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Geneva – Switzerland

CONSULTANT'S EVALUATION REPORT Global Health Diplomacy Training

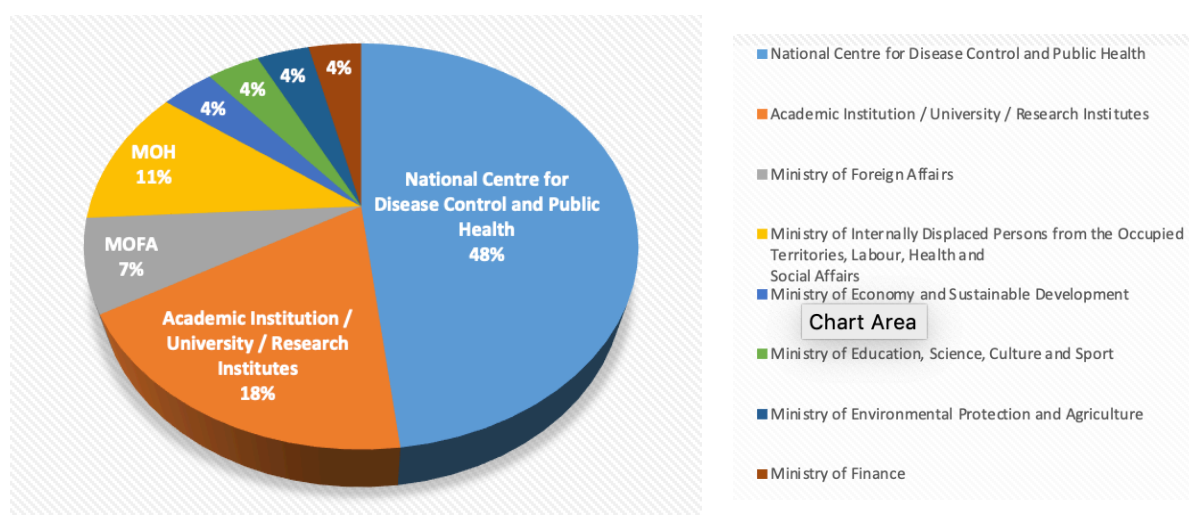
Tbilisi, Georgia | 9 – 10 December 2019



1. INTRODUCTION

The Global Health Diplomacy Training was organized by the WHO Regional Office for Europe in close cooperation with the National Centre for Disease Control and Public Health (NCDC) from 9 – 10 December 2019 in Tbilisi, Georgia. This report is based upon the technical report submitted on 18 December 2019 and the online evaluation survey conducted among the participants. This report is a short summary of the most important survey findings from 23 respondents of a total of 27 participants, observations from the working groups and discussions, and impressions gathered throughout the training. At the end of the report, some recommendations are provided concerning possible next steps.

Graphic 1: Composition of the Training / Working Background of the Participants



This training was an exclusive course for Georgian national with the advantage that allowed for a much stronger cross-sectoral composition of the participants as graphic 1 is illustrating, even if 48% of the participants worked at the National Centre for Disease Control and Public Health, the level of participation by the different Ministries and by academia has been outstanding. Overall, more than 60% of the survey respondents mentioned that the training either succeeded or fully met their expectations. Annex 2 (1) provides the transcription of the working group outcomes on expectations.

The **objectives** of the 2-days training can largely be described as follows:

- To introduce the concepts and trends of global health and global health diplomacy to the participants, according to their needs and priorities;
- To strengthen the capacity of the participants in global health diplomacy competencies and skills for effective engagement in regional & global health venues;
- To enhance the knowledge of the participants on Universal Health Coverage and the current EU – Georgia Association Agreement and its impact on health; and
- To identify a core group of participants that can be supportive and promote coherence between global and national health policies.

2. RELEVANCE OF THE TRAINING

Georgia's current membership in the WHO Executive Board makes it a very pertinent training that should allow the representatives of the different ministries to better understand the current complexity of global health and its governance mechanisms. The introductory session has taken this into account and created an understanding among participants on the changing context of global health; the venues of global health at national, regional and international level; the functioning of WHO and the instruments for health. In the evaluation survey the biggest knowledge gain (see graphic 2) has been in this more general introduction session.

“ 96% of the survey respondents mentioned that the training was extremely or very relevant to them and that they can apply the knowledge to their work.

The two-days training was tailor-made to the needs of Georgia and identified two other topics with particular relevance: UHC and the EU accession. Georgia has co-chaired the High-Level Meeting on UHC at the UN General Assembly in September 2019. Consequently, particular reference has been made to the negotiation process and policy challenges in putting up health topics on the political agenda of non-health fora. In addition, Georgia is currently orienting itself towards the EU and hence, an improved understanding of the EU, its instruments and Georgia's current relationship with the EU has been of importance for Georgia, especially given the political complexity of the region. Finally, the training also created an understanding of the political nature of international and regional health negotiations. Participants were able to obtain some skills and competencies to participate effectively in negotiations and policy-making processes for health.



Graphic 2 makes visible the knowledge transfer in the different sessions, clearly indicating that knowledge was gained from “good” to “very good” in all instances.

Graphic 2: Knowledge Transfer “before – after the training”



3. KEY MESSAGES OF THE TRAINING



This short 2-days tailor-made training focused on 5 thematic blocks: (1) a conceptual introduction to global health; (2) an overview of the instruments used in global health with particular focus on the policy instruments of WHO; (3) the policy developments of Universal Health Coverage and its implementation in Georgia; (4) an introduction to the EU and its association agreements, including its main structure and function, as well as an overview of the currently existing agreements with Georgia; and (5) fostering “soft skills” development and creating an understanding of the dynamics of negotiations through a simulation exercise.

“ We have declared health as a political priority [...] the road to successful UHC goes through strengthening the PHC system, to make quality health services even more equitable and accessible for the population.

H.E. Salome Zourabichvili, President of Georgia at the UN HLM UHC, New York, 23 Sept 2019

A “red thread” throughout the sessions were discussions focusing on creating an understanding of global health policy, its political nature and interface with other sectors. Global health is characterized by transcending national boundaries, by its interconnectedness and interdependence, by its system thinking, by its multi-level and multi-actor actions, and by the determinants of health. These determinants of health not only include the economic, social, environmental determinants, but also political, commercial and cultural determinants. A similar important message of the training was that health is inherently political and a political choice, requiring leadership at the highest level. This understanding of global health has resonated well with participants and was put into relation to the other sessions and the experiences of the speakers and participants themselves, especially by also linking this to Georgia’s leadership in and towards the UHC High-Level Meeting at the UN General Assembly.

These discussions enabled the participants to apply a “political lens” throughout the sessions and discover that many of our choices in and for health are indeed political and influenced by

a changing landscape. In today's world we need to understand power and politics in order to be able to act appropriately and effectively. The awareness of this interface has been triggered through three major paradigm shifts: the universally accepted Sustainable Development Goals (SDGs), the debates around health security, triggered through the West African Ebola Crisis, and Universal Health Coverage (UHC) which has broad political support through the recent High-Level Meeting on UHC held at the UN General Assembly in September 2019. These three triggers – the SDGs, health security, and UHC – have created the awareness that health problems cannot be resolved in silos, but it does need collective action.

“ The key to making real progress towards UHC is political commitment at the highest level, with the support of parliaments to translate that commitment into law, backed by a whole of government approach [...].

Dr. Tedros Ghebreyesus, in: [BMJ Opinion](#) (July 12, 2019)

Even though a focus was given in the training towards UHC, other topics were also explored in working groups, such as AMR, NCDs, TB/HIV co-infections, and climate change (see Annex 2 (2)) on the outcomes of the working groups). Participants have discussed not only the importance of these topics for their country but also outlined the national and international actors involved, the venues of deliberations, and pointed at the instruments they would use to ensure action. This allowed participants to reflect upon the choice of instruments and their relevance in the different settings. It also highlighted that in global health no “one-solution-fits-all” is available but that agility and flexibility is needed to address health problems appropriately and to ensure policy impact – both nationally and internationally (see also Annex 2(3)). Hard and soft policy instruments are usually available and can vary according to the venue in which the negotiations take place. This also applies to the EU context which has a variety of specific policy instruments available, such as regulations, directives, implementing measures and delegated acts, green or white papers, and Communications. A number of additional governance tools are also available to the EU and understanding these mechanisms are extremely important in order to ensure the best possible result in negotiations.

The training also highlighted some of the ongoing new developments within the EU as the new Commission has been elected in May 2019 but also provided an overview of 2014 EU-Georgia Association Agreement and its revision of the year 2017. Chapter 15 in particular refers to the cooperation in public health and touches upon – among others – tobacco control, blood safety, environmental health, communicable diseases prevention and control, and non-communicable diseases prevention and control.

The introductory lecture and a simulation exercise focused on the definition of global health diplomacy as “magic of dialogue”. The discussion with the participants evolved around a larger understanding of diplomacy, not only as an art and practice of negotiations but also as



an instrument of governance for health, as a management tool and as a method of reaching compromise and a system of organization. Global health diplomacy is changing dramatically. Public diplomacy and twi-diplomacy (twitter diplomacy) have taken center stage in this, also because diplomacy itself cannot be restricted to governments alone but involve a wide range of actors. Health diplomacy in its core remains a fundamentally political process that starts at home through the creation of policy coherence across different sectors. Participants confirmed throughout the two days that global health diplomacy requires the recognition of the intersectoral nature of global health and negotiations take place at all levels.

“ Today’s global health challenges need partnerships.

Tamar Grigolaia, Ministry of Foreign Affairs, Georgia on 9 Dec 2019.

“ Global health goes beyond the agenda of the Ministry of Health, it impacts on other actors and becomes more and more a top priority.

Silviu Domete, WHO Country Office, Georgia on 10 Dec 2019.

In the simulation exercise, participants could improve skills and competencies to more effectively participate in global health negotiations. Global health diplomacy not only means to negotiate different interests of various stakeholders, to understand governance but also to build and create partnerships for health. The challenges involved in negotiations were experienced by the participants through the simulation exercise on WHA Resolution 72.8 on “Improving transparency of markets for medicines, vaccines, and other health products”. A number of competencies, skills and factors that influence negotiations could be induced from this exercised – even though limited due to the time constraints - as outlined in more details in Annex 2(4), among others:

- Preparations “at home” are key: discussions with the different ministries are crucial to speak in “one voice” across different venues. This entails to clarify the position and interests of the own delegation and to anticipate the positions of the other delegations; in case of language negotiations, the preparation of specific language before and suggestions of specific alternative language during the negotiations prompts reactions by the negotiating partners.
- The selection of the chairperson is crucial, especially in an international setting. A chair has an important responsibility in negotiations to set the trust and atmosphere in the room but also to find consensus among all parties in the room.
- A small country has an equal voice in international negotiations, and they can excel through the use of “soft skills”. Very often they also speak in regional blocks or alliances in order to more efficiently use their scarce resources.
- Successful negotiations also depend on the ability to build trust and relationships, listening skills and the ability to actively and constructively participate in informal consultations and formal negotiations.

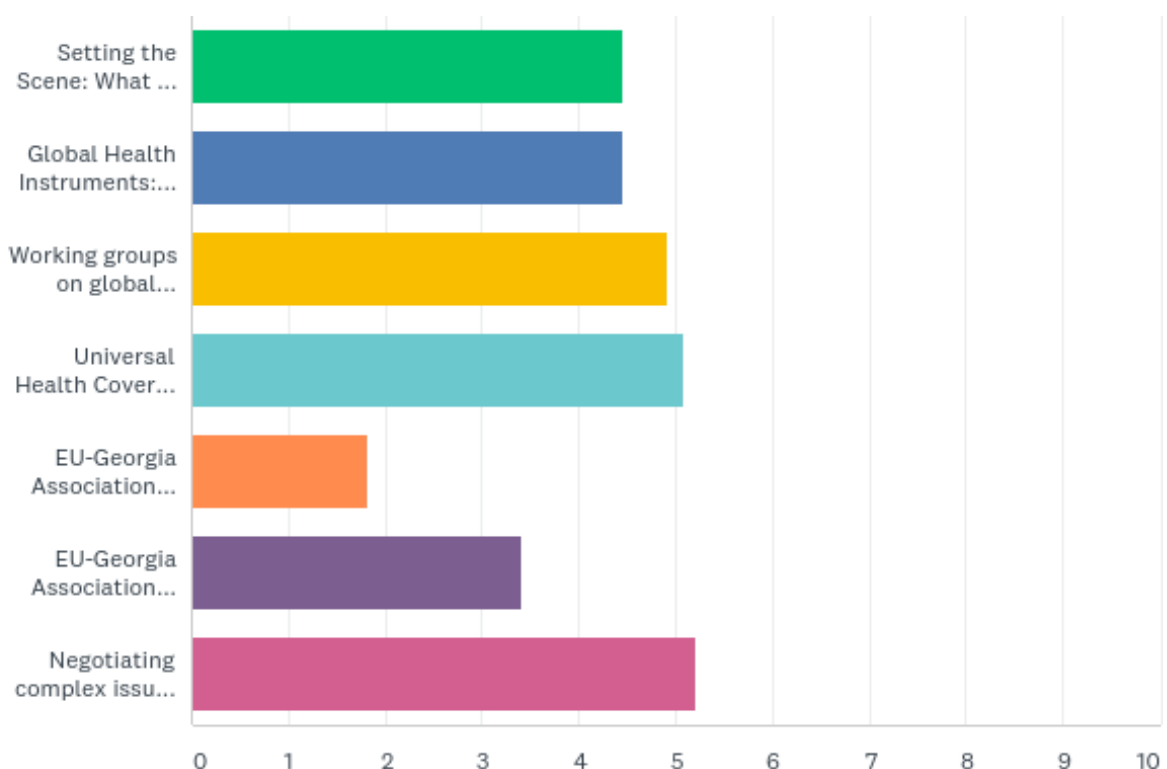
The feedback session confirmed that good preparations are essential to achieve a well negotiated outcome and that negotiations need time, have to be results-oriented and even then, may not always come to easy conclusions. The role of the chairperson is of utmost importance in any negotiation and often also determines its outcomes. Participants have largely enjoyed the exercise and being able to experience and observe different skills set. Through an inductive learning process, they were able to grasp some of the essentials of negotiations and it allowed them to gain a basic understanding before dwelling further into the details bilateral and multilateral negotiations in day 3 and day 4 of the training.

4. SESSION RANKING AND METHODOLOGY USED AT THE TRAINING

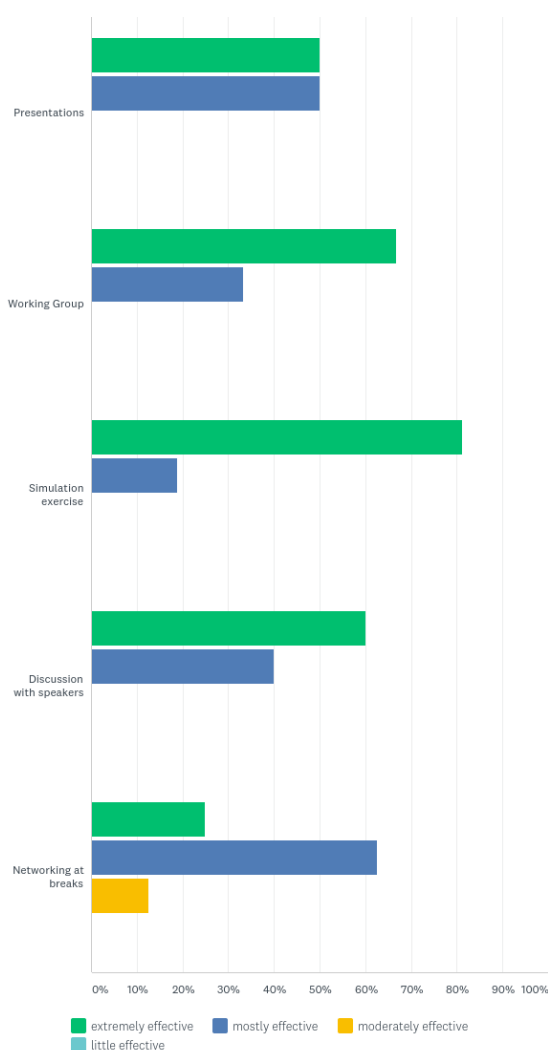
Overall, the participants have expressed in the survey that they enjoyed the training and for 50% of the survey respondents the length of the training was “just right”. 38% of the survey respondents felt it was even too short.

Participants have ranked their learning experience through the simulation exercise slightly first, followed by the sessions on UHC and the working group session applying the theoretical knowledge to the country context. The two more conceptual introductory sessions were also ranked well. Graphic 3 shows this ranking of the sessions by the survey respondents. The least ranked session was closely interlinked to the methodology used as it was held through a video WebEx call and some respondents even commented to exclude this methodology in future.

Graphic 3: Session ranking



Graphic 4: Most effective methodology



Otherwise were the result on the session ranking coherent with the results on the most effective learning methodology as illustrated in graphic 4. The survey respondents valued learning through the interactive sessions the most: the simulation exercise was not really enjoyed most but also ranked as the “most effective” learning methodology by more than 80% of the survey respondents, followed by 68% of the survey respondents considering the working groups as “most effective”. Presentations and discussion with speakers were still valued by 50% resp. 60% of the respondent. This also means that “learning by doing” remains the methodology of choice and that the classic lecture-style remains important but has to be combined with working groups in order to be effective.

Peer learning, i.e. learning from each other was an important feature of the training and indeed for more than 80% of the survey respondents this was either an “extremely important” or “very important” feature of the training.

5. ORGANIZATIONAL ASPECTS OF THE TRAINING

In the lead-up to the training several conference calls were organized with the WHO Regional Office for Europe, the WHO Country Office in Tbilisi and the NCDC, not only to clarify the objectives but also to discuss the details of the training programme and logistical needs. Consequently, all organizational and logistical arrangements of the meeting were carried out by the WHO Country Office in Georgia and the NCDC. The training was held in the premises of the National Centre for Disease Control and Public Health (NCDC) in Tbilisi, Georgia, close to the airport and thus, was easily reachable. The survey respondents acknowledged also the efforts made in terms of organizational arrangements, with more than 75% of the survey respondents mentioned that facilities and the organization fully responded to their needs and approximately 70% were very satisfied with the catering of lunches and coffee breaks. As part of the preparations reading materials were also provided to the participants before the training. Although approximately 60% of the participants found this very useful, a few have commented that they did not have the time to read it yet but found it a useful resource.

6. CONCLUSIONS AND RECOMMENDATIONS

This two-days tailor-made training was conceptualized for the first time as a national course for an intersectoral audience. It allowed the participants to gain insights into the concepts and trends of global health and global health diplomacy and provided in-depth knowledge on the policy instruments available in global health, on UHC, and on the newly elected European Commission and the EU Association Agreements. Participants were able to obtain a teaser on skills and competencies to effectively involve in international negotiations and to play a lead role in policy making processes.

“ This training proved political commitment and interaction across all ministries and will help to make health for all reality.

Silviu Domete, WHO Country Office, Georgia on 10 Dec 2019.

Building on the comments received through the online survey and In order to further strengthen the competencies and skills and to build them in a sustainable way, the following recommendations could be considered in future:

1. **Improvement of the current training:** The tailor-made nature of this training was extremely useful and the selection of topics and methodologies were all very much appreciated, however, some sessions could be re-designed (e.g. UHC session, EU Association Agreement session) to provide more time for interactions and discussions. The simulation exercise could be further expanded to apply to other session to enhance learning, e.g. concerning policy decision making processes.
2. **Follow-up learning opportunity:** In order to strengthen the knowledge gained, it would be very useful to offer an “advanced” workshop to the current participants. Such a training could on the one hand engage in open questions resulting from this training and to go further into depths on certain thematic issues, such as the EU-Georgia Association Agreement, financing for health, and on the other hand, provide further skills on communication and debating, negotiations, and policy decision-making.
3. **Regional learning experience:** Building on the above recommendation, any further learning opportunity could be held within a more regional set-up to allow participants to learn from other experiences. WHO’s role as a convener would be here an important asset.
4. **Integration of global health topics:** Given that a number of participants have also come from academia and other ministries, it would be very important to integrate key concepts of global health and the national – international nexus in global health into the national curriculum not only in health-specific learning institutions but also in the training of diplomats and foreign affairs officials.

5. **Increase training outreach:** The current training set-up could be expanded to train a second batch of participants from across all sectors, taking into considerations the learning from this training and integrate an exchange and/or peer meeting to bring together the first and second batch participants. Consequently, an “alumni” network at national (and later regional) level can be created to foster further exchange among participants.
6. **Provision of tools:** Building on the current efforts of the WHO, elaborate, provide and amend existing tools and checklists to the country context. This should serve two purposes: one the one hand, provide a training of trainers in order to allow a more sustainable integration of global health topics nationally, and on the other hand, provide checklists and reference guides to participants for them to look up essentials concerning the taught topics.

VOICES FROM PARTICIPANTS

- “The Training was perfect.”
- “It was very good as it was.”
- “Just to prolong the course for additional days and to cover more themes if possible.”
- “I think all topics were very important. I would be happy to develop more in any of the topics.”
- “It was really nice course, but it was short.”
- “The course was a very good experience to gain general understanding and to receive an introduction to global health.”
- “Thank you, it was great!”

The consultant wants to thank all the persons involved in the preparations and implementation of the course for the support received and for the fruitful and enjoyable collaboration:

Dr Lucianne Licari, Dr Silviu Domete, Gabriela Fuentes Ceja, Emmanuelle Jouy and Anna Roepstorff from WHO EURO for the preparatory work and on-site help.

Prof. Dr. Amiran Gamkrelidze and Dr Nana Kavtaradze from NCDC for their enormous dedication to this course and their great hospitality, as well as their support staff.

In addition, this course could only be successful because the participants have been extremely interested and exceptionally active throughout all sessions.

Thank you to all!



ANNEX 1: Programme of the meeting

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**WHO 2-day Global Health Diplomacy
Course**
Tbilisi, Georgia
9 – 10 December 2019

/4

5 December 2019
Original: English

Provisional Programme

Monday, 9 December 2019

09:00 - 09:30 **Welcome and Opening**

Tamar Gabunia, First Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, Georgia

Amiran Gamkrelidze, Professor, Director General of NCDC, Georgia

Silviu Domete, WHO Representative and Head of Country Office, Georgia

Lucianne Licari, Director, Country Support and Communications, WHO Regional Office for Europe

General Introduction to the Course, Faculty and Participants

Lucianne Licari, Director, Country Support and Communications, WHO Regional Office for Europe

Michaela Told, independent consultant, Visiting Lecturer, Global Studies Institute, University of Geneva, former Executive Director, Global Health Centre, the Graduate Institute of International and Development Studies

Module 1:

Understanding the Nature of Global Health & Global Health Diplomacy

09:30 - 10:00 **Keynote Lectures:**

Foreign Policy and Health

Tamar Grigolaia, Second Secretary, Department of International Organizations, Ministry of Foreign Affairs, Georgia

Reflections and experiences on the UN General Assembly High-Level meeting on UHC

Tamar Gabunia, First Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, Georgia



10:00 – 10:30 **Setting the Scene. What is global health and global health diplomacy?**

Michaela Told

Objective: This session will enable the participants to understand some of the key concepts of global health: health as a political choice, the interface of health and foreign policy, global health governance, international stakeholders in global health, global health diplomacy.

10:30 - 11:00 Break

11:00 - 12:30 **Setting the Scene (continuation)**

12:30 - 14:00 Lunch

14:00 - 15:30 **Global Health Instruments: hard and soft law**

Michaela Told

Objective: This session will provide insights into the different existing instruments in global health and will discuss their relevance and use.

15:30 - 16:00 Break

16:00 - 18:00 **Working Groups on global health and governance for health**

Lucianne Licari & Michaela Told

19:00 **Reception** hosted by the National Center for Disease Control and Public Health

Venue: "8000 Vintages", 27, R. Tabukashvili street, Tbilisi

Tuesday, 10 December 2019

Module 2:
The Complexity of Health in the Global Arena

09:00 - 10:30 **Universal health coverage: Implications for Georgia**

*Anne Staehr Johansen, Head of Office a.i., WHO European
Centre for Primary Health Care, Almaty, Kazakhstan*

Objective: This session will give participants insights into the different dimensions of universal health coverage, its financing and its cross-sectoral nature. It will allow participants to discuss implications of UHC for Georgia.

10:30 - 11:00 Break



11:00 - 12:30 **EU association agreements and impact on health**
Leen Meulenbergs, Director, Strategic Partnerships, WHO Regional Office for Europe and WHO Representative to the European Union (by webex)

EU-Georgia Association Agreement: cooperation in public health
Nana Kavtaradze, Head of International and Public Relations Division, NCDC

Objective: This session will provide an update on the current and future developments concerning the EU association agreements with neighbouring countries and their impact on health. This session will also discuss required actions and recommendations.

12:30 - 14:00 Lunch

Module 3:
Negotiation Skills

14:00 - 15:30 **Negotiating complex issues internationally: the example of transparency**
Michaela Told

Objective: This session will allow participants to experience a simulation of a negotiation at international level and to practice skills through an inductive learning approach.

15:30 - 16:00 Break

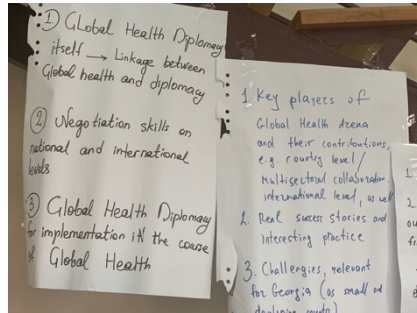
16:00 - 17:00 **Negotiating complex issues internationally: feedback session**
Michaela Told & Lucianne Licari

17:00 – 18:00 **Course Evaluation and Closing**

ANNEX 2: Outcomes of the Working Groups Discussions & Simulation Exercise

1. Working Groups on “Expectations of the Training”:

Group 1:

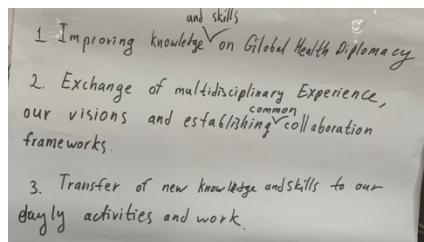


- Global Health Diplomacy itself => linkage between global health and diplomacy
- Negotiation skills on national and international levels
- Global Health Diplomacy for implementation in the course of Global Health

Group 2:

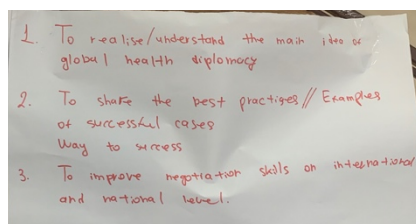
- Key players of global health arena and their contributions, e.g. country level / multisectoral collaboration / international level
- Real success stories and interesting practice
- Challenges relevant for Georgia

Group 3:



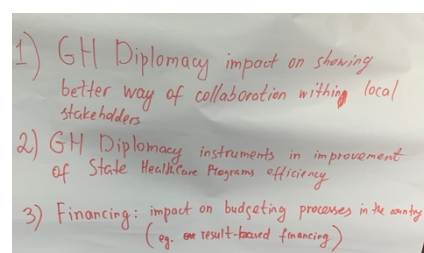
- Improving knowledge and skills on Global Health Diplomacy
- Exchange of multidisciplinary experience, our visions and establishing common collaboration frameworks
- Transfer of new knowledge and skills to our daily activities and work

Group 4:



- To realize / understand the main idea of global health diplomacy
- To share the best practices / Examples of successful cases / ways to success
- To improve negotiation skills on international and national level

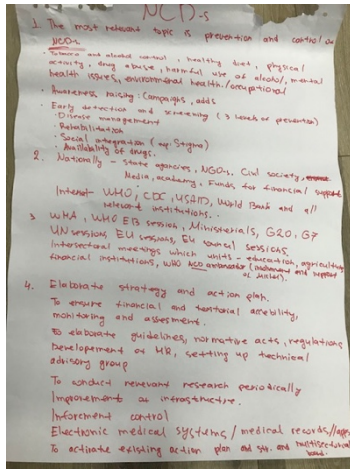
Group 5:



- Global Health Diplomacy impact on showing better ways of collaboration with local stakeholders
- Global Health Diplomacy instruments to improve of State healthcare programs
- Financing: impact on budgeting processes in the country (e.g. results-based financing)

2. Working Group on “Putting issue on the political agenda”:

Group 1: NCDs

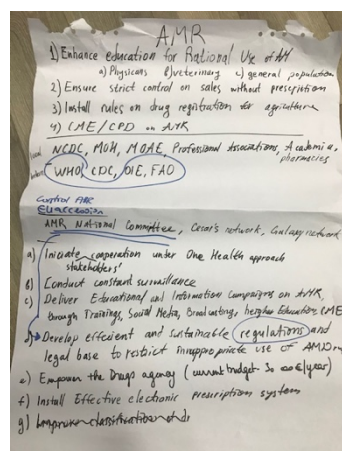


- Prioritized actions:
 - Prevention and control of NCDs through Tobacco and alcohol control, healthy diet, physical activity, drug abuse, harmful use of alcohol, mental health issues, environmental health / occupational health
 - Awareness raising campaigns, ads
 - Early detection and screening (disease management, rehabilitation, social integration, availability of drugs)

- Actors:
 - National: state agencies, NGOs, civil society, media, academy, funds for financial support
 - International: WHO, CDC, USAID, World Bank and all relevant institutions

- Venues: World Health Assembly, WHO Executive Board, Ministerials, G20, G7, UN sessions, EU sessions, EU Council, intersectoral meetings which units (education, agriculture, financial institutions, WHO NCD Ambassador)
- Instruments:
 - Elaborate strategy and action plan
 - to ensure financial and territorial acceptability, monitoring and assessment
 - to elaborate guidelines, normative acts, regulations, development of HR, setting up technical advisory group
 - To conduct relevant research periodically
 - Improvement of infrastructure
 - Enforcement control
 - Electronic medical systems / medical records / apps
 - To activate existing action plan and strategy and multisectorial board.

Group 2: AMR

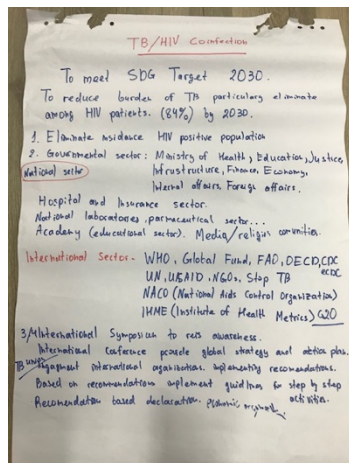


- Prioritized actions:
 - Enhance education for rational use of AMR
 - Ensure strict control on sales without prescriptions
 - Install rules on drug registration for agriculture
 - CME / CPD on AMR
- Actors:
 - National: NCDC, MOH, MOAE, Professional associations, academia and pharmacies
 - International: WHO, OIE, FAO; CDC
- Venues: AMR National Committee, Cesar's Network, Galaxy networks

- Instruments:
 - Initiate stakeholders' cooperation under One Health approach

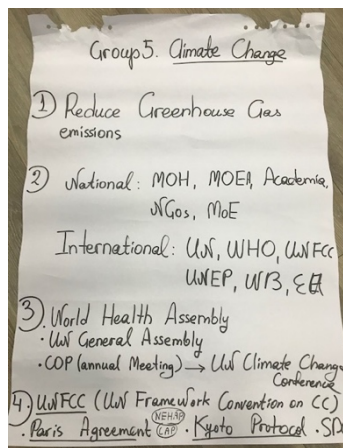
- Conduct constant surveillance
- Deliver education and information campaigns on AMR through trainings, social media, broadcasting, higher education, CME
- Develop efficient and sustainable regulations and legal base to restrict inappropriate use of AMR drugs
- Empower the drugs agency (current budget 30'000 EUR / Year)
- Install effective electronic prescription systems

Group 3: TB / HIV coinfection



- Prioritized action:
 - To meet SDG Target 2030
 - To reduce burden of TB particularly eliminate among HIV patients (84% by 2030) through
 - To eliminate the incidence rate of HIV positive population
- Actors:
 - National: government sector (Ministry of Health, Education, Justice, Infrastructure, Finance, Economy, Internal Affairs, Foreign Affairs), insurance sector, hospitals, national laboratories, pharmaceutical sector, academia (educational sector), media and religious communities.
 - International: WHO, Global Fund, FAO, OECD, CDC / ECDC, UN, USAID, NGOs, Stop TB Partnership, NACO (National Aids Control Organization); IHME Institute of Health Metrics, G20
- Instruments:
 - Organize international symposium to raise awareness
 - Organize national conference to present global strategy and action plan
 - TB: Engage international organizations and implement recommendations based on guidelines for step-by-step activities and based on Declaration

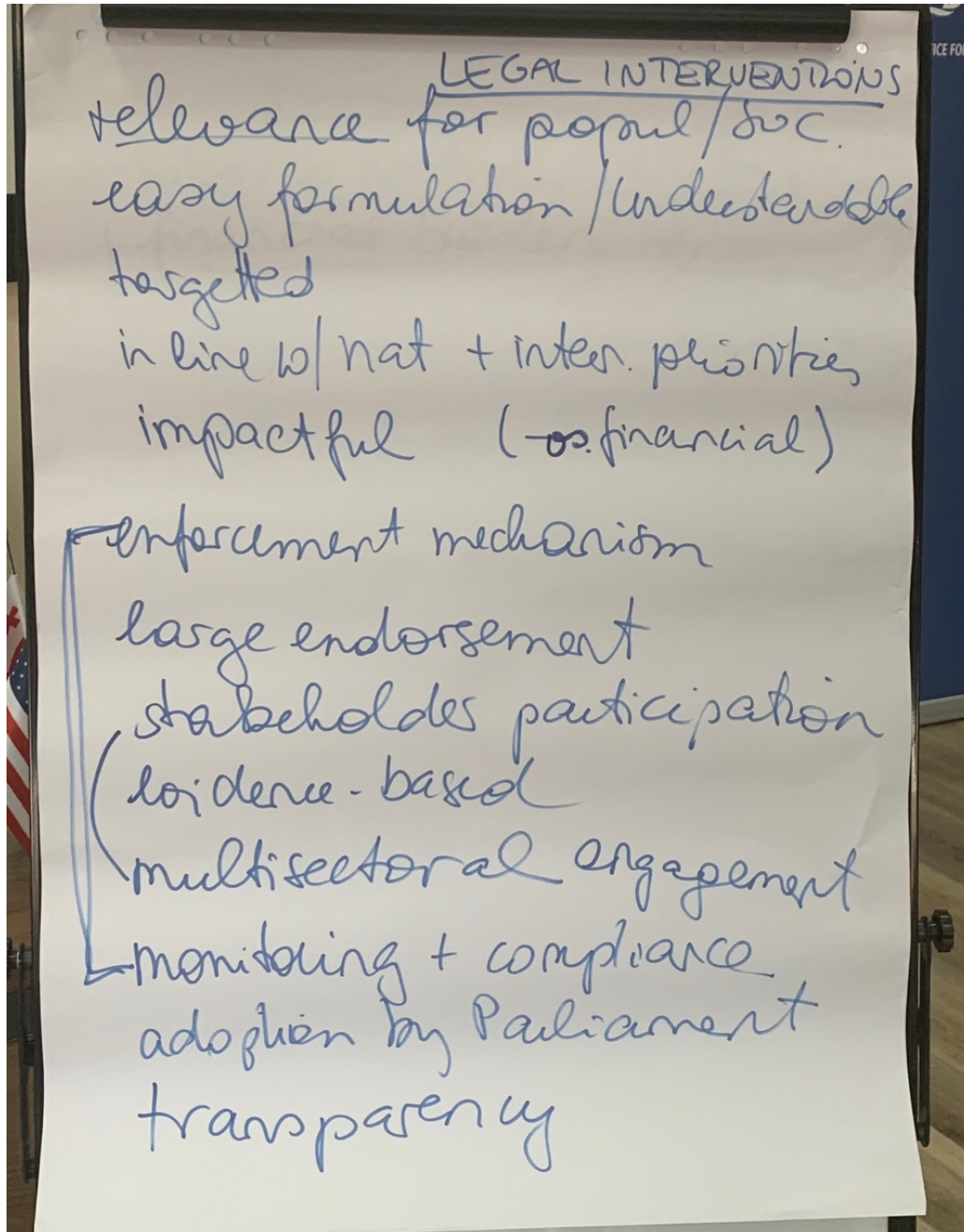
Group 4: Climate Change



- Prioritized action: Reduce Greenhouse Gas emissions
- Actors:
 - National: MOH, MOEA, Academia, NGOs, MOE
 - International: UN, WHO, UNFCCC, UNEP, WB, EU
- Venue: World Health Assembly, UN General Assembly, COP (annual meeting) => UN CC Conference
- Instruments: UNFCCC (UN Framework Convention on CC), Paris Agreement, Kyoto Protocol, SDGs

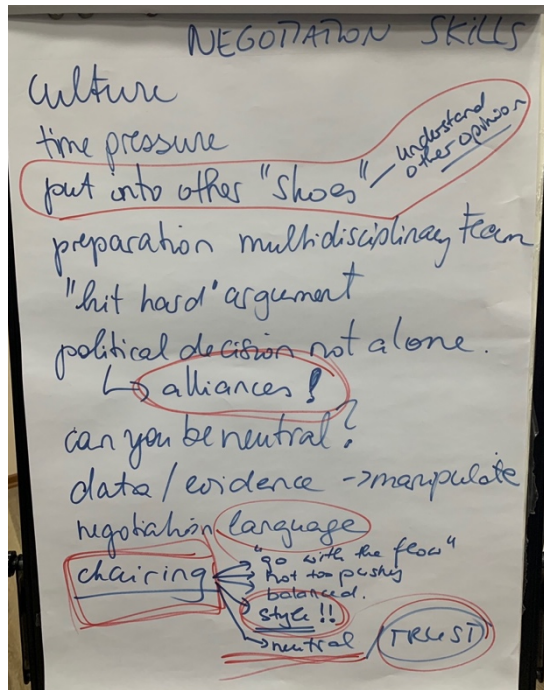
3. Working group on "Effective legal Interventions":

This working group explored how an instrument should be chosen and when the chosen instrument would be most effective. The discussions of each working group table were then summarized and discussed in the plenary. The below poster consolidates the major discussion points:



4. Simulation exercise on "Negotiation Skills":

Within the limited time of the simulation exercise, the participants could experience negotiations themselves and induce learnings from that. Some of the conclusions and the summary of the discussions are as follows:

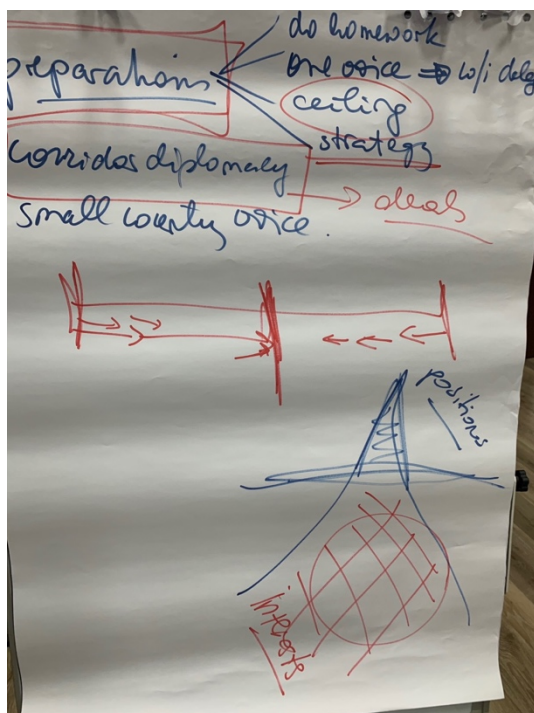


Successful outcomes in negotiations depend on:

- Preparations within a multidisciplinary team
- Ability to build alliances
- Ability to understand different
- "Smart" use of data / evidence
- Trust in the room
- "Corridor diplomacy"
- Chairing

A good chair ...

- "Goes with the flow" of the discussion / not "too pushy"
- Builds ownership in the room
- Creates trust
- Comes across "neutral"
- Is balanced



Good preparations include

- Doing the homework
- Anticipating the persons in the room and their interests
- Preparing at national level to speak in "one voice", i.e. discussions across all ministries
- Deciding on the "red lines" / setting a ceiling
- Discussion on the tactics/strategy of negotiations
- Defining the minimum / maximum outcomes

Some other factors influencing negotiations:

- Culture
- Time pressure
- Language used
- Atmosphere in the room

Other elements discussed in the plenary: the voice of small countries in negotiations; making deals; positions vs. interests;