



RIS

**Research and Information System
for Developing Countries**

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

REPORT OF THE EXPERT CONSULTATION ON ADVANCING HEALTH DIPLOMACY CAPACITY IN THE GLOBAL SOUTH

***ORGANIZED BY DAKSHIN - GLOBAL SOUTH CENTRE OF EXCELLENCE,
RESEARCH AND INFORMATION SYSTEM FOR DEVELOPING COUNTRIES (RIS) IN
COLLABORATION WITH NIMS INSTITUTE OF PUBLIC HEALTH AND GOVERNANCE***

REPORT

© RIS, 2026

Views expressed in the report are personal.
Usual disclaimers apply.

Published by:



RIS

**Research and Information System
for Developing Countries**

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली



Core IV-B, Fourth Floor, India Habitat Centre,
Lodhi Road, New Delhi-110 003, India
Ph.: +91-11-24682177-80, Fax: +91-11-24682173-74,
E-mail: dgooffice@ris.org.in, Website: www.ris.org.in

Concept Note

Background and Rationale

The evolving landscape of global health governance increasingly demands capacities that extend beyond traditional public health competencies. Issues such as equitable access to medicines, climate-sensitive health systems, digital health governance, trade regulations, and regional cooperation frameworks have positioned health diplomacy as a critical interface between health and multiple policy domains.

Building on the outcomes of the high-level convening Health Diplomacy Futures: Capacity Building in the Global South (September 2025), organized by DAKSHIN – Global South Centre of Excellence, RIS, and NIMS Institute of Public Health and Governance, NIMS University Rajasthan, Jaipur, where key priorities were identified to strengthen health diplomacy engagement across the Global South. These included the need for practice-oriented training, stronger institutional collaboration, and the integration of Global South perspectives into global health negotiations and policy processes.

This consultation workshop is designed as a focused, expert-driven platform to translate these priorities into actionable pathways. It addresses broader questions of capacity building, institutional collaboration, and the practical application of health diplomacy in diverse policy contexts.

RIS brings significant expertise across intersecting sectors including trade, agriculture, development cooperation, traditional medicine, science diplomacy, and technological innovation, making it uniquely positioned to anchor a multidisciplinary approach to health diplomacy. At the same time, emerging domains such as artificial intelligence, digital health, and health data governance, alongside the growing relevance of regional platforms such as BIMSTEC, ASEAN, and BRICS, underscore the need for integrated and contextually grounded approaches.

In this context, the consultation will convene Indian and international stakeholders, including representatives from academia, policy institutions, government, and think tanks, to deliberate on how best to strengthen health diplomacy capacities in the Global South. The discussion will contribute to the development of practical training approaches while also shaping a broader collaborative ecosystem for sustained engagement.

Objectives of the Consultation

The consultation workshop is being convened with the following objectives:

- To curate priority health diplomacy cases from the Global South that can inform practical training and real-world application.
- To map key institutions across the Global South that can contribute to the co-development and delivery of capacity-building initiatives.
- To explore collaborative models that enable sustained partnerships across academia, policy institutions, and governments.
- To identify effective pedagogical approaches for teaching health diplomacy, with a focus on case-based and problem-based learning methodologies.
- To define actionable next steps for the development, piloting, and scaling of health diplomacy training and engagement efforts.

Expected Outcomes

The consultation is expected to generate the following outcomes:

- A prioritized set of Global South-focused case studies/booklets for development into a structured knowledge resource and training compendium.
- A preliminary network of institutions and stakeholders for collaboration in health diplomacy capacity-building efforts.
- An outline of next steps for developing, piloting, and institutionalizing training modules and related initiatives.
- Explore the establishment of Inter-Ministerial Working Group on Health Diplomacy.

Agenda

Time (IST)	Details
9:30 am – 10:00 am	Registration
Moderator: Dr Monika Kochar, Advisor-Health, DAKSHIN, RIS	
10:00 am – 10:30 am	Welcome Remarks Opening Session • Professor Sachin Kumar Sharma, Director General, RIS • Prof. (Dr.) Balvir S Tomar, Founder and Chancellor, NIMS University Rajasthan, Jaipur • Dr Rajan Sudesh Ratna, Coordinator, DAKSHIN, RIS
10:30 am – 10:45 am	Special Remarks Health Diplomacy in the Global South: Opportunities, Challenges, and Strategic Priorities • Ms Geetu Joshi, Economic Adviser, Department of Health & Family Welfare, Ministry of Health & Family Welfare (MoHFW), Government of India
10:45 am – 11:00 am	Tea Break
11:00 am – 11:10 am	Context Setting • Prof. (Dr.) Sanjay Pattanshetty, Professor and Director, NIMS Institute of Public Health and Governance, NIMS University Rajasthan, Jaipur

11:10 am – 12:30 pm	Dialogue I: Development of Case Studies Specific to the Global South in Health Diplomacy Participants • Ms Isabelle Tschan Harada, Deputy Resident Representative, United Nations Development Programme, New Delhi, India • Professor Teo Yik Ying, Vice President (Global Health), Dean (Saw Swee Hock School of Public Health), National University of Singapore • Prof. (Vaidya) Pradeep Kumar Prajapati, Director, All India Institute of Ayurveda (AIIA), New Delhi • Dr Atul Kaushik, Visiting Fellow, RIS • Dr Grace Achungura, Team Leader (Health Systems), World Health Organization (WHO) Country Office for India, New Delhi • Mr Kashish Aneja, Global Health Law and Policy Expert, O'Neill Institute for National and Global Health Law, Georgetown University • Dr Nida Faruqui, Programme Lead - Strategic Alliance, Office of Principal Scientific Advisor to Government of India • Mr LM Singh, Managing Director India and Global Head – Partnerships and Innovative Finance, Vital Strategies • Maj Gen (Prof) Atul Kotwal, SM, VSM (Veteran); Indian Council of Medical Research (ICMR) - Dr A S Paintal Distinguished Scientist Chair; Formerly Executive Director, National Health Systems Resource Centre (NHSRC), MoHFW, Government of India Interactive Discussion and Q&A Session
-----------------------------------	--

12:30 pm – 1:50 pm	Dialogue II: Development of Capacity Building Booklets in Health Diplomacy for the Global South Participants • Dr Suwit Wibulpolprasert, Senior Advisor on Global Health, Ministry of Public Health, Thailand • Dr Vashima Shubha, Principal Advisor and Pillar Head, Digital Public Infrastructure (DPI) & Partnership Management, Capacity Building Commission, Government of India • Dr Sarin Nambeeshan Sasikumar, Coordinator, Forum on Indian Traditional Medicine (FITM), RIS • Dr Jaya Jumrani, Senior Scientist, ICAR - National Institute of Agricultural Economics and Policy Research (ICAR-NIAP), New Delhi • Dr Jai Ganesh Udayasankaran, Executive Director, Asia eHealth Information Network (AeHIN) • Ms Sandhya Venkateswaran, Visiting Senior Fellow, Centre for Social and Economic Progress (CSEP), New Delhi • Ms Lakshmy Ramakrishnan, Associate Fellow, Observer Research Foundation (ORF), New Delhi • Dr Manonmani Soundararajan, Associate Editor, Nature Health, Pune • Dr Shalini Garg, Editor-in-Chief, The Lancet Regional Health – Southeast Asia Interactive Discussion and Q&A Session
1:50 pm – 2:00 pm	Way Forward and Closing Remarks • DAKSHIN, RIS • NIMS University Rajasthan
2:00 pm onwards	Lunch

Introduction

Global health challenges are becoming increasingly complex, transcending national boundaries and demanding coordinated international responses. Pandemics, climate change, antimicrobial resistance (AMR), demographic transitions, food and nutrition insecurity, digital transformation, and health emergencies have reinforced the need for stronger collaboration among countries and sectors. In this evolving landscape, health diplomacy has emerged as a critical instrument for advancing health priorities through dialogue, negotiation, partnerships, and evidence-informed policymaking.

The Global South has made significant contributions to global health through innovations in public health programmes, Universal Health Coverage (UHC), Digital Public Infrastructure (DPI), vaccine manufacturing, disease surveillance, primary healthcare, and community-based service delivery. Yet, many of these experiences remain inadequately documented and are underrepresented in global health diplomacy discourse and capacity-building initiatives. There is a growing need to systematically capture these experiences, promote peer learning, and strengthen the ability of countries to engage effectively in regional and global health governance.

Recognizing this need, DAKSHIN – Global South Centre of Excellence, Research and Information System for Developing Countries (RIS), in collaboration with the Johns Hopkins Bloomberg School of Public Health (JHSPH), convened the Expert Consultation on Advancing Health Diplomacy Capacity in the Global South. The consultation brought together policymakers, diplomats, academics, public health professionals, researchers, development partners, and representatives from international organizations to deliberate on strategies for strengthening health diplomacy through institutional collaboration, competency-based education, and knowledge exchange.

The consultation was designed around two complementary objectives. The first sought to identify priority health diplomacy case studies from the Global South that capture successful policy innovations, implementation experiences, and international collaborations. The second focused on developing a sustainable framework for health diplomacy education by exploring competencies, pedagogical approaches, institutional partnerships, and mechanisms for knowledge generation and dissemination.

The discussions highlighted a shared understanding that strengthening health diplomacy requires more than technical expertise. It demands interdisciplinary collaboration, robust institutions, effective leadership, strategic communication, and sustained partnerships across governments, academia, multilateral organizations, and civil society. Participants also emphasized that the Global South should be recognized not only as a beneficiary of global health initiatives but as an active contributor to shaping global health governance through its diverse experiences and innovations.

This report presents the proceedings of the consultation, summarizing the deliberations, key recommendations, and practical pathways identified for advancing health diplomacy capacity across the Global South. It aims to serve as a resource for governments, academic institutions, development partners, and practitioners seeking to strengthen leadership, collaboration, and evidence-informed engagement in global health.

Objectives of the Consultation

The Expert Consultation was convened to explore strategies for strengthening health diplomacy capacities across the Global South by fostering dialogue among policymakers, diplomats, academics, public health professionals, researchers, and development partners. The consultation sought to identify practical approaches for institutionalizing health diplomacy education, promoting South–South collaboration, and documenting experiences that can inform policy and practice.

The specific objectives were to:

- Identify and curate priority health diplomacy case studies from the Global South that demonstrate effective policy responses, institutional innovations, and international collaboration, and can serve as teaching and learning resources for future capacity-building programmes.
- Examine institutional models and pedagogical approaches for strengthening health diplomacy education, including competency-based curricula, interdisciplinary learning, executive education, digital platforms, and experiential training.
- Identify the core competencies required by policymakers, diplomats, public health professionals, researchers, and programme managers to engage effectively in global health governance and international negotiations.
- Explore opportunities for institutional partnerships among governments, academic institutions, think tanks, multilateral organizations, and development partners to support collaborative research, curriculum development, faculty exchanges, and continuous professional development.
- Promote South–South cooperation by facilitating the exchange of experiences, policy innovations, and best practices that strengthen collective leadership and amplify the voice of the Global South in global health governance.
- Develop actionable recommendations to guide future investments in health diplomacy capacity building, knowledge generation, and institutional collaboration.

The consultation was envisioned as the first step towards developing a sustainable ecosystem for health diplomacy that integrates evidence generation, policy dialogue, interdisciplinary education, and long-term institutional partnerships. By bringing together diverse perspectives from across sectors and regions, it aimed to establish a shared roadmap for strengthening health diplomacy leadership and advancing equitable global health governance.

3. Opening Session

The consultation commenced with an inaugural session that set the strategic context for strengthening health diplomacy capacity in the Global South. The session brought together senior leaders from government, academia, and policy institutions, who emphasized the growing importance of health diplomacy in addressing increasingly interconnected global challenges. Collectively, the speakers highlighted the need for stronger institutional capacities, interdisciplinary education, and sustained partnerships to strengthen the voice of the Global South in global health governance.

The inaugural session also established the context for the two technical dialogues by emphasizing the importance of documenting Global South experiences, developing competency-based learning frameworks, and creating collaborative platforms that bridge research, policy, diplomacy, and practice.



DR. MONIKA KOCHAR

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

Welcoming the participants, Dr. Monika Kochar emphasized that contemporary global health challenges including pandemics, climate change, antimicrobial resistance, digital transformation, and health inequities, have expanded the scope of health diplomacy beyond traditional international negotiations. Addressing these complex issues requires professionals who can effectively integrate technical expertise with diplomacy, policy analysis, negotiation, and cross-sectoral collaboration.

She noted that while countries of the Global South have demonstrated significant leadership through innovations in Digital Public Infrastructure, Universal Health Coverage, vaccine delivery, disease surveillance, and community-based health programmes, these experiences are not sufficiently documented or incorporated into health diplomacy education. The consultation was therefore conceived as a platform to identify priority case studies, strengthen institutional

“Health diplomacy is no longer confined to negotiating agreements - it is about building resilient systems, fostering equitable partnerships, and empowering the Global South to shape the future of global health governance.”

partnerships, and explore innovative approaches to capacity building that reflect the realities and priorities of developing countries.

Dr. Kochar further highlighted DAKSHIN's commitment to promoting South-South cooperation by facilitating knowledge exchange, research collaboration, and institutional partnerships that enable countries to learn from one another's experiences. She expressed confidence that the consultation would lay the foundation for a comprehensive health diplomacy curriculum and a repository of Global South case studies to support future leaders in public health and diplomacy.



“Health is no longer merely a domestic policy concern-it has become an essential pillar of diplomacy, development, and international cooperation.”

PROF. SACHIN KUMAR SHARMA

Director- General, Research and Information System for Developing Countries (RIS)

Prof. Sachin Kumar Sharma situated the consultation within India's broader vision of strengthening South-South cooperation through knowledge partnerships and development collaboration. He observed that the establishment of DAKSHIN reflects India's commitment to supporting countries of the Global South by facilitating the exchange of policy experiences, technical expertise, and innovative development solutions across multiple sectors, including health.

He emphasized that health has emerged as one of the most significant pillars of international cooperation, particularly in the aftermath of the COVID-19 pandemic. Issues such as pandemic preparedness, equitable access to medicines and vaccines, Digital Public Infrastructure, climate resilience, and resilient health systems increasingly require coordinated international action. In this context, health diplomacy serves as a bridge between scientific evidence, national priorities, and international cooperation.

Prof. Sharma highlighted the importance of documenting successful experiences from the Global South in a systematic manner so that they can inform policy dialogue, strengthen capacity-building initiatives, and contribute to more

inclusive global health governance. He expressed hope that the consultation would initiate a long-term collaborative process involving governments, academic institutions, think tanks, and international organizations to advance health diplomacy education and research.



“Universities must become catalysts for building a new generation of health diplomats equipped with multidisciplinary knowledge and a global outlook.”

PROF. (DR.) BALVIR S TOMAR

Founder and Chancellor, NIMS University Rajasthan, Jaipur

Dr. Tomar welcomed the participants and congratulated DAKSHIN-Global South Centre of Excellence and RIS for convening a timely consultation on strengthening health diplomacy capacities across the Global South. He observed that recent global health emergencies have demonstrated the interconnected nature of health, development, foreign policy, and international cooperation, making health diplomacy an indispensable component of contemporary global governance.

Dr. Tomar emphasized that universities have a critical responsibility in preparing the next generation of health diplomacy professionals. Academic institutions must move beyond conventional public health education by integrating disciplines such as international relations, global governance, economics, law, communication, leadership, and negotiation into their curricula. Such interdisciplinary approaches are essential for developing professionals capable of navigating increasingly complex international health challenges.

He further stressed the importance of collaborative partnerships among governments, universities, research institutions, and international organizations to promote joint research, faculty exchanges, experiential learning, and innovation. He noted that institutions across the Global South possess valuable practical experiences that should be systematically documented and incorporated into teaching and training programmes.

Concluding his address, Dr. Tomar reaffirmed NIMS University's commitment to supporting collaborative initiatives in health diplomacy and expressed confidence that the consultation would lay the foundation for a robust

Global South network dedicated to research, education, and capacity building.



“Strong health diplomacy is built not only on technical expertise but also on trust, partnership, and shared responsibility among nations.”

MS GEETU JOSHI

*Economic Advisor, Ministry of Health & Family Welfare,
Government of India*

Ms. Geetu Joshi emphasized that health diplomacy today extends well beyond public health and increasingly intersects with economics, trade, finance, innovation, and sustainable development. Global health negotiations therefore require policymakers to balance technical health priorities with broader economic and geopolitical considerations.

Highlighting India’s experience, she noted that the country’s investments in vaccine manufacturing, pharmaceutical production, Digital Public Infrastructure, and health system strengthening have significantly contributed to global health security. India’s collaborative approach during the COVID-19 pandemic demonstrated the importance of solidarity, technology sharing, and development partnerships in addressing transnational health challenges.

She observed that strengthening health diplomacy capacities requires investment in institutions, leadership, and evidence-based policymaking. Countries must develop professionals capable of engaging effectively in multilateral negotiations while understanding the technical, economic, and political dimensions of international health cooperation. Developing practical case studies and structured training programmes would therefore make an important contribution towards preparing future health diplomacy practitioners.

She also emphasized that sustainable partnerships should be based on mutual learning and shared ownership rather than traditional donor-recipient relationships. South-South cooperation provides an important platform for exchanging experiences, adapting innovations, and strengthening collective capacities among developing countries.



“The Global South has generated a wealth of practical experience in health diplomacy; our responsibility now is to transform those experiences into knowledge that can guide future global health leaders.”

DR. RAJAN SUDESH RATNA

Coordinator, DAKSHIN- Global South Centre of Excellence

Dr. Rajan Sudesh Ratna reflected on the growing significance of health diplomacy in shaping contemporary global governance and emphasized that the Global South has emerged as an important source of innovation, resilience, and leadership in addressing complex public health challenges. Despite these achievements, many successful policy experiences from developing countries remain insufficiently documented and therefore receive limited recognition within global policy discussions.

He stressed that one of the consultation’s primary objectives should be to identify and document practical case studies that capture not only successful outcomes but also the institutional processes, partnerships, and implementation challenges that shaped them. Such case studies would provide valuable learning resources for future health diplomacy practitioners while strengthening evidence-based policymaking.

Dr. Ratna further observed that health diplomacy is inherently multidisciplinary, requiring practitioners to understand international trade, economics, law, diplomacy, governance, public health, and sustainable development. Building these competencies demands sustained collaboration among governments, academic institutions, think tanks, and international organizations, supported by continuous research and knowledge generation.

He underscored the important role of RIS and DAKSHIN in facilitating South-South cooperation by providing platforms for policy dialogue, collaborative research, and capacity building. Through these initiatives, developing countries can share experiences, learn from one another, and contribute more effectively to shaping global health governance.

Concluding his address, Dr. Ratna expressed confidence that the consultation would contribute towards establishing a comprehensive and sustainable framework for health diplomacy capacity building that reflects the priorities, innovations, and aspirations of the Global South.

Dialogue I: Curating Priority Health Diplomacy Case Studies from the Global South

Overview

The first technical session focused on identifying priority case studies that could form the foundation of a Global South health diplomacy curriculum. The participants agreed that effective case studies should extend beyond documenting successful interventions to capture the political, legal, institutional, and operational processes underpinning health diplomacy. These case studies, participants noted, should serve as practical learning tools for policymakers, diplomats, researchers, and public health professionals.



“Health security is only as strong as the weakest health system, and strengthening one country’s capacity ultimately strengthens global resilience.”

MS. ISABELLE TSCHAN HARADA

Deputy Resident Representative, UNDP India

Ms. Isabelle emphasized that health diplomacy should be viewed as a comprehensive development agenda rather than a series of intergovernmental negotiations. While diplomacy traditionally occurs between governments, she argued that contemporary health diplomacy requires active collaboration among governments, academia, development partners, civil society, communities, and the private sector. Reflecting on lessons from the COVID-19 pandemic, she observed that no country can achieve health security in isolation, making regional solidarity and international cooperation indispensable components of resilient health systems.

Drawing on UNDP’s experience, she highlighted India’s leadership in developing Digital Public Infrastructure for health, particularly platforms such as CoWIN and eVIN, which have demonstrated how digital technologies can strengthen health systems, improve service delivery, and promote equitable access to healthcare. She noted that these innovations have subsequently informed similar initiatives in countries such as Indonesia and Zambia through South-South cooperation facilitated by UNDP and the Government

of India. These experiences, she argued, provide valuable case studies illustrating how locally developed innovations can evolve into global public goods.

Ms. Isabelle also emphasized that digital transformation alone cannot strengthen health systems unless accompanied by investments in governance, institutional capacity, digital literacy, and community engagement. Frontline health workers remain central to successful implementation, and their empowerment through technology-enabled learning and capacity building should be considered an essential component of future health diplomacy initiatives.

She further highlighted the growing intersection between health and climate change, noting that climate-induced disease patterns, environmental degradation, and emerging zoonotic diseases require integrated approaches based on the One Health framework. Commending India's National Action Plan on Climate Change and Human Health and the National One Health Mission, she observed that these initiatives provide valuable examples of multisectoral collaboration that can inform health diplomacy efforts across the Global South.



PROFESSOR TEO YIK YING

Dean, Saw Swee Hock School of Public Health, National University of Singapore

Prof. Teo Yik Ying reflected on the changing landscape of global health diplomacy, emphasizing that the discipline has evolved beyond negotiations between governments to encompass the generation, interpretation, and application of scientific evidence in policymaking. He observed that the COVID-19 pandemic demonstrated both the strengths and weaknesses of global health governance, highlighting the importance of trusted institutions, credible evidence, and effective communication. While the Global South generated several innovative responses during the pandemic, these experiences have not always received adequate recognition within global policy discussions. He therefore called for greater efforts to document and disseminate evidence generated by developing countries so that their experiences can meaningfully influence international health agendas.

"Health diplomacy succeeds when scientific evidence, institutional trust, and international collaboration come together to inform better policy."

Drawing upon the experience of Singapore and other Asian countries, Prof. Teo stressed that health diplomacy should be built upon strong domestic institutions capable of producing high-quality evidence and translating research into policy. Universities and public health institutions have an important role in preparing future leaders who can bridge science and diplomacy. He advocated for educational programmes that combine epidemiology, health systems, economics, international relations, behavioural sciences, and leadership, enabling graduates to engage effectively in complex negotiations while remaining grounded in scientific evidence.

Prof. Teo further noted that capacity building should not merely focus on transferring knowledge but should cultivate critical thinking, adaptive leadership, and the ability to respond to rapidly changing global health challenges. Future training programmes should therefore incorporate practical case studies, policy simulations, and interdisciplinary collaboration to expose participants to the realities of international decision-making.

He concluded by emphasizing that health diplomacy should ultimately strengthen trust among countries through transparent collaboration, shared learning, and equitable partnerships. The Global South, he observed, possesses valuable experiences that should be recognized as global public goods capable of informing policy well beyond their national boundaries.



“Traditional medicine represents not only a healthcare resource but also an important bridge for international collaboration, cultural understanding, and health diplomacy.”

PROFESSOR PRADEEP KUMAR PRAJAPATI

Director, Institute of Teaching and Research in Ayurveda (ITRA), Ministry of AYUSH, Government of India

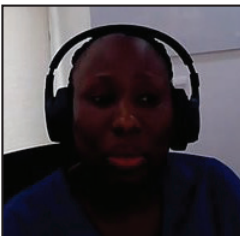
Prof. Pradeep Kumar Prajapati highlighted the significant contribution that traditional systems of medicine can make to contemporary health diplomacy. He observed that Ayurveda and other traditional medical systems have historically served as important instruments of cultural exchange and international cooperation, fostering dialogue among civilizations through shared knowledge and practices. In recent years, growing global interest in traditional medicine

has created new opportunities for collaboration in research, education, regulation, and evidence generation.

He emphasized that India's leadership in promoting traditional medicine through international partnerships, the establishment of the WHO Global Centre for Traditional Medicine, and collaborative research initiatives demonstrates how indigenous knowledge can contribute to global health while strengthening diplomatic relationships. However, he cautioned that wider acceptance of traditional medicine requires rigorous scientific validation, standardized quality assurance mechanisms, and stronger international research collaborations.

Prof. Prajapati suggested that health diplomacy curricula should incorporate case studies demonstrating how traditional medicine has contributed to Universal Health Coverage, preventive healthcare, integrative medicine, and community resilience. Such case studies would enable learners to appreciate the role of cultural knowledge and indigenous health systems within broader global health governance.

He also advocated for greater collaboration among ministries of health, ministries of AYUSH, academic institutions, and international organizations to generate high-quality evidence supporting the safe and effective integration of traditional medicine into national health systems. This approach, he argued, would strengthen both public health outcomes and international cooperation.



DR. GRACE ACHUNGURA

(Team Leader, Health Systems, WHO)

“Health diplomacy is ultimately about building relationships founded on trust, equity, and a shared commitment to improving health for all.”

Dr. Grace underscored the importance of strengthening health diplomacy through equitable partnerships that recognize the expertise and lived experiences of countries in the Global South. She observed that global health has undergone a significant transformation in recent years, with challenges such as pandemics, climate change, antimicrobial resistance, migration, and humanitarian crises requiring coordinated responses that transcend national boundaries. In this context, health diplomacy must be understood not

merely as a negotiation process but as a mechanism for fostering trust, solidarity, and collective action.

She emphasized that many countries in the Global South have demonstrated remarkable resilience and innovation despite resource constraints. These experiences, including community-based health programmes, primary healthcare reforms, digital innovations, and multisectoral responses, provide valuable lessons that deserve greater prominence within global health discourse. She encouraged institutions to systematically document these experiences and integrate them into health diplomacy education so that future practitioners learn from diverse contexts rather than relying predominantly on examples from high-income countries.

Dr. Grace also highlighted the importance of inclusive capacity-building approaches that bring together policymakers, researchers, healthcare professionals, diplomats, and civil society organizations. Such interdisciplinary engagement would strengthen both technical competence and mutual understanding, enabling professionals to respond more effectively to emerging global health challenges.

She concluded by noting that sustainable health diplomacy depends on long-term institutional relationships built on mutual respect, shared learning, and equitable collaboration.



DR. ATUL KAUSHIK

Visting Fellow, Research and Information System for Developing Countries

Dr. Atul proposed that one of the most significant health diplomacy case studies from recent years is the collective effort led by India and South Africa to improve equitable access to vaccines, diagnostics, and therapeutics during the COVID-19 pandemic. He described the joint proposal submitted to the World Trade Organization (WTO) seeking temporary flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), emphasizing that the initiative represented a landmark example of coalition-building among developing countries.

“Health diplomacy succeeds when technical evidence is matched by strategic partnerships and sustained political commitment.”

He explained that the negotiations demonstrated the complexity of balancing public health priorities with international trade obligations, intellectual property rights, and geopolitical interests. The gradual expansion of support from countries across Africa, Asia, Latin America, and the Pacific illustrated how strategic alliances and sustained diplomatic engagement can strengthen the collective voice of the Global South within multilateral institutions.

Dr. Atul stressed that this experience offers important lessons for future health diplomacy practitioners by illustrating the close interrelationship between public health, trade, law, economics, and diplomacy. He argued that future training programmes should use this case study to strengthen participants' understanding of multilateral negotiations, coalition-building, evidence-based advocacy, and consensus-building.

He also highlighted the need for stronger coordination between ministries of health and ministries of foreign affairs, noting that successful health diplomacy requires technical expertise supported by effective diplomatic engagement and political leadership.



MR. KASHISH ANEJA

Global Health Law and policy expert at Georgetown University's O'Neill Institute for National and Global Health Law

Mr. Kashish Aneja highlighted the increasingly important role of international law in shaping global health governance. Drawing upon his experience in negotiations relating to the WHO Pandemic Agreement, amendments to the International Health Regulations (IHR), Pathogen Access and Benefit Sharing (PABS), and pandemic prevention, preparedness, and response, he emphasized that these negotiations offer rich learning opportunities for future health diplomacy practitioners.

He observed that contemporary health diplomacy increasingly operates at the intersection of international law, trade, public health, and governance. Consequently, health professionals must develop a working understanding of legal

“Health diplomacy today is as much about understanding international law and governance as it is about understanding public health.”

and regulatory frameworks governing intellectual property, technology transfer, trade agreements, and multilateral institutions. Such knowledge enables policymakers to participate more effectively in international negotiations while safeguarding national and regional public health interests.

Mr. Aneja recommended that future health diplomacy curricula incorporate dedicated modules on international legal frameworks, global health governance, trade law, negotiation techniques, and strategic communication. He further emphasized the importance of interdisciplinary education that brings together legal experts, diplomats, economists, and public health professionals to foster mutual understanding and collaborative problem-solving.

Concluding his intervention, he noted that effective health diplomacy depends not only on technical expertise but also on the ability to communicate evidence persuasively, negotiate across sectors, and build consensus among diverse stakeholders.



DR. NIDA FARUQUI

Program Lead, Strategic Alliances, Office of the Principal Scientific Advisor to the Government of India

Dr. Nida Faruqui highlighted the increasingly complex policy environment within which health diplomacy operates. She observed that contemporary global health negotiations involve multiple sectors, including trade, intellectual property, finance, environment, digital governance, and human rights, requiring professionals who are capable of navigating interdisciplinary policy landscapes. Consequently, future health diplomacy programmes should prepare participants not only with technical public health knowledge but also with a comprehensive understanding of governance, negotiation, and strategic communication.

She emphasized that effective diplomacy depends upon the ability to communicate scientific evidence in ways that resonate with diverse stakeholders, including policymakers, diplomats, political leaders, and communities. Training programmes should therefore include practical exercises in

“Strong health diplomacy combines scientific evidence, strategic communication, and inclusive partnerships to achieve lasting policy impact.”

negotiation, policy writing, stakeholder engagement, and media communication to enhance participants' confidence and effectiveness during international negotiations.

Dr. Faruqui further stressed that meaningful participation of the Global South requires stronger investment in institutional capacities rather than relying solely on individual champions. Universities, think tanks, and governments should work collaboratively to establish sustainable training programmes, mentorship networks, and communities of practice that support continuous professional development.

She concluded by emphasizing that strengthening health diplomacy is essential not only for responding to future health emergencies but also for advancing broader development goals through international cooperation.



“Implementation experience is one of the Global South’s greatest assets, and documenting these lessons is essential for strengthening future health diplomacy.”

DR. L. M. SINGH

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

Dr. L. M. Singh reflected on India’s extensive experience in strengthening public health systems and highlighted the importance of translating implementation experiences into learning opportunities for other countries. He noted that successful health programmes are rarely the result of technical interventions alone; rather, they emerge through effective leadership, community participation, institutional coordination, and sustained political commitment.

He emphasized that many implementation lessons remain undocumented despite their relevance to other developing countries facing similar health challenges. Future health diplomacy initiatives should therefore prioritize implementation science and practical case studies that capture not only policy successes but also operational challenges, adaptive strategies, and lessons learned throughout programme implementation.

Dr. Singh also discussed the importance of strengthening collaboration between national governments and academic institutions to support operational research and evidence-informed policymaking. Such partnerships would enhance

the quality of health diplomacy training while ensuring that educational content remains grounded in real-world experiences.

He encouraged greater South-South collaboration through joint research, faculty exchanges, and regional learning platforms that facilitate the exchange of practical knowledge across countries.



“The true measure of capacity building is not what professionals know, but how effectively they lead, negotiate, and respond when confronted with complex global health challenges.”

MAJ. GEN. (PROF.) ATUL KOTWAL

Distinguished Scientific Chair, ICMR, Former Executive Director, National Health Systems Resource Centre, MoHFW, Government of India

Maj. Gen. (Prof.) Atul Kotwal emphasized that capacity building should extend beyond knowledge acquisition to developing leadership, decision-making, and systems-thinking competencies. Drawing upon his experience in public health administration and medical education, he observed that contemporary health leaders operate in increasingly complex environments characterized by uncertainty, rapidly evolving evidence, and multiple competing priorities. Health diplomacy education must therefore prepare professionals to make informed decisions while balancing scientific evidence, political realities, and resource constraints.

He highlighted the critical role of leadership development within health diplomacy programmes. Professionals must be equipped not only with technical expertise but also with the ability to negotiate, build consensus, manage crises, and communicate effectively across sectors. These competencies become particularly important during public health emergencies when timely coordination among governments, international organizations, and communities determines the effectiveness of response efforts.

Maj. Gen. Kotwal further advocated for greater integration of simulation-based learning, leadership exercises, and interdisciplinary training within health diplomacy curricula. Such experiential learning approaches would enable participants to apply theoretical knowledge to realistic policy

scenarios while strengthening confidence in negotiation and decision-making.

He emphasized that institutions responsible for public health education should continuously update curricula to reflect emerging global challenges, ensuring that future professionals remain prepared for rapidly changing international health environments.

5. Dialogue II: Building Capacity for Health Diplomacy – Institutions, Pedagogy and Partnerships

Overview

The second dialogue shifted the discussion from identifying priority case studies to examining how health diplomacy capacities can be systematically developed and sustained across the Global South. Participants deliberated on institutional models, innovative pedagogical approaches, digital learning platforms, research collaborations, and knowledge products required to establish a comprehensive ecosystem for health diplomacy education.

A recurring theme throughout the session was that capacity building should not be viewed as a series of isolated training programmes but rather as a continuous process supported by universities, governments, think tanks, international organizations, and professional networks. Participants highlighted the importance of competency-based curricula, interdisciplinary learning, digital technologies, and South-South collaboration in preparing future health diplomacy practitioners to navigate increasingly complex global health challenges.



“Health diplomacy cannot be learned through lectures alone; it must be experienced through practice, dialogue, and collaboration.”

DR. SUWIT WIBULPOLPRASERT

Senior Advisor, Ministry of Public Health, Thailand

Dr. Suwit Wibulpolprasert reflected on more than three decades of Thailand’s engagement in global health diplomacy and emphasized that successful international health negotiations are built upon sustained investments in domestic health systems, institutional capacity, and evidence-informed policymaking. Drawing on Thailand’s experience in advancing Universal Health Coverage (UHC) and participating in major global health negotiations, he observed that effective health diplomacy begins with strong national health policies that are supported by credible research and broad stakeholder engagement.

He highlighted Thailand’s long-standing commitment to strengthening public health through equitable financing, primary healthcare, and community participation, noting that these domestic achievements have enabled the country to contribute meaningfully to global discussions on UHC, antimicrobial resistance, access to medicines, and health security. These experiences, he argued, illustrate the close relationship between national health system performance and international credibility.

Dr. Suwit emphasized that capacity building should extend beyond technical knowledge to include negotiation skills, coalition-building, diplomacy, and leadership. He stressed that health diplomacy is a continuous process that requires long-term institutional commitment rather than ad hoc interventions. Countries should therefore invest in dedicated health diplomacy units, interdisciplinary training programmes, and sustained partnerships between ministries, universities, and research institutions.

He also advocated for greater South-South collaboration through joint learning initiatives and exchange programmes that allow countries to benefit from each other’s experiences in addressing shared health challenges. Such partnerships, he noted, are essential for ensuring that Global South perspectives are more effectively represented in international health governance.



“Health diplomacy is meaningful only when global commitments translate into tangible improvements in people’s lives.”

DR. VASHIMA SUBHA

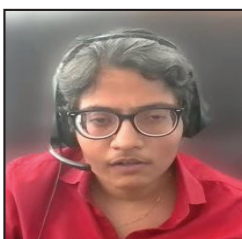
Principal Advisor, DPI and Partnership Management, Capacity Building Commission, GOI

Dr. Vashima Subha emphasized that health diplomacy should remain firmly grounded in equity, inclusiveness, and community-centred approaches. She observed that while international negotiations often focus on policy frameworks and institutional arrangements, their ultimate purpose is to improve health outcomes for individuals and communities. Capacity-building programmes should therefore encourage participants to understand how global decisions translate into local implementation and population health.

She highlighted the need to integrate gender perspectives, social determinants of health, and community engagement into health diplomacy curricula. Policies developed through international negotiations are most effective when they reflect the lived realities of vulnerable populations and are informed by diverse stakeholder perspectives.

Dr. Subha further emphasized the importance of strengthening interdisciplinary collaboration among health professionals, social scientists, economists, legal experts, and community organizations. Such partnerships enable more comprehensive policy analysis while ensuring that health diplomacy remains responsive to complex societal challenges.

She concluded by encouraging participants to view health diplomacy as an instrument for advancing health equity, social justice, and sustainable development rather than solely as a mechanism for international negotiation.



“Evidence becomes truly valuable when it informs decisions, improves implementation, and contributes to better health outcomes.”

DR. JAYA JUMRANI

Senior Scientist, ICAR- National Institute of Agricultural Economics and Policy Research

Dr. Jaya Jumrani highlighted the importance of implementation research and evidence generation in strengthening health diplomacy. She observed that many valuable innovations remain undocumented because insufficient attention is given to systematically evaluating implementation processes

and translating findings into policy-relevant knowledge products.

She emphasized that future health diplomacy programmes should strengthen participants' ability to conduct implementation research, synthesize evidence, and communicate findings effectively to policymakers. Building these competencies would improve the quality of decision-making while supporting adaptive programme implementation across diverse settings.

Dr. Jumrani also discussed the importance of fostering collaborations between academic institutions, governments, and implementing agencies to ensure that research addresses practical policy needs. She advocated for greater investment in operational research that captures contextual factors, implementation challenges, and lessons learned from health programmes across the Global South.

Concluding her remarks, she emphasized that evidence should not remain confined to academic publications but should actively inform policy development, programme implementation, and international cooperation.



“Health diplomacy must become an integral component of public health education if we are to prepare future leaders for an increasingly interconnected world.”

DR. JAI GANESH UDAYASANKARAN

Executive Director, Asia eHealth Information Network

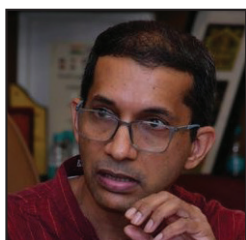
Dr. Jai Ganesh highlighted the importance of strengthening institutional capacities for health diplomacy by embedding global health perspectives within public health education and programme implementation. He observed that while many health professionals possess strong technical expertise, they often have limited exposure to international policy processes, negotiation mechanisms, and cross-sectoral collaboration. Bridging this gap requires educational programmes that integrate public health with diplomacy, governance, economics, and international relations.

He emphasized that health diplomacy should be viewed as a practical competency developed through continuous learning and exposure to real-world policy challenges. Case studies based on implementation experiences from the Global South can provide valuable opportunities for professionals to understand the complexities of policy formulation,

stakeholder engagement, and international cooperation. He further noted that simulation exercises and multidisciplinary team-based learning would enable participants to develop negotiation and consensus-building skills in realistic settings.

Dr. Jai Ganesh also stressed the importance of institutional partnerships that facilitate collaborative research, faculty exchanges, and joint training programmes. Such collaborations would contribute to building a sustainable ecosystem for health diplomacy education while strengthening regional cooperation among countries facing similar health challenges.

He concluded by emphasizing that investments in education and leadership development will determine the ability of future professionals to respond effectively to emerging global health priorities.



“Leadership in health diplomacy is measured not only by technical expertise but by the ability to bring diverse stakeholders together around shared solutions.”

DR. SARIN NAMBEESHAN SASIKUMAR

Coordinator, Forum on Indian Traditional Medicine, RIS

Dr. Sarin reflected on the evolving role of public health leadership in an era characterized by rapidly changing global health challenges. He noted that health emergencies, climate change, demographic transitions, and technological advancements have transformed the responsibilities of public health professionals, requiring them to engage with sectors traditionally considered outside the health domain. Consequently, leadership development should form a central component of health diplomacy capacity-building initiatives.

He emphasized that effective leadership depends upon the ability to build partnerships, communicate evidence clearly, negotiate across institutional boundaries, and maintain public trust during periods of uncertainty. These competencies are developed through experience, mentorship, and interdisciplinary learning rather than through conventional classroom instruction alone.

Dr. Sarin further advocated for stronger linkages between research institutions and government agencies to ensure that evidence generated through academic research informs national and international policy decisions. Building

sustained mechanisms for knowledge exchange would strengthen institutional resilience while enhancing countries' ability to participate effectively in global health governance.

Concluding his intervention, he emphasized that strengthening health diplomacy requires continuous investment in people, institutions, and collaborative leadership.



“Effective health diplomacy begins by listening to communities and ensuring that equity remains at the centre of every policy decision.”

MS. SANDHYA VENKATESWARAN

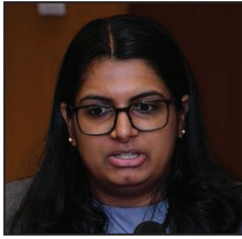
Visiting Senior Fellow, Centre for Social and Economic Progress

Ms. Sandhya Venkateswaran emphasized that health diplomacy must be firmly anchored in principles of equity, inclusion, and social justice. She observed that international health policies have their greatest impact when they respond to the realities experienced by communities, particularly women, marginalized populations, and vulnerable groups. Consequently, capacity-building initiatives should encourage participants to consider the broader social, cultural, and economic determinants that influence health outcomes.

She highlighted the importance of adopting participatory approaches that engage communities, civil society organizations, and local institutions in policy development and implementation. Such approaches strengthen accountability while ensuring that international commitments translate into meaningful improvements in people's lives.

Ms. Venkateswaran further noted that gender-responsive policymaking should become an integral component of health diplomacy education. Future practitioners must understand how health policies differentially affect women, men, and marginalized communities and should be equipped to incorporate equity considerations into international negotiations and programme design.

She emphasized that health diplomacy should ultimately contribute to more inclusive development by ensuring that no community is left behind in global health initiatives.



“The greatest value of shared knowledge lies not in documenting success, but in enabling others to adapt and apply those lessons in their own contexts.”

MS. LAKSHMY RAMAKRISHNAN

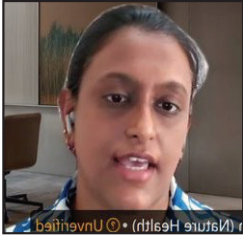
Associate fellow, Observer Research Foundation

Ms. Lakshmy Ramakrishnan focused on translating evidence into practical policy action through effective health systems strengthening. She observed that while countries have generated considerable evidence on successful interventions, greater attention is needed to understanding how these interventions can be adapted across different national contexts. Health diplomacy therefore requires mechanisms that facilitate knowledge exchange while respecting differences in institutional capacity, governance structures, and socioeconomic conditions.

She emphasized that implementation experiences from the Global South represent a valuable resource for mutual learning. Documenting these experiences through policy briefs, implementation guides, and case studies would enable countries to adapt successful innovations while avoiding common implementation challenges. Such knowledge products would also strengthen evidence-informed policymaking and contribute to more effective international collaboration.

Ms. Ramakrishnan highlighted the importance of continuous dialogue among governments, academic institutions, development partners, and implementing agencies to sustain learning beyond individual consultations. Establishing long-term communities of practice would support collaborative problem-solving while strengthening institutional memory and regional cooperation.

In concluding her remarks, she expressed confidence that the consultation would contribute towards establishing a practical and collaborative framework for health diplomacy education that reflects the priorities and experiences of the Global South.



DR. MANONMANI SOUNDARAJAN

Associate Editor, Nature Health, Pune

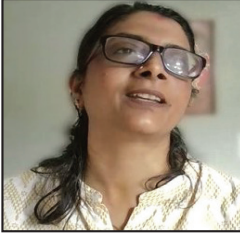
“Knowledge has impact only when it is translated into evidence that informs policy, influences practice, and reaches those who need it most.”

Dr. Manonmani emphasized that generating knowledge is only the first step in strengthening health diplomacy; equally important is translating that knowledge into accessible products capable of informing policy and practice. She observed that valuable discussions often remain confined to conference rooms unless they are systematically documented through publications, policy briefs, commentaries, and implementation reports.

She encouraged participants to adopt diverse approaches to knowledge dissemination, including perspective articles, correspondence, policy analyses, mixed-methods research, implementation science, and case studies. These formats enable researchers and practitioners to capture both technical evidence and contextual experiences while making them accessible to policymakers, development partners, and the broader global health community.

Dr. Manonmani further highlighted the importance of documenting implementation experiences from the Global South. While randomized studies and quantitative analyses remain important, qualitative research, stakeholder perspectives, and institutional case studies provide equally valuable insights into how policies are developed, negotiated, and implemented in diverse settings. These forms of evidence are particularly relevant to health diplomacy because they illuminate the political, institutional, and social dimensions of policy-making.

She also encouraged greater collaboration between researchers, policymakers, and journal editors throughout the research process to ensure that emerging evidence is both scientifically rigorous and policy relevant. Strengthening such partnerships, she noted, would enhance the visibility of Global South experiences within international scientific literature.



“Evidence achieves its greatest value when it is communicated clearly, translated effectively, and used to shape better policy.”

DR. SHALINI GARG

Editor-in-Chief, The Lancet Regional Health – Southeast Asia

Dr. Shalini Garg highlighted the critical role of scientific communication in advancing health diplomacy. She noted that while governments and researchers often generate high-quality evidence, much of this knowledge fails to influence policy because it is not communicated effectively to decision-makers.

She emphasized that journals should not merely serve as platforms for disseminating completed research but should actively support the generation of policy-relevant evidence from the earliest stages of project design. Engaging with publication partners during the planning process can strengthen methodological quality, improve dissemination strategies, and enhance the policy impact of research.

Dr. Garg further stressed that health diplomacy professionals require strong communication skills alongside technical expertise. Future training programmes should therefore include modules on scientific writing, policy brief preparation, stakeholder engagement, media communication, and evidence translation. These competencies would enable professionals to communicate complex issues in ways that facilitate informed decision-making across governments and international organizations.

She also advocated for greater representation of Global South perspectives within international scientific literature through equitable research collaborations, regional editorial leadership, and support for early-career researchers.

Interactive Discussion

The interactive discussion reinforced the importance of institutionalizing health diplomacy education through sustained collaboration among governments, universities, think tanks, development partners, and international organizations. Participants agreed that no single institution possesses all the expertise required to develop comprehensive training programmes; instead, partnerships are essential for combining technical knowledge, diplomatic experience, research capacity, and practical implementation insights.

Several participants highlighted the need to establish communities of practice that facilitate continuous exchange of experiences among policymakers, academics, diplomats, and practitioners. Such networks would enable countries to learn from one another's successes and challenges while fostering collaborative research and joint capacity-building initiatives.

There was also broad consensus on the importance of leveraging Digital Public Infrastructure to create accessible learning platforms capable of reaching professionals across the Global South. These platforms could host modular courses, case study repositories, webinars, simulation exercises, policy dialogues, and collaborative research networks, thereby supporting continuous learning beyond traditional classroom settings.

The discussion concluded with agreement that health diplomacy education should remain dynamic and responsive to emerging global priorities, including climate change, artificial intelligence, pandemic preparedness, digital governance, antimicrobial resistance, and sustainable development.

Key Outcomes and Recommendations

The expert consultation generated a broad consensus on the urgent need to establish a structured and sustainable framework for strengthening health diplomacy capacities across the Global South. Participants agreed that while developing countries have made significant contributions to global health through innovations in digital health, Universal Health Coverage, vaccine manufacturing, disease surveillance, food security, and pandemic response, these experiences remain inadequately documented and insufficiently integrated into global health diplomacy education.

The consultation emphasized that health diplomacy is no longer confined to traditional diplomatic negotiations but has evolved into an interdisciplinary field that encompasses public health, international law, trade, economics, climate change, digital governance, food systems, One Health, and sustainable development. Consequently, future

capacity-building initiatives must equip professionals with a combination of technical knowledge, policy analysis, negotiation skills, strategic communication, leadership, and multisectoral collaboration.

Participants also recognized that strengthening health diplomacy requires sustained institutional investments rather than isolated training programmes. Governments, universities, think tanks, international organizations, and development partners must work collaboratively to establish learning ecosystems that support continuous professional development, applied research, and policy dialogue.

Based on the deliberations, the following recommendations emerged.

1. Develop a Global South Repository of Health Diplomacy Case Studies

Participants recommended the development of a comprehensive repository documenting successful health diplomacy experiences from developing countries. These case studies should capture not only policy outcomes but also the institutional, political, legal, financial, and governance processes that contributed to success. Priority themes include Digital Public Infrastructure, Universal Health Coverage, pandemic preparedness, vaccine equity, intellectual property negotiations, climate change and health, antimicrobial resistance, One Health, food and nutrition security, and South–South cooperation.

2. Establish a Competency-Based Health Diplomacy Curriculum

The consultation emphasized the need to design structured curricula based on competency frameworks rather than discipline-specific content alone. Training programmes should address the needs of policymakers, diplomats, public health professionals, researchers, programme managers, and technical experts by integrating competencies in global health governance, diplomacy, international law, economics, communication, leadership, negotiation, and evidence-informed policymaking.

3. Promote Interdisciplinary Learning

Participants agreed that contemporary health diplomacy requires collaboration across multiple disciplines and sectors. Future educational programmes should therefore integrate public health with international relations, economics, law, environmental sciences, agriculture, technology, and governance. Universities and academic institutions were encouraged to develop interdisciplinary courses and joint degree programmes that prepare professionals for increasingly complex policy environments.

4. Leverage Digital Public Infrastructure and Artificial Intelligence

Recognizing India's leadership in Digital Public Infrastructure, participants highlighted the potential of digital technologies and Artificial Intelligence to transform health diplomacy education. AI-enabled learning platforms can provide personalized learning pathways, competency assessments, multilingual educational resources, and continuous access to modular training programmes, thereby expanding learning opportunities across the Global South.

5. Strengthen Institutional Partnerships

The consultation underscored the importance of long-term institutional collaboration among governments, universities, think tanks, international organizations, and development partners. Such partnerships should support collaborative research, faculty exchanges, joint curriculum development, executive education programmes, and policy dialogues while fostering sustained South-South cooperation.

6. Strengthen Research and Knowledge Translation

Participants emphasized the need to translate consultation outcomes into high-quality knowledge products capable of informing policy and practice. Recommended outputs include policy briefs, implementation guides,

scientific publications, commentaries, technical reports, digital learning resources, and case study compendia. Greater emphasis should be placed on documenting implementation experiences from the Global South and increasing their representation within international scientific literature.

7. Establish Communities of Practice

The consultation recommended creating regional and global communities of practice that bring together policymakers, diplomats, researchers, academics, and practitioners to facilitate continuous knowledge exchange, peer learning, collaborative research, and technical cooperation. Such networks would strengthen institutional memory while promoting sustained collaboration beyond individual training programmes.

8. Advance South-South Cooperation

Participants reaffirmed the importance of South-South cooperation as a cornerstone of health diplomacy. Structured platforms for sharing experiences, technical expertise, and policy innovations should be strengthened to enable countries to learn from one another while collectively advancing equitable global health governance.

Way Forward

The consultation concluded with a shared commitment to translating the recommendations into concrete actions through sustained collaboration among participating institutions. DAKSHIN - Global South Centre of Excellence, together with its partners, will play a catalytic role in advancing this agenda by facilitating knowledge exchange, research, and institutional partnerships.

As an immediate priority, participants recommended developing a curated collection of Global South health diplomacy case studies that can serve as foundational learning resources for future training programmes. These case studies should reflect diverse regional experiences while highlighting practical lessons applicable across different contexts.

The consultation also recognized the importance of designing a structured competency framework for health diplomacy that can guide curriculum development, executive education programmes, and professional training. This framework should support both in-person and digital learning modalities and be adaptable to the needs of governments, academic institutions, and international organizations.

Participants further recommended establishing a collaborative network of partner institutions to support joint research, curriculum development, faculty exchanges, and policy dialogue. Such a network would strengthen institutional capacities while creating opportunities for sustained South-South collaboration and mutual learning.

Leveraging India's experience in Digital Public Infrastructure, participants encouraged the development of an online health diplomacy learning platform that integrates modular courses, case studies, simulation exercises, webinars, and communities of practice. Digital technologies and Artificial Intelligence can significantly expand access to high-quality learning while enabling continuous professional development across countries.

Finally, the consultation reaffirmed the importance of positioning the Global South not merely as a beneficiary of global health governance but as an active contributor to shaping its future. By documenting its experiences, strengthening institutional capacities, investing in interdisciplinary education, and fostering collaborative partnerships, the Global South can play an increasingly influential role in advancing equitable, resilient, and inclusive global health governance.



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.



FISD 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.

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

Tel. +91-11-24682177-80, Email: dgooffice@ris.org.in, Website: www.ris.org.in

Follow us on:



www.facebook.com/risindia



@RIS_NewDelhi



www.youtube.com/RISNewDelhi