:00pm	Lunch
2:00pm – 2:45pm	<b>PANEL – III: Leveraging Multilateral Platforms for Building Capacity in Health Diplomacy</b>
	<p>Speakers</p> <ul style="list-style-type: none"> <li>· Ms Anshu Mohan, Coordinator, Family and Gender Health, World Health Organization South-East Asia Regional Office (WHO SEARO)</li> <li>· Dr Vivek Virendra Singh, Chief Health a.i, UNICEF, New Delhi</li> <li>· Mr Abhimanyu Saxena, Head, Health Systems Strengthening, UNDP India</li> <li>· Mr Oommen C. Kurian, Senior Fellow, Head of the Health Initiative at the Inclusive Growth and SDGs Programme, Observer Research Foundation (ORF), New Delhi, India</li> <li>· Dr Sonalini Khetrapal, Team Lead, Health Sector (India and Bhutan), Human and Social Development Sector Office, Asian Development Bank</li> </ul> <p>Moderator</p> <ul style="list-style-type: none"> <li>· Dr Nimisha Goel, Senior Program Officer, Primary Health Care, Gates Foundation, India</li> </ul> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>· Overview of existing UN mechanisms supporting diplomacy training</li> <li>· Investments in leadership training, negotiation skills, and regional capacity</li> <li>· Opportunities and mechanisms for Shared Leadership in the Global South</li> <li>· Global South countries positions and influence in multilateral health governance</li> </ul>

2:45pm – 3:30pm	PANEL – IV: Financing the Future: Mobilizing Investments in Health Diplomacy
	<p>Speakers</p> <ul style="list-style-type: none"> <li>· Dr Apoorva Sharan, Senior National Manager (Child Health and Development), Children's Investment Fund Foundation (CIFF), India</li> <li>· Dr Monika Sharma, Head of India Office, Novo Nordisk Foundation</li> <li>· Dr Karan Thakur, Group Vice President, Corporate Affairs &amp; Sustainability, Apollo Hospitals Enterprise Limited</li> <li>· Mr LM Singh, Managing Director India and Global Head, Partnerships, and Innovative Finance, Vital Strategies</li> <li>· Mr T.S. Vishwanath, Founder, Vek, Principal Adviser, ASL-Legal, Director General, Founding Member and Past President, Public Affairs Forum of India (PAFI)</li> <li>· Dr Ramnath Ballala, Director: Health Systems, Blockchain for Impact (BFI), India</li> </ul> <p>Moderator</p> <ul style="list-style-type: none"> <li>· Dr Grace Achungura, Technical Officer (Health Financing for UHC-HCF), World Health Organization (WHO) Country Office for India, New Delhi</li> </ul> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>· Role of Philanthropy in Strengthening South-South Cooperation</li> <li>· Challenges, and Gaps in mechanisms for financing education and research in health diplomacy</li> <li>· Targeted funding to build capacity in health diplomacy</li> <li>· Coordination platforms: supporting Global South coalitions</li> </ul>
3:30pm – 4:00pm	Closing Remarks & Acknowledgements
	<ul style="list-style-type: none"> <li>· Dr Sanjay Pattanshetty, Professor &amp; Director, NIMS Institute of Public Health and Governance, NIMS University Rajasthan, India</li> <li>· Ms Preeti Sudan, Former Union Health Secretary, Govt of India; Former Chairperson, Union Public Service Commission (UPSC), India (Virtual)</li> <li>· Dr Obijiofor Aginam, Director, UNESCO MGIEP (Mahatma Gandhi Institute for Peace and Sustainable Development), New Delhi, India</li> <li>· Dr Monika Kochar, Advisor-Health, DAKSHIN, RIS, India</li> </ul>
4:00pm onwards	High Tea

# Executive Summary

Global health governance has been in a period of heightened complexity, shaped by the convergence of pandemics, climate-induced health risks, geopolitical tensions, and rapidly evolving technologies. Health has become inseparable from diplomacy, trade, security, and development, requiring countries to engage across borders with greater strategic coherence and institutional preparedness. For the Global South, these dynamics highlight an urgent need to strengthen health diplomacy capacity in order to secure equity, representation, and influence in global decision-making.

Against this backdrop, the high-level consultative meeting on Health Diplomacy Futures: Capacity Building in the Global South, jointly organized by DAKSHIN - Global South Centre of Excellence at RIS and the NIMS Institute of Public Health and Governance, NIMS University Rajasthan, Jaipur convened on 30 September 2025. It brought together senior representatives from government ministries, multilateral organizations, academia, think tanks, philanthropic foundations, industry, and civil society to advance a shared understanding of how health diplomacy can be institutionalized as both a discipline and a practice tailored to Global South realities.

Four interconnected discussions shaped the event:

- **Health Diplomacy as a Catalyst for Global South-South Solidarity** examined how health diplomacy can enable collective agency, mutual resilience, and equitable systems within the Global South.
- **Building Institutional and Human Capacity for Health Diplomacy** focused on embedding health diplomacy in education, governance, and research ecosystems.
- **Leveraging Multilateral Platforms for Building Capacity** explored the opportunities for the Global South to amplify its voice and influence through multilateral cooperation.
- **Financing the Future: Mobilizing Investments in Health Diplomacy** reflected on the role of philanthropy, the private sector, and innovative financing mechanisms in shaping sustainable health systems.

Across the panels, several central themes emerged, including the need for collective solidarity, strong national and regional foundations, interdisciplinary collaboration, the development of context-sensitive curricula, and inclusive engagement across all sectors of society in the Global South. The meeting highlighted India's strategic position to catalyze this transformation through its demonstrated leadership in global health initiatives, including Co-WIN, Vaccine Maitri, DAKSHIN, and AYUSH, positioning the nation as a potential hub for health diplomacy capacity building tailored to the Global South's priorities and contexts. The event marked a significant step toward emphasizing health diplomacy as both a discipline and a practice that needs to be aligned with the priorities of the Global South.

## Key Recommendations

The meeting identified four potential action points that could strengthen health diplomacy capacity across the Global South.

- **Create a Global South Health Diplomacy Consortium** to bring together governments, academic institutions, multilaterals, and the private sector on a single platform. This consortium could coordinate shared priorities, support evidence generation, and guide capacity building across regions.
- **Launch a Regional Health Diplomacy Curriculum Network** to create shared teaching modules, case studies, and negotiation exercises that reflect the realities of the Global South. This network could help prepare a consistent pipeline of trained professionals for national ministries and multilateral delegations.
- **Establish a Multilateral Engagement Accelerator** to help Global South delegations prepare for the WHO, the WTO, and the UN negotiations. This accelerator could support teams with negotiation coaching, evidence briefs, and scenario-based simulations that match upcoming global agendas.
- **Create a Health Diplomacy Investment Platform** to pool public resources, CSR funding, philanthropic capital, and private sector innovation. This platform could support training programs, digital public goods, and regionally appropriate health technologies that are essential for long-term capacity building.

# Introduction

Global health is increasingly shaped by forces that extend beyond national borders and traditional health systems. Public health emergencies, climate-related risks, population mobility, technological change, and evolving geopolitical dynamics now interact in ways that influence how health challenges emerge and are addressed. As a result, health outcomes are profoundly influenced by decisions made across foreign policy, trade, development, and security domains, underscoring the need for coordinated engagement across sectors and countries.

Within this evolving landscape, health diplomacy has emerged as a critical field that connects public health expertise with diplomatic practice, enabling countries to negotiate, cooperate, and act collectively on shared health challenges. Yet the capacity to engage effectively in international negotiations, norm-setting processes, and cross-border cooperation remains uneven. Many countries continue to approach health diplomacy reactively, without dedicated institutional structures or trained professionals to support sustained engagement.

This becomes critical especially for the countries of the Global South, where their limited access to health technologies, uneven research and manufacturing capacity, and underrepresentation in global decision-making forums continue to shape how health challenges are addressed. While Global South countries bear a disproportionate share of disease burden and climate vulnerability, their ability to shape international norms, financing priorities, and regulatory frameworks remains constrained. Addressing these imbalances requires strengthening agency, coordination, and influence rather than reliance on externally defined solutions.

India's experience and emergence as a significant actor in global health present both an opportunity and a responsibility to catalyze transformative change in how the Global South approaches health diplomacy. Through initiatives such as the Co-WIN digital platform for vaccination management, the Vaccine Maitri program for distributing vaccines to neighbouring countries, the DAKSHIN initiative for regional cooperation, and the global promotion of AYUSH traditional medicine systems, India has demonstrated practical leadership in addressing health challenges while strengthening bilateral and multilateral relationships. This track record, combined with India's substantial infrastructure, demographic diversity, and strategic geopolitical positioning, creates a unique foundation for developing scalable, context-specific frameworks for building health diplomacy capacity.

This consultative meeting was designed to initiate a structured, multi-stakeholder dialogue on building institutional and human capacity for health diplomacy, specifically aligned with the priorities of the Global South. Rather than adopting wholesale frameworks developed in and for Global North contexts, the meeting sought to co-develop practice-oriented and context-sensitive approaches that acknowledge the distinct health challenges, resource constraints, and political economies of Global South nations. The discussions were organized around four critical dimensions: fostering South-South solidarity through health diplomacy; building institutional

and human capacity through educational reform and interdisciplinary collaboration; leveraging multilateral platforms to amplify the voices of the Global South; and mobilizing diverse financing mechanisms to support health diplomacy initiatives. This comprehensive approach recognized that effective health diplomacy requires simultaneous advancement across policy, academic, operational, and financial domains.

## Inaugural Session



# Health Diplomacy as a Catalyst for Global South-South Solidarity

The opening panel established health diplomacy as fundamentally intertwined with foreign policy and global cooperation, with particular emphasis on the need for the Global South to articulate collective positions and ensure fairness in international health cooperation. The discussion advanced a clear argument that policymakers must treat health issues not as purely technical or medical matters but as central concerns of international relations with significant implications for national security, economic development, and social stability. This framing positioned health diplomacy as a strategic tool through which Global South nations can assert agency and challenge existing power asymmetries in global health governance.

This geopolitical framing was reinforced by the recognition that health is embedded within broader geopolitical landscapes and cannot be isolated from issues such as pharmaceutical tariffs, supply chain politics, and great power competition. Recent disruptions in international cooperation, including the withdrawal of major partners from international health organizations, underscore the fragility of the global health governance architecture and the growing need for the Global South to develop resilient mechanisms for cooperation that do not depend entirely on participation from the Global North. In this context, global health diplomacy serves not merely as a means to address specific health challenges but as a mechanism for stabilizing international relations and maintaining channels for dialogue amidst growing tensions across multiple domains.

Building on this strategic understanding, the discussion turned to how health considerations can be systematically embedded within foreign policy architectures. Three distinct mechanisms were identified for integrating public health into foreign policy architectures. First, institutional synergy between foreign affairs ministries and health ministries was highlighted as crucial for effective policy development and implementation. This integration enables health considerations to inform diplomatic strategy, ensuring that international health commitments receive the appropriate political backing and resource allocation. Second, inclusivity in health diplomacy processes was defined as requiring the active involvement of universities, research institutions, civil society organizations, and affected communities. This broader participation ensures that health diplomacy reflects diverse perspectives and draws upon the full range of national expertise. Lastly, evidence-based diplomacy was emphasized as providing the foundation for credible international health engagement, requiring investments in health research infrastructure, surveillance systems, and data analytics capacity.

As the context of this institutional integration becomes critical, the discussion moved naturally to the question of a collective voice in the Global South. The need for a unified Global South voice in international negotiations was strongly emphasized, recognizing that fragmentation weakens collective bargaining power and perpetuates patterns of decision-making dominated by wealthy

nations and their priorities. Achieving such unity requires resolving significant challenges, including divergent national interests, historical tensions between Global South nations, and the temptation to pursue bilateral arrangements with Global North partners that may offer short-term benefits but undermine collective solidarity. Nevertheless, the potential benefits of coordinated advocacy in forums such as the World Health Organization and the World Trade Organization, as well as various multilateral treaty negotiations, justify sustained investment in building consensus mechanisms and shared negotiating platforms.

The discussion further emphasized that national interests and international solidarity are not inherently competing priorities but can be mutually reinforcing. Building resilience through regional strength emerged as a concrete expression of this principle, with the ASEAN vaccine security initiative exemplifying how regional cooperation mechanisms can enhance collective capacity to respond to health threats while respecting national sovereignty. Such initiatives demonstrated that regional collaboration produces tangible benefits, including economies of scale in vaccine procurement and manufacturing, enhanced negotiating leverage with global pharmaceutical companies, and improved capacity for rapid response to emerging health threats. Beyond specific initiatives, the establishment of equitable mechanisms for resource allocation and decision-making, such as the pandemic fund, constituted institutional innovations that embed principles of fairness and solidarity into the operational structures of global health cooperation.

From regional solidarity, the discussion extended to international economic governance, particularly the role of trade and intellectual property regimes in shaping health outcomes. Strengthening the Global South's voice in institutions such as the World Trade Organization was framed as a strategic priority with direct implications for health security and equity. Advocacy for creating an expanded TRIPS waiver-like proposal beyond COVID-19 vaccines to include diagnostics and therapeutics reflected broader concerns about how intellectual property rules constrain access to essential technologies. Trade policy was recognized as a powerful but underutilized lever for health diplomacy, encompassing tools such as health-related provisions in trade agreements, regulatory harmonization to facilitate regional circulation of health products, joint procurement arrangements, and the use of intellectual property flexibilities to balance innovation with access.

Closely linked to these trade and access issues was the need to reduce structural dependence on Global North institutions by strengthening indigenous capacity across the health innovation ecosystem. The speakers emphasized the importance of research and development tailored to the disease burdens and health system contexts of the Global South, addressing longstanding patterns in which technologies are designed and tested primarily in high-income settings. Within this agenda, gender-sensitive health research and programming were highlighted as critical, given the distinct health vulnerabilities faced by women that are often overlooked in global frameworks. Similarly, the growing need for geriatric care was emphasized in light of rapid demographic transitions across Asia, Africa, and Latin America, even as health systems and training remain heavily oriented toward maternal, child, and infectious disease priorities.

Attention then turned to the material foundations required to support these ambitions. The establishment of manufacturing hubs within the Global South was identified as a strategic priority with implications extending beyond health security to industrial policy, technology transfer, and employment generation. Regional manufacturing capacity was seen as a means of reducing vulnerability to supply chain disruptions, enabling faster responses to health emergencies, and retaining economic value within Global South economies. Achieving this requires coordinated

policy support, including investment in infrastructure, development of regulatory systems that ensure quality while facilitating market entry, and technology transfer arrangements that build genuine indigenous capacity rather than dependence on imported expertise.

Complementing manufacturing and innovation, the discussion emphasized the importance of strengthening global surveillance and preparedness systems. It was highlighted that both technical infrastructure and political commitment are essential for transparent data sharing. The discussion emphasized building efficiency in health investments to maximize the impact of limited resources, establishing rapidly deployable international healthcare forces that provide surge capacity during health emergencies, and strengthening early warning systems that detect emerging health threats before they escalate into crises. Complementing manufacturing and innovation, the discussion emphasized the importance of strengthening global surveillance and preparedness systems.

The panel also underscored that effective health governance extends beyond institutions and technologies to communities themselves. The One Health framework was discussed as an approach that recognizes the interconnectedness of human, animal, and environmental health, and the importance of community awareness and grassroots engagement in disease surveillance and control. Social science perspectives were highlighted as essential for understanding cultural, economic, and social dimensions of health threats and for designing interventions that are locally appropriate. Applying health diplomacy principles at the community level was presented as a significant extension of traditional state-centric diplomacy, requiring engagement across multiple scales from international negotiations to local implementation.

Within this broader ecosystem, digital health emerged as a particularly promising domain for South-South cooperation. The discussion highlighted several examples, including MOSIP (Modular Open Source Identity Platform), which originated from India's Aadhaar digital identity system and has since been adopted by twenty-six countries to establish foundational identity systems that enable targeted delivery of health and social services. M-Pesa, the mobile money platform, has transformed financial inclusion across Africa, demonstrating how digital innovations developed in Global South contexts can achieve scale and impact through horizontal technology transfer between similarly situated countries. The Joint Learning Network for sharing best practices in healthcare financing provides an institutional mechanism for peer-to-peer knowledge exchange that avoids the hierarchical dynamics often present in technical assistance relationships with institutions in the Global North.

The panel concluded by synthesizing these diverse strands into a practical framework for Global South health diplomacy, articulated through the Three Cs framework principle:

- **Credibility**, established through demonstrated expertise and reliable partnership
- **Code**, representing digital solutions and technical infrastructure
- **Collaboration**, embodied in sustained multi-stakeholder engagement

Building national ecosystems was presented as a precondition for practical regional cooperation, which in turn provides the foundation for broader solidarity within the Global South. This sequential approach acknowledges that effective international cooperation necessitates robust domestic capacity and that regional mechanisms serving geographically proximate countries with shared challenges can achieve greater traction than ambitious global initiatives. Regional cooperation mechanisms within ASEAN, the African Union, and the South Asian Association for Regional Cooperation offer practical venues for developing health diplomacy capacity and demonstrating value before scaling to broader Global South coordination.

## Panel I - Health Diplomacy as a Catalyst for Global South-South Solidarity



# Building Institutional and Human Capacity for Health Diplomacy

The second panel examined the fundamental challenge of developing institutional and human capacity for health diplomacy through educational reform, interdisciplinary collaboration, and the creation of new academic and professional pathways. The discussion recognized that health diplomacy, as a discipline, sits at the intersection of multiple established fields, including public health, international relations, economics, law, and development studies, while also noting that few educational institutions have yet successfully integrated these diverse perspectives into coherent curricula that prepare graduates for the complex realities of health diplomacy practice. This capacity gap represents both a constraint on current health diplomacy efforts and an opportunity to shape the next generation of health diplomats through intentional curriculum design and pedagogical innovation.

Before addressing curricula and training models, the discussion emphasized that capacity building is rooted in relationships and institutions. Cultural missions and embassies were highlighted as significant yet underutilized actors in fostering academic exchange and international cooperation. Rather than functioning solely as channels for government-to-government engagement, these missions were seen as potential facilitators of university partnerships, research collaboration, and student mobility that build long-term networks of trust and understanding. The emphasis on quality over quantity in such collaborations was identified as a crucial principle, recognizing that superficial partnerships frequently result in memoranda of understanding that lead to minimal substantive activity, inefficient use of resources, and, over time, increased cynicism. In contrast, a consortium-based approach enables joint working groups focused on policy development, institutional linkages, and sustainable funding mechanisms that support deeper and more durable partnerships.

For these partnerships to succeed, building a shared understanding between partner institutions is an essential groundwork. This involves sustained relationship-building, clarity of mutual expectations, and agreement on objectives that serve all partners rather than reflecting the priorities of more powerful actors. International educational experiences were highlighted as a critical component of this process, as exposure to different systems and perspectives helps future leaders develop cultural competence, professional networks, and the ability to operate across contexts. Reciprocity was emphasized as essential, ensuring that student mobility and training opportunities do not reinforce one-directional flows or existing hierarchies.

Against this institutional backdrop, the discussion turned to the substantive challenges of interdisciplinary education in health diplomacy. The discussion, therefore, called for a fundamental rethinking of curriculum design, pedagogy, and institutional structures, rather than simply adding health diplomacy modules to existing degree programs. Different disciplines employ distinct vocabularies, conceptual frameworks, and methods of inquiry that create barriers to integration. Public health professionals trained in epidemiological methods and evidence-based practice may, for example, find it difficult to engage with the normative debates and interpretive approaches that characterize international relations scholarship. Similarly, economists' emphasis on efficiency and incentive structures may not always align with public health's commitment to equity and

rights-based approaches. These differing ontological positions of fundamental assumptions about the nature of reality and how knowledge is generated require explicit acknowledgment and careful negotiation, rather than superficial eclecticism that juxtaposes perspectives without genuine integration.

To address these challenges, a multi-level approach spanning regional, national, and institutional scales offers a pragmatic pathway for advancing health diplomacy education. Regional mechanisms can establish frameworks for curriculum sharing, faculty exchange, and quality assurance, thereby reducing the burden on individual institutions while promoting greater consistency in learning outcomes. National policy initiatives can provide funding, regulatory support, and coordination mechanisms that enable multiple institutions to develop complementary programs rather than competing for limited resources. At the institutional level, innovation requires sufficient autonomy to experiment with novel pedagogical approaches, interdisciplinary faculty appointments, and partnerships with non-academic entities, including government agencies, multilateral organizations, and civil society. Within this framework, policy literacy emerges as a foundational competence for health diplomats, requiring students to understand how policies are developed, how negotiators advance them, and how implementers translate them into practice across diverse institutional contexts.

The discussion then moved to institutional mechanisms that translate education into practice. Policy observatories were described as platforms that systematically track policy developments across jurisdictions, analyze trends, and identify transferable lessons. These observatories support policymakers while giving students exposure to live policy processes. Policy laboratories were presented as complementary spaces for experimentation, where stakeholders jointly design interventions, pilot solutions, and evaluate outcomes before scaling. Together, these mechanisms were seen as bridging the gap between academic analysis and the political realities of policymaking.

The speakers emphasized that health diplomacy's broad scope further reinforces the need for such applied learning approaches. Extending across trade policy, technology governance, climate adaptation, and financial systems, health diplomacy resists narrow specialization. While comprehensive coverage risks superficiality if programs attempt to address too many areas without adequate depth, excessive specialization risks producing graduates with expertise confined to narrow subdomains who lack the broader perspective needed to understand how different policy domains interact. Case-based learning has therefore emerged as a pedagogical approach particularly well suited to health diplomacy education. Through in-depth examination of specific diplomatic episodes, case studies help illustrate key concepts, reveal complexity, and strengthen analytical skills. Well-designed cases demonstrate how technical evidence, political considerations, economic interests, and normative commitments interact in real-world policy processes, thereby resisting simplistic narratives that attribute outcomes to single factors.

Attention then shifted to how learning translates into professional practice. Collaborative research was highlighted as serving both educational and policy functions, helping students develop analytical and communication skills while producing outputs relevant to decision-makers. Mentorship remains central to professional development. By connecting students with experienced health diplomats, mentorship guides career pathways, facilitates access to professional networks, and models effective practice. Formalized mentorship programs are critical in ensuring access for students from diverse backgrounds who may lack personal connections to health diplomacy professionals.

Despite these efforts, speakers noted that career pathways in health diplomacy remain poorly defined, creating uncertainty for students considering the field and limiting the recruitment of talented individuals. The absence of clear entry points, progression routes, and credentialing

systems creates uncertainty for students and limits talent recruitment. Addressing this requires engagement with employers across ministries, multilateral organizations, philanthropy, think tanks, and advocacy groups to align training with workforce needs. Placements, policy fellowships, joint evidence platforms, and rapid evidence advisory cells were identified as practical bridges between education and employment.

Real-world evidence from digital health implementation was used to highlight why contextual competence matters. Participants noted that AI and digital platforms often fail when transferred across settings without adequate adaptation, due to differences in disease patterns, data quality, and health system structures. These failures highlight the need for rigorous evaluation, ethical safeguards, and context-sensitive policy design. Incorporating such cases into health diplomacy education was seen as essential for preparing practitioners to navigate both technological promise and implementation risk.

The session concluded by addressing the fundamental question of what constitutes a health diplomat. It was agreed that health diplomacy is best defined by its function rather than by formal credentials or organizational affiliation. Health diplomats are those who use communication, collaboration, and convening power to address health challenges requiring coordination across sectors, institutions, and borders. This inclusive definition recognizes health diplomacy as a practice accessible to a wide range of professionals rather than the exclusive domain of a credential led elite. Clinicians advocating for policy change, researchers translating evidence for policymakers, civil society leaders mobilizing constituencies, and government officials negotiating international agreements all engage in health diplomacy when they bridge divides and foster collective action on health challenges. This functional definition democratizes health diplomacy while still maintaining clear expectations regarding the knowledge, skills, and dispositions required for effective practice.

## Panel II - Building Institutional and Human Capacity for Health Diplomacy



# Leveraging Multilateral Platforms for Building Capacity in Health Diplomacy

The third panel examined how multilateral platforms can be strategically leveraged to build capacity for health diplomacy and amplify the collective voice of the Global South in international health governance. Multilateral organizations, including the World Health Organization, UNICEF, UNDP, and the Asian Development Bank, among others, provide critical venues for international cooperation, standard-setting, and resource mobilization. However, these institutions reflect historical power structures that have often marginalized the perspectives and priorities of the Global South. Strengthening the capacity of Global South nations to engage effectively with multilateral platforms while simultaneously reforming these institutions to be more representative and responsive constitutes a dual imperative for advancing health equity and effective global health governance.

Building on this framing, the discussion emphasized that strengthening the capacities of health diplomats from Global South nations requires both individual skill development and systemic reforms that address structural biases disadvantaging these nations in international forums. Current multilateral institutions continue to be shaped by assumptions, procedures, and priorities largely defined by Global North member states, reinforced by funding structures and leadership patterns. Correcting these imbalances was seen to require deliberate efforts to diversify leadership, reform voting arrangements to better reflect global demographics and economic weight, broaden core funding bases to reduce donor dominance, and embed explicit commitments to Global South health priorities within institutional strategies and resource allocation decisions.

From institutional reform, the discussion moved to the importance of collective positioning within multilateral forums. Presenting a unified Global South voice was identified as a key determinant of negotiating leverage, reducing the ability of more powerful states to fragment positions through bilateral inducements. Participants noted that achieving such unity demands sustained diplomacy among Global South countries to identify shared priorities, reconcile differences, and establish coordination mechanisms capable of functioning under the time pressures and complexity of international negotiations. The Group of 77 and similar coalitions provide frameworks for coordination among the Global South. Yet, these mechanisms face persistent challenges, including free-rider problems, lowest-common-denominator positions that sacrifice ambition for consensus, and vulnerability to defection when individual nations receive side payments or preferential treatment. Investing in leadership development, negotiation skills, and technical expertise among Global South delegations enhances their ability to advocate effectively and contribute substantively to multilateral deliberations, rather than merely reacting to proposals from the Global North.

Opportunities for Global South nations to shape multilateral agendas include active participation in governance bodies, leadership in technical committees and expert groups, and championing of

initiatives addressing Global South priorities. UNICEF's work demonstrates the value of multi-stakeholder engagement encompassing government, civil society, academia, and development partners in addressing health challenges. The process of addressing global health issues in diplomatic forums requires sustained effort to build political will, frame health issues in ways that resonate with broader foreign policy priorities, and demonstrate how health cooperation serves multiple objectives, including economic development, regional stability, and humanitarian values. Including the voices and participation of affected populations, particularly children and youth, in global deliberations represents an essential dimension of inclusive health diplomacy. Examples of young people from Global South nations contributing to international discussions on climate change and other issues demonstrate that youth engagement is both feasible and valuable, bringing perspectives that enrich policy deliberation and building the next generation of global citizens committed to international cooperation.

The panel then situated multilateral engagement within a broader strategic architecture, emphasizing the importance of building from national to regional to global levels. Strong domestic health systems were described as the foundation for credible international engagement, ensuring that commitments made in multilateral forums can be implemented effectively and that negotiating positions reflect real capacities rather than aspirational rhetoric. Regional cooperation mechanisms were highlighted as particularly effective intermediaries, enabling countries with shared challenges to align priorities, exchange knowledge, and develop common standards before engaging at the global level. Such platforms facilitate practical cooperation that is often more difficult to achieve in globally heterogeneous settings.

Within this multi-level framework, the role of academia emerged as a critical enabler in supporting country-specific solutions through research that generates evidence on health challenges and the effectiveness of interventions in Global South contexts, the training of health professionals and policymakers, and the provision of independent technical expertise to inform policy deliberations. Universities serve as institutional homes for policy observatories and laboratories, as neutral conveners for multi-stakeholder dialogue, and as sources of evaluation evidence on policy implementation and outcomes. For these contributions to realize their full potential, academic institutions must prioritize policy-relevant research alongside traditional disciplinary scholarship, develop mechanisms for the timely communication of research findings to policy audiences, and cultivate relationships with government agencies and civil society organizations based on mutual respect and a shared commitment to evidence-informed policy.

Building on this emphasis, the discussion highlighted the importance of institutionalized pathways for youth and young professional engagement. Participants cautioned against reliance on ad hoc opportunities driven by personal networks or exceptional initiative, arguing instead for structured programs that support skills development, mentorship, and career progression. South-South collaboration among young professionals was seen as particularly valuable for building long-term networks and shared understanding. International initiatives such as the UN General Assembly's Pact for the Future and UNDP's youth champion programs were cited as evidence of growing recognition of youth engagement in global governance, while also underscoring the need to ensure meaningful participation rather than symbolic inclusion.

The panel further examined the distinctive contributions of think tanks to health diplomacy. Think tanks were described as playing multiple roles, including framing policy questions, producing decision-grade evidence, convening diverse stakeholders, and bringing implementation realities into negotiation spaces. Participants emphasized that effective question framing can shape entire policy agendas, while the ability to translate complex analysis into accessible formats is critical for influencing decision-making under political and time constraints. Think tanks were also highlighted as conduits linking frontline health workers, affected communities, and policymakers, as well as institutions that invest in long-term capacity building through fellowships, mentorship, and career development. Initiatives such as the

Sushma Swaraj Institute of Foreign Service were cited as examples of institutional commitment to developing health diplomacy expertise.

The discussion concluded by examining the role of regional cooperation platforms established by development banks in strengthening Global South engagement. Programs such as the Asian Development Bank's Central Asia Regional Economic Cooperation, the South Asia Subregional Economic Cooperation initiative, and the Greater Mekong Subregion program were highlighted for combining policy dialogue with financial investment in areas such as health security, digital health, and One Health approaches. These platforms were distinguished from purely consultative mechanisms by their ability to mobilize resources and support implementation at scale. Participants emphasized that effective participation in such platforms requires targeted capacity building in health economics, project design, negotiation of financing agreements, and monitoring and evaluation. Taken together, the integration of evidence generation, sustained dialogue platforms, digital coordination systems, and financial instruments was presented as a coherent approach to strengthening the Global South's voice and influence in multilateral health diplomacy.

### Panel III - Leveraging Multilateral Platforms for Building Capacity in Health Diplomacy



# Financing the Future: Mobilizing Investments in Health Diplomacy

The final panel examined the critical challenge of financing health diplomacy initiatives and health system strengthening in the Global South, with a focus on diverse mechanisms including philanthropy, corporate partnerships, domestic resource mobilization, and innovative financing. The discussion recognized that inadequate and unpredictable financing represents a fundamental constraint on health diplomacy capacity and that sustainable financing mechanisms are essential for translating policy commitments into tangible improvements in health outcomes.

The discussion began by examining the evolving role of philanthropy, which was described as extending well beyond direct service delivery to encompass systemic strengthening and catalytic functions. The concept of philanthropy as scaffolding for health systems was emphasized, highlighting how temporary, targeted support can enable systems to develop capacity and eventually sustain functions independently. It was noted that catalytic capital from philanthropic sources plays a critical role in supporting innovations that are too risky or unproven to attract government funding or commercial investment, yet hold potential for transformative impact. This venture-style approach accepts higher failure rates in exchange for the possibility of breakthroughs that can reshape practice. Philanthropic investments in training programs, centres of excellence, knowledge management infrastructure, faculty development, curriculum design, and research facilities were highlighted as examples of capacity-building support that endures beyond individual project cycles.

Facilitating South-South cooperation and peer learning platforms represents a distinctive contribution of philanthropy, convening actors who might not otherwise interact and supporting knowledge exchange mechanisms that enable Global South nations to learn from each other's experiences. India's Global Initiative for Digital Health was cited as an illustration of how such platforms can support the sharing of digital public goods, enable horizontal technology transfer, and build communities of practice across the Global South. The ability to share not only successes but also failures and implementation challenges was emphasized as particularly valuable in accelerating collective learning and avoiding repeated mistakes.

From philanthropic platforms, the discussion moved to partnership models that bring together multiple philanthropic organizations and bridge philanthropic and government actors demonstrate the value of coordinated action on complex challenges. Collaborations between major foundations on issues such as antimicrobial resistance, climate change impacts on health, and pandemic preparedness enable more comprehensive approaches than any single organization could mount. Partnerships with government research funding agencies and international health organizations were seen as important for aligning philanthropic resources with national priorities and multilateral agendas, thereby reducing fragmentation. Disease-focused collaborations, such as the World Diabetes Foundation's work on cardiometabolic disease prevention, were cited as

examples of how partnerships can mobilize resources, coordinate interventions across countries, and build specialized expertise. Catalytic investments by philanthropic venture arms in health technology companies were also discussed, highlighting their role in accelerating product development and market access while generating returns that can be reinvested in further health initiatives.

The panel then broadened its focus to the role of the private healthcare sector, noting that its contributions to health diplomacy are often overlooked in conventional framings that prioritize government and multilateral actors. Participants discussed medical tourism as a pathway that generates economic benefits while building reputational capital and soft power. Capacity-building initiatives led by private providers, including the establishment of healthcare facilities, training programs, and management systems in other countries, were highlighted as mechanisms for transferring expertise, creating commercial opportunities, and strengthening bilateral relationships. The transfer of digital public health goods, such as telemedicine platforms, electronic health records, and health management information systems, was seen as enabling the rapid scaling of innovations across diverse contexts. The role of private healthcare actors in conflict-affected or underserved settings was also discussed, illustrating how private providers can function as informal health diplomats by supporting stability and service delivery where state capacity is limited.

Attention then shifted to the importance of moving beyond aid-based relationships toward genuine partnerships grounded in mutual benefit and shared decision-making. Participants emphasized that domestic resource mobilization must play a central role in financing health diplomacy, recognizing that external funding alone will never be sufficient to meet the health needs of the Global South. India's Corporate Social Responsibility framework was highlighted as a significant source of potential funding, with participants noting the need for strategic coordination to channel these resources toward health priorities. Leveraging domestic entrepreneurial talent and innovation ecosystems was also discussed as a pathway for developing health technologies and service delivery models that are appropriate for resource-constrained settings and responsive to local needs.

The discussion then moved to the strategic allocation of resources, with participants emphasizing the value of investing in prevention and upstream determinants of health. Preventive strategies were framed as high-value investments that reduce long-term treatment costs and improve population health outcomes. This requires reorienting health systems that are predominantly focused on acute care toward population-level approaches, including investment in public health infrastructure, workforce development, and action on social determinants such as education, housing, nutrition, and environmental quality. Data-driven policymaking was highlighted as essential for targeting interventions effectively, monitoring outcomes, and adapting strategies based on evidence. Participants also noted the importance of reframing health priorities to reflect the growing burden of non-communicable diseases, including cardiovascular disease, diabetes, cancer, and mental health conditions.

The discussion further emphasized that addressing lifestyle diseases requires coordinated approaches that extend beyond pharmaceuticals to encompass behavioural change, environmental modification, and policies targeting commercial determinants of health. Participants outlined a division of labour in which philanthropies support innovation and pilot programs, governments and multilateral institutions scale effective interventions through policy frameworks and domestic resources, and regional coalitions coordinate priorities and resource mobilization across countries.

This orchestration across actors and scales was presented as essential for effective and sustainable action.

Innovation emerged as a recurring theme, particularly the role of new-age philanthropy in leveraging technology platforms, crowdfunding, and impact investment to diversify funding sources and engage new constituencies. Participants emphasized the importance of supporting local biomedical technology development to reduce dependence on imported technologies, build industrial capacity, and create employment. Ground-level problem identification was highlighted as critical to ensuring that innovations respond to real needs rather than assumptions. Open-source technologies were seen as particularly valuable for South-South cooperation, enabling rapid dissemination without restrictive intellectual property barriers. Learning from failure was emphasized as a necessary, though often neglected, component of innovation, requiring systematic documentation and sharing to prevent repeated errors.

The panel concluded by focusing on the efficient use of financing and the importance of accountability. Outcome-based funding mechanisms were discussed as tools for linking disbursement to results while allowing flexibility in implementation. Health taxes on products such as tobacco, alcohol, and sugary beverages were highlighted for their dual role in generating domestic revenue and discouraging harmful consumption. Participants also discussed leveraging India's entrepreneurial ecosystem and social stock exchanges to mobilize private capital for health-focused social enterprises, blending commercial and social objectives. The session concluded with an emphasis on partnerships as essential for catalyzing innovation, sharing experiences of both successes and failures, and extending health technologies from South to South through horizontal cooperation mechanisms that respect local ownership and build indigenous capacity.

#### Panel IV - Financing the Future: Mobilizing Investments in Health Diplomacy



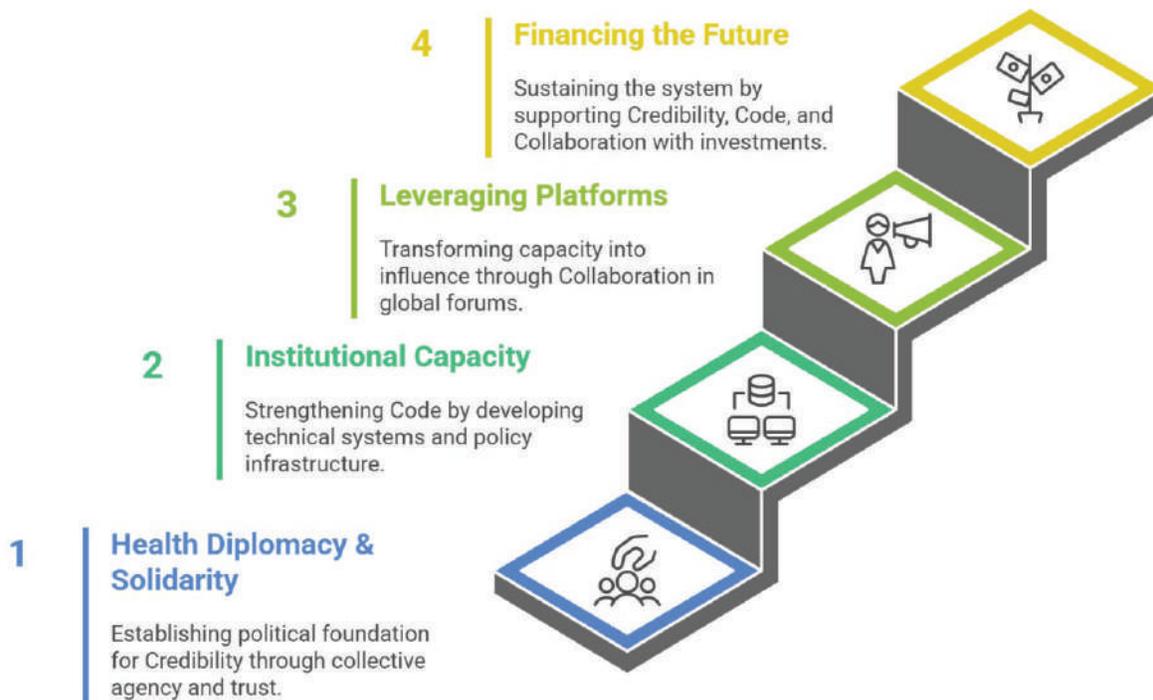
# Discussion

The consultative meeting on “Health Diplomacy Futures: Capacity Building in the Global South” established a comprehensive framework for advancing health diplomacy capacity that integrates policy reform, educational innovation, institutional strengthening, and financing diversification. The discussions revealed both the urgency of building health diplomacy capacity in response to intensifying global health challenges and the substantial opportunities available through strategic investment in human capital, institutional infrastructure, and regional cooperation mechanisms. Central to all four panels was recognition that the Global South must develop indigenous frameworks for health diplomacy rather than merely adapting approaches designed for Global North contexts, accounting for distinctive epidemiological profiles, health system characteristics, resource constraints, and political economies.

Several cross-cutting themes emerged consistently across the panels. First, the imperative for solidarity and collective action among Global South nations is recognized, as fragmentation weakens bargaining power and perpetuates marginalization in global health governance. Second, the necessity of building from strong national foundations through regional cooperation to global engagement, avoiding the tendency to pursue ambitious international initiatives without adequate domestic capacity to implement commitments. Third, the value of interdisciplinary approaches that integrate public health, international relations, economics, law, and other perspectives is acknowledged, recognizing that health diplomacy challenges cannot be adequately addressed through narrow technical framings. Fourth, the importance of inclusive processes that engage diverse stakeholders, including government, civil society, academia, private sector, and affected communities, rather than treating health diplomacy as the exclusive domain of diplomatic and public health elites.

The four panel discussions form a connected architecture that reflects the full pathway of health diplomacy development in the Global South, and the Three Cs - Credibility, Code and Collaboration, provide the principles that hold this system together. The first panel on Health Diplomacy and South-South Solidarity establishes the political foundation for Credibility by emphasising collective agency, shared priorities, and trust among countries. The second panel on Institutional and Human Capacity turns that political intent into capability by strengthening Code, which includes the technical systems, digital tools, and policy infrastructure needed for effective action. The third panel on Leveraging Multilateral Platforms transforms capacity into influence through Collaboration, as countries build coalitions, coordinate positions, and amplify their voice in global forums. The fourth panel on Financing the Future sustains the system by supporting all three Cs, since investments in people, technology, and partnerships ensure that credibility can be maintained, code can be upgraded, and collaboration can be expanded over time. Together, the panels demonstrate that political solidarity, institutional readiness, strategic engagement, and sustainable financing are mutually reinforcing. Figure 1 illustrates the interconnectedness of the four panels and how the three Cs become imperative across the domains.

**Figure 1: Flow of Influence Across the Four Panels and the Three Cs - Credibility, Code and Collaboration**



The path forward requires sustained commitment across multiple fronts. Educational institutions must undertake fundamental curriculum reform to develop interdisciplinary programs that prepare graduates for health diplomacy practice, combining rigorous academic training with practical experience through placements, fellowships, and engagement with policy processes. Governments must invest in health diplomacy capacity within foreign and health ministries, establish coordination mechanisms that integrate health considerations into foreign policy, and support participation in multilateral forums with adequately resourced and trained delegations. Multilateral organizations must reform their governance structures and operational practices to eliminate biases favouring Global North perspectives, actively cultivate leadership from the Global South, and align their priorities and resource allocations with the health challenges faced by the Global South. Philanthropic organizations and private sector actors must engage as genuine partners, rather than patrons, by supporting Global South-led initiatives, facilitating horizontal knowledge exchange, and investing in capacity building that fosters sustainable indigenous expertise.

India's positioning as a potential hub for health diplomacy capacity building in the Global South reflects its demonstrated track record in global health leadership, substantial infrastructure and human resources, democratic governance structures, and strategic relationships spanning Asia, Africa, and beyond. Realizing this potential requires intentional investment in developing curricula and training programs accessible to professionals from across the Global South, establishing research and policy institutions that generate evidence relevant to the health diplomacy challenges of the Global South, and cultivating diplomatic and multilateral relationships that position India as a convener and facilitator

of South-South cooperation. The consultative meeting represents a foundational step in this direction, establishing relationships among key stakeholders, identifying priority areas for action, and creating momentum for the sustained effort required to institutionalize health diplomacy as a core competency across the Global South.

Global health challenges will continue to intensify as climate change expands vector habitats and creates population displacement, antimicrobial resistance renders common infections untreatable, and geopolitical tensions constrain international cooperation precisely when it is most needed. The Global South will bear disproportionate burdens of these challenges given limited health system capacity, high population densities, and vulnerability to environmental shocks. Without substantial strengthening of health diplomacy capacity, Global South nations will remain reactive to agendas set elsewhere, dependent on technologies and approaches designed for different contexts, and continue to be marginalized in global health governance. Conversely, strategic investment in health diplomacy capacity can position the Global South to shape international health agendas, develop indigenous solutions suited to local contexts, and exercise genuine agency in addressing the health challenges facing their populations. The consultative meeting on “Health Diplomacy Futures: Capacity Building in the Global South” provided a roadmap for this transformation and implementation through sustained collaboration, resource mobilization, and political commitment across the diverse stakeholders.

# Recommendations and Way Forward

Strengthening health diplomacy in the Global South requires coordinated action across governments, academia, multilateral organizations, philanthropy, and the private sector. Discussions across the four panels converged on the need for a coherent institutional architecture that can build capacity, align priorities, and translate evidence into diplomatic influence.

At the core of this approach is the launching of a Global South Health Diplomacy Consortium, envisioned as a shared platform for joint priority setting, evidence generation, and collective capacity building. Governments could anchor the consortium through national Health Diplomacy Cells, which articulate negotiation priorities, coordinate across ministries, and interface with consortium activities. Multilateral organizations could reinforce this ecosystem by expanding Global South leadership in technical bodies, aligning resources with regional priorities, and supporting shared data systems and early warning networks. Academic institutions could provide the intellectual backbone through interdisciplinary curricula, policy labs, and negotiation-ready analysis, while philanthropy and the private sector would enable scale through financing, digital infrastructure, and South–South technology transfer.

Complementing the consortium, a Regional Health Diplomacy Curriculum Network would strengthen the human capital pipeline by enabling universities to co-develop shared modules, case repositories, and negotiation simulations. Governments and multilateral organizations could guide competency requirements, universities would translate them into training, and private and philanthropic actors would support innovation-oriented learning, faculty exchange, and digital public goods. This ensures education remains closely linked to real negotiation demands.

Establishing a Multilateral Engagement Accelerator would support coordinated preparation ahead of key negotiations at the WHO, WTO, and UN. National Health Diplomacy Cells would identify upcoming agendas, academic policy labs would prepare briefs, multilateral partners would clarify negotiation pathways, and private actors would contribute technical insights – allowing delegations to engage with clearer positions and stronger alignment.

Finally, a Health Diplomacy Investment Platform would underpin the ecosystem by pooling public funding, CSR resources, philanthropic capital, and private innovation finance. Governments would guide investment priorities, multilaterals would ensure alignment with global frameworks, academia would assess and scale effective approaches, and private actors would contribute technologies and platforms. The platform would finance training, curricula, digital public goods, early-stage technologies, and preparedness systems aligned with Global South priorities.

These multi-stakeholder action agendas can operationalize capacity building across multiple dimensions simultaneously, from policy coordination within governments to interdisciplinary education in universities, from governance reform in multilateral bodies to innovation financing from philanthropies and corporations. Success requires a sequential implementation process, beginning with the development of institutional infrastructure, progressing to program scaling and results generation, and ultimately achieving a substantive, demonstrable impact.

## Valedictory Session



# Speakers of the Event



## **Professor Sachin Kumar Sharma**

Director General, RIS

An expert in international trade, development cooperation, and multilateral negotiations with over two decades of experience. His work has shaped Global South positions at the WTO, FAO, G20, and regional trade forums, particularly on food security, sustainability, and domestic support. A prolific scholar and former Professor at IIFT's Centre for WTO Studies, he has led capacity-building for developing countries and LDCs and champions South-South cooperation through evidence-based policymaking.



## **Prof. (Dr.) Balvir S. Tomar**

Chairman & Chancellor, NIMS University Rajasthan, Jaipur, India

An internationally renowned paediatrician, researcher, and institution builder, recognized for pioneering work in the eradication of Indian Childhood Cirrhosis. He is the Founder & Chairperson, NIMS University Rajasthan, Jaipur, India; Former International President – World Health Summit 2025, Germany; Vice President – Global University Network for Innovation (GUNi) – an UNESCO University Network; Executive Committee Member – WHS Academic Alliance, Berlin, Germany; President of Int. Society of Paediatric Gastroenterology, Hepatology, Transplant & Nutrition; Convener of Panel on Healthcare, CII Rajasthan



## **Dr Monika Kochar**

Advisor-Health, DAKSHIN – Global South Centre of Excellence, RIS, India

A public health professional with nearly 30 years of experience across clinical practice, health policy, and systems management. A Johns Hopkins-trained MPH, she has led major government programs and now drives policy research and capacity building for the Global South.



### **Dr Sanjay Pattanshetty**

Professor and Director NIMS Institute of Public Health and Governance, NIMS University Rajasthan, Jaipur, India

Professor and Director of the NIMS Institute of Public Health and Governance, NIMS University, with interests in health diplomacy, international relations, and global health governance, he enables academic leadership and public health capacity building.



### **Professor Gulshan Sachdeva**

Former Chief Coordinator, DAKSHIN – Global South Centre of Excellence, RIS, India

A leading scholar on European integration, Eurasian connectivity, and development cooperation. A former Jean Monnet Chair, he has led major regional cooperation projects with ADB and the Asia Foundation and served as editor of prominent international journals. His work bridges academic research, policy dialogue, and international cooperation across Europe and Asia.



### **Dr Rakesh Gupta**

Additional Secretary, Dept. of Health and Family Welfare, Ministry of Health and Family Welfare, Govt, Former Additional Secretary to the President of India

A senior civil servant with 28 years of experience in governance, health systems strengthening, and digital public service delivery. As Mission Director of NHM Haryana, he led innovations achieving major IMR reduction and digital supply-chain reforms, and spearheaded 'Beti Bachao Beti Padhao'. An IIT Delhi alumnus with a PhD from Johns Hopkins, his expertise spans governance reform, gender equity, and technology-enabled health systems.



### **Dr R Balasubramaniam**

Member - Human Resources, Capacity Building Commission, Govt of India

A respected development practitioner with decades of experience in community health, institution-building, and policy advocacy. Founder of SVYM and GRAAM, he has worked extensively with tribal and rural communities and shaped evidence-based governance. A former Rhodes Professor at Cornell and IIT Delhi, he brings deep grassroots and national-level capacity-building experience.



### **Dr Catharina Boehme**

Officer-in-Charge, World Health Organization South East Asia Regional Office (WHO SEARO)

A global health leader with over 20 years of experience in health strategy, governance, and innovation. Former Assistant Director-General at WHO and CEO of FIND, she transformed diagnostics access across more than 40 countries. Her work emphasizes equity, partnerships, and health systems strengthening.



### **Dr Angela Lusigi**

UNDP Resident Representative, India

A development economist with over 25 years of experience in inclusive growth, national development policy, and UN coordination. She has held senior leadership roles across Africa and UNDP headquarters and is deeply committed to youth empowerment, gender equality, and evidence-based policymaking.



### **Ms Preeti Sudan**

Former Union Health Secretary, Government of India, and Former Chairperson of the Union Public Service Commission (UPSC), India

A senior civil servant with nearly four decades of experience in governance and public administration. She led India's COVID-19 response and flagship initiatives such as 'Ayushman Bharat' and 'Beti Bachao Beti Padhao', and held major roles in global health governance.



### **Dr Obijiofor Aginam**

Director, UNESCO MGIEP (Mahatma Gandhi Institute of Education for Peace and Sustainable Development), New Delhi, India

A leading scholar and practitioner in global health governance, peace, and sustainable development. He played a key role in revising WHO's International Health Regulations and has held senior positions within the UN system, championing Global South leadership.



### **Mr Dadang Hidayat**

Minister Counselor, Embassy of the Republic of Indonesia, New Delhi, India

A career diplomat with extensive postings across Asia-Pacific and South Asia. His expertise lies in economic diplomacy, bilateral engagement, and regional cooperation. He holds advanced training in international relations and diplomatic studies from Indonesia and the UK.



### **Ms Vinita Sethi**

Independent Director, Former Lead Corporate Affairs, Apollo Hospitals; Past President - Public Affairs Forum of India (PAFI)

A development economist and public policy leader with over 25 years of experience in policy advocacy and multi-sectoral engagement. Former President of PAFI, she has led national and multilateral consultations on healthcare, gender equity, and inclusion. Her work bridges corporate strategy, public policy, and health diplomacy.



### **Dr Anunaya Jain**

Global Technical Director, Digital and Data Analytics Hub, Jhpiego Corporation, New Delhi, India

A trained emergency physician who transitioned into health systems innovation to drive impact at scale. With nearly two decades of experience, he has designed and scaled digital health and AI solutions across India, Southeast Asia, the Middle East, and the United States. His work bridges public health priorities with private-sector execution, including virtual clinical training platforms and AI tools for maternal and HIV care. He leads cross-sector partnerships, mobilizes large-scale funding, and focuses on ethical, scalable, and trusted health technologies.



### **Ms Lakshmy Ramakrishnan**

Associate Fellow, Observer Research Foundation (ORF), New Delhi, India

An Associate Fellow, ORF, focusing on biotechnology, global health security, and health diplomacy. With training in biomedical science and international relations, her work bridges science, policy, and diplomacy to address global health governance challenges.



### **Professor Fuad**

Education and Cultural Attaché, Embassy of the Republic of Indonesia, New Delhi, India

A diplomat and academic supporting bilateral cooperation between India and Indonesia in education, culture, and research. A Professor of Accounting at Diponegoro University, he combines scholarly expertise with diplomatic engagement to strengthen institutional partnerships and academic exchange.



### **Professor Neeta Inamdar**

Dean, Faculty of Education, Jean Monnet Chair Professor, Symbiosis Centre for Higher Education Research and Policy Advocacy (SCHERPA), Symbiosis International (Deemed University), Pune, India

A distinguished academic leader specializing in international education and policy research. She is Jean Monnet Chair Professor, led Jean Monnet Centres of Excellence and published extensively on India-EU engagement and cross-border education. Her work bridges higher education, international relations, and policy advocacy.



### **Ms Amrita Sadarangani**

Former Senior Director and Head, Global Research Alliances, Ashoka University, Sonapat

An international education strategist with extensive experience building global research partnerships. She has led major India-UK collaborations, established regional centres for international universities, and driven institutional capacity-building across South Asia and Europe.



### **Dr Anshul Chauhan**

Medical Consultant, ICMR-National Institute for Research in Digital Health and Data Science (ICMR-NIRDHDS), New Delhi, India

A public health specialist working on digital health and AI-enabled screening programs. A Commonwealth Fellow trained at LSHTM and PGIMER, his work focuses on responsible AI integration, implementation science, and health systems strengthening.



### **Ms Anshu Mohan**

Coordinator, Family and Gender Health in World Health Organization South East Asia Regional Office (WHO SEARO)

A senior public health practitioner with over 20 years of experience in maternal, child, and adolescent health at national and global levels. Former Advisor for International Partnerships to the Government of India, she has led partner engagement and political advocacy at PMNCH, including the Call to Action for Adolescents. She holds advanced degrees from leading institutions in the UK and Denmark.



### **Dr Vivek Virendra Singh**

Health Specialist, UNICEF, New Delhi

A public health leader with more than two decades of global experience in health systems strengthening and equity. His work spans state governments, UN agencies, academia, and philanthropy, focusing on program design, implementation, and evaluation. He is deeply committed to child and community well-being and evidence-based solutions.



### **Mr Abhimanyu Saxena**

Head, Health Systems Strengthening, UNDP India

With over 15 years of experience, he leads UNDP India's health systems portfolio and a network of 900+ public health professionals. His work spans vaccination, nutrition, One Health, TB, and digital health. He has been instrumental in advancing South-South cooperation and scaling India's flagship digital health platforms globally.



### **Mr Oommen C. Kurian**

Senior Fellow, Head of the Health Initiative at the Inclusive Growth and SDGs Programme, Observer Research Foundation (ORF), New Delhi, India

An expert in health financing and governance, trained in economics and social medicine. Over two decades, he has worked with governments, international agencies, foundations, and civil society to advance health system reforms and universal health coverage. He served on the Lancet Commission COVID-19 India Task Force.



### **Dr Sonalini Khetrpal**

Team Lead, Health Sector (India), Human and Social Development Sector Office, Asian Development Bank

She leads ADB's support to India's National Urban Health Mission and health systems development in Bhutan. With 15 years of experience across institutions including the World Bank and UNICEF, her expertise spans health policy, financing, insurance, and human resources for health.



### **Dr Nimisha Goel**

Senior Program Officer, Primary Health Care, Gates Foundation, India

A medical doctor focused on service delivery strengthening in primary healthcare. She played a key role in maternal, child, and adolescent health initiatives, including leading the India Newborn Action Plan. Her work emphasizes policy engagement, grant-making, and women's leadership in health.



### **Dr Apoorva Sharan**

Senior National Manager (Child Health and Development), Children's Investment Fund Foundation (CIFF), India

An epidemiologist specializing in immunization research, vaccine safety, and health policy in LMICs. Former Global Safety Expert for novel OPV2 at WHO's Polio Eradication Initiative. She holds a PhD in Epidemiology from Swiss TPH and a Master's from Johns Hopkins University.



### **Dr Monika Sharma**

Head of India Office, Novo Nordisk Foundation

She leads strategic partnerships and research collaboration in India for the Novo Nordisk Foundation. With a strong research background in antimicrobial resistance, she has worked with UKRI, DBT, IISc, and international funding agencies to build large-scale bilateral and multilateral research programs.



### **Dr Karan Thakur**

Group Vice President, Corporate Affairs & Sustainability, Apollo Hospitals Enterprise Limited

A senior healthcare administrator overseeing government engagement, policy, sustainability, and ESG initiatives at Apollo Hospitals. A Chevening Gurukul Fellow at Oxford University, he serves on multiple national healthcare, sustainability, and industry committees.



### **Mr LM Singh**

Managing Director India and Global Head, Partnerships, and Innovative Finance, Vital Strategies

With over 30 years of global experience, he specializes in strategy, development finance, and impact investing. He led USAID-India's PAHAL program and has advised multiple impact investment platforms and social enterprises in health.



### **Mr T. S. Vishwanath**

Founder, Vek, Principal Adviser, ASL-Legal, Director General, Founding Member and Past President, Public Affairs Forum of India (PAFI)

A trade and regulatory policy expert with over three decades of experience. He has advised governments, industry bodies, and international organizations on multilateral trade agreements, economic policy, and regulatory frameworks.



### **Dr Ramnath Ballala**

Director: Health Systems, Blockchain for Impact (BFI), India

A family physician and public health specialist with over 15 years of experience in health systems strengthening. His work focuses on primary healthcare, grassroots innovation, and human-centered design for sustainable public health impact.



### **Dr Grace Achungura**

Technical Officer (Health Financing for UHC-HCF), World Health Organization (WHO) Country Office for India, New Delhi

A health economist and medical doctor with nearly 20 years of experience across Africa, India, and Australia. She leads WHO India's support on health financing, UHC, and health system reform, with strong experience in policy planning and evaluation.



### **Dr Anupama D S**

Associate Professor, NIMS Institute of Public Health and Governance, NIMS University Rajasthan

An Associate Professor at NIMS Institute of Public Health and Governance at NIMS University, Rajasthan, Jaipur, India, with a keen interest in evidence synthesis, health policy, mixed method research, and global governance for health. She was the Master of Ceremony for the event.



### **Mr Aniruddha Inamdar**

Assistant Professor, NIMS Institute of Public Health and Governance, NIMS University Rajasthan

An Assistant Professor at the Institute of Public Health at NIMS University, Rajasthan, Jaipur, India, with a keen interest in EU-India cooperation, International relations, and health diplomacy. He was the coordinator for the event.







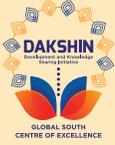


# RIS

Research and Information System  
for Developing Countries

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

RIS specialises in issues related to international economic development, trade, investment and technology. It is envisioned as a forum for fostering effective policy dialogue and capacity-building among developing countries on global and regional economic issues. The focus of the work programme of RIS is to promote South-South Cooperation and collaborate with developing countries in multilateral negotiations in various forums. Through its following centres/forums, RIS promotes policy dialogue and coherence on regional and international economic issues.



The word “DAKSHIN” (दक्षिण) is of Sanskrit origin, meaning “South.” The Hon’ble Prime Minister of India, Shri Narendra Modi, inaugurated DAKSHIN – Global South Centre of Excellence in November 2023. The initiative was inspired by the deliberations of Global South leaders during the Voice of the Global South Summits. DAKSHIN stands for Development and Knowledge Sharing Initiative. Hosted at the RIS, DAKSHIN has established linkages with leading think tanks and universities across the Global South and is building a dynamic network of scholars working on Global South issues.



AIC at RIS has been working to strengthen India’s strategic partnership with ASEAN in its realisation of the ASEAN Community. AIC at RIS undertakes research, policy advocacy and regular networking activities with relevant organisations and think-tanks in India and ASEAN countries, with the aim of providing policy inputs, up-to-date information, data resources and sustained interaction, for strengthening ASEAN-India partnership.



CMEC has been established at RIS under the aegis of the Ministry of Ports, Shipping and Waterways (MoPS&W), Government of India. CMEC is a collaboration between RIS and Indian Ports Association (IPA). It has been mandated to act as an advisory/technological arm of MoPSW to provide the analytical support on policies and their implementation.



FITM is a joint initiative by the Ministry of Ayush and RIS. It has been established with the objective of undertaking policy research on economy, intellectual property rights (IPRs) trade, sustainability and international cooperation in traditional medicines. FITM provides analytical support to the Ministry of Ayush on policy and strategy responses on emerging national and global developments.



BEF aims to serve as a dedicated platform for fostering dialogue on promoting the concept in the Indian Ocean and other regions. The forum focuses on conducting studies on the potential, prospects and challenges of blue economy; providing regular inputs to practitioners in the government and the private sectors; and promoting advocacy for its smooth adoption in national economic policies.



FIDC, has been engaged in exploring nuances of India’s development cooperation programme, keeping in view the wider perspective of South-South Cooperation in the backdrop of international development cooperation scenario. It is a tripartite initiative of the Development Partnership Administration (DPA) of the Ministry of External Affairs, Government of India, academia and civil society organisations.



FIRD aims to harness the full potential and synergy between science and technology, diplomacy, foreign policy and development cooperation in order to meet India’s development and security needs. It is also engaged in strengthening India’s engagement with the international system and on key global issues involving science and technology.



As part of its work programme, RIS has been deeply involved in strengthening economic integration in the South Asia region. In this context, the role of the South Asia Centre for Policy Studies (SACEPS) is very important. SACEPS is a network organisation engaged in addressing regional issues of common concerns in South Asia.



Knowledge generated endogenously among the Southern partners can help in consolidation of stronger common issues at different global policy fora. The purpose of NeST is to provide a global platform for Southern Think-Tanks for collaboratively generating, systematising, consolidating and sharing knowledge on South South Cooperation approaches for international development.



DST-Satellite Centre for Policy Research on STI Diplomacy at RIS aims to advance policy research at the intersection of science, technology, innovation (STI) and diplomacy, in alignment with India’s developmental priorities and foreign policy objectives.

— Policy research to shape the international development agenda —

Core IV-B, Fourth Floor, India Habitat Centre, Lodhi Road, New Delhi-110 003, India.,

Tel. 91-11-24682177-80, Email: [dgoffice@ris.org.in](mailto:dgoffice@ris.org.in), Website: [www.ris.org.in](http://www.ris.org.in)

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