Improving the impact of the Geneva Health Forum on Global Health and International Geneva

Final Report

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List of acronyms

AHAIC	The Africa Health Agenda International Conference
AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
CMB	China Medical Board
COPD	Chronic Obstructive Pulmonary Diseases
DNDi	Drugs for Neglected Diseases initiative
ECTMIH	European Congress of Tropical Medicine and International Health
EHFG	European Health Forum Gastein
EPCH	European Public Health Conference
EPFL	École polytechnique fédérale de Lausanne
EU	European Union
GAPH	Global Access to Health Platform
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines
GBD	Global Burden of Disease
GHF	Geneva Health Forum
GHLS	Global Health Landscape Symposium
GFF	Global Financing Facility for Women and Children Health
GPEI	Global Polio Eradication Initiative
HIV	Human Immunodeficiency Virus
HUG	Hôpitaux Universitaires de Genève - Geneva University Hospitals
HSS	Health Systems Strengthening
IAS	International AIDS Society
ICOPH	International Conference on Public Health
ICRC	International Committee of the Red Cross
ICT	Information and Communications Technology
I-DAIR	International Digital Health and AI Research Collaborative
IFPMA	International Federation of Pharmaceutical Manufacturers & Associations
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHR	International Health Regulations
IOM	International Organization for Migration
ITU	International Telecommunication Union
JICA	Japan International Cooperation Agency
KIT	Royal Tropical Institute

LIC	Low-Income Country
LMIC	Low- and Middle-Income Countries
LSHTM	London School of Hygiene and Tropical Medicine
MDG	Millennium Development Goals
MMI	Medicus Mundi International
MMS	Medicus Mundi Switzerland
MMV	Medicines for Malaria Venture
MNCH	Maternal, Newborn and Child Health
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
OECD-DAC	Development Cooperation Directorate – Development Assistance Committee
PMAC	The Prince Mahidol Award Conference
PMNCH	Partnership for Maternal Newborn and Child Health
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
TIIKM	The International Institute of Knowledge Management
UBS	Union Bank of Switzerland
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children Fund
UniGe	University of Geneva
UNSG	United Nations Secretary General
US	United States
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFPHA	World Federation of Public Health Associations
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

Background: The Geneva Health Forum (GHF) was initiated in 2006 by the University Hospitals of Geneva (HUG) and the University of Geneva (UniGe). Its main objective is to promote innovative practices that improve access to health, with specific but not exclusive attention to resource-limited settings, attracting a varied mix of actors: health professionals, representatives from academia, ministries of health, international organizations, private industry and non-governmental organizations (NGOs).

Purpose of consultancy: After 12 years and 7 editions of experience, the GHF wants to calibrate its objectives and strategy to adapt to new context and challenges. The objective of this consultancy was to define the role the GHF could play in order to increase its impact by analysing how to improve the functioning of the GHF, what role the GHF can play in global health diplomacy, and how the GHF can strengthen the role of International Geneva in global health. The results of the analysis should aim at defining the future directions of the GHF.

Methodology: A mixed methods approach using mainly qualitative techniques, guided by a matrix was used. Primary data sources included interviews and a survey, and secondary data sources included a detailed desk review of relevant documentation.

The global health context that the GHF is operating in today is framed by the global Sustainable Development Goals (SDG) agenda and SDG 3, on health and wellbeing, in particular. Priority global health challenges drawn from the SDG and the World Health Organization (WHO) include; air pollution and climate change, Non-Communicable Diseases (NCDs), Universal Health Coverage (UHC) and Anti-Microbial Resistance (AMR). The top ten largest donors in global health include US, UK, Germany, France, Japan, Canada, the Netherlands, Norway, Sweden and Australia, many of these also funding the most influential global health initiatives, i.e. the Global Fund and GAVI – the Vaccine Alliance. For the GHF, Swiss global health policy, which puts focus on e.g. global health governance, is relevant as Switzerland is the host nation of the forum. Many events in Geneva and internationally address global health, the World Health Assembly (WHA) being the most prominent, however not the most inclusive. Objectives of different events vary somewhat but many conferences, similarly to the GHF, aim at bring together players from different sectors, foster collaboration, and providing a forum for high level discussions and recommendations.

GHF today – impressions and expectations: The many global health challenges to be addressed, and the wide range of existing events need to be taken into consideration when clarifying the added value and relevance of the GHF. Looking at its overall objectives and how these are understood by previous participants, followers[1] and interviewed stakeholders indicates that:

- GHF does give visibility to innovative field experiences, however, there is a perceived lack of connection to the overall objectives or edition-specific theme, and room for improvement of the innovation degree.
- GHF is an appreciated event for exchange and for bringing together a wide range of actors, valued by previous participants for offering learning and networking opportunities, however networking activities could be more targeted, planned and leveraged.
- GHF does not come out as strongly linking policy and practice. Opportunities seem to exist for the forum to position itself in connection to the WHA or on the contrary, as a separate event addressing global health governance and democratization in the context of non-state actors.
- GHF is not regarded as a forum impacting global health diplomacy. Most of the Permanent Missions interviewed did not consider the GHF to be a priority forum for them to attend. The location in Geneva was brought forward as the main opportunity for the GHF to impact global health diplomacy because of the unique concentration of pertinent actors.

Impact-wise many referred to the GHF as having limited influence in general, mostly as a reflection of the objective being too broad. The GHF does not come out as a "must-go-to" forum by the interviewed

[1] Survey respondents included newsletter subscribers

global health key organizations, however, survey respondents were very likely to recommend GHF to a friend.

Building blocks of the GHF: In terms of target audience or participants, GHF is addressing a defined, wide range of actors, perceived both as a strength and a weakness by the interviewed stakeholders. With regards to partnerships, many relevant actors are already tied to the GHF. Making sure partners stay engaged, involved and committed, with a focus on Geneva-based actors, makes sense from a perspective of strengthening International Geneva. In terms of GHF's contribution to strengthening global health, investing in stronger collaboration and coordination in partnership with other global health forums would be meaningful.

In terms of activities, multilateral (e.g. workshops), active (e.g. debates), structured and facilitated networking, and Geneva-specific (e.g. report launching) activities were requested. Activities carried out in between forums was wished for, with expert meetings in Geneva on e.g. UHC and digital health being among the most popular choices.

Conclusions: Based on our findings, GHF could choose to continue with its current objectives, broad focus and wide target audience to offer a space for sharing, learning and networking opportunities amongst global health actors in Geneva and abroad, potentially refining its objectives to strengthen the outcomes and investing in enhancing networking opportunities, as previous participants show a strong appreciation of the forum. However, with an expressed aim to improve its function as a tool in the service of health diplomacy, to be consistent with the diplomatic global health agendas of Switzerland, to contribute to strengthening the role of International Geneva, and to become more networked with other global health conferences and platforms, our findings suggest that the GHF would need to refine its objective and target audience in order to clarify its added value.

Recommendations: We propose a number of general recommendations for the GHF including; do not focus the GHF on a specific thematic; embrace the fact that GHF cannot please everyone; put usefulness for the target audience at the centre; make the most out of existing partnerships, and; measure the impact of the GHF - to a reasonable extent.

We also present four options for the future direction of GHF, and give recommendations on the purpose, objectives, themes, focus target audience and key partners, as well as broad organisational needs for each option. The concepts of the options include, where option A is scored as the most significant in terms of meeting the expressed aims of the GHF:

A: Pre-WHA forum (global health diplomacy focus)

B: Forum for democratizing global health governance

C: Innovations in global health

D: Global health platform for International Geneva

1. Background

The Geneva Health Forum (GHF) was initiated in 2006 by the University Hospitals of Geneva (HUG) and the University of Geneva (UniGe).

Every two years, the GHF brings together Swiss and international participants from all sectors, building bridges between academics, policymakers, practitioners and the private sector, with the overall objective to:

- Give visibility to innovative field experiences
- Establish critical and constructive dialogue and promote collaborations between global health actors from different sectors
- Promote interaction between field actions and health policy development (links between policy and practice).[2]

The GHF exists in the setting of Geneva International, a unique environment, created by the presence of a wealth of actors in the fields of health, development cooperation and humanitarian aid. Geneva has been hosting a large range of international organisations for the last 150 years, working towards building a safer, more prosperous and more just world. Efforts to support and promote International Geneva are supported by the office of International Geneva, the Presidential Department, and the State of Geneva. Efforts are carried out in close coordination with the Swiss Confederation and relevant communes. The services provided aim at facilitating the functioning of international organizations, NGOs, and permanent missions in International Geneva and include real estate, security, welcome services, partnerships, and communication services.[3]

Concerning health, Geneva has the presence of WHO headquarters, and the countries permanent missions with health attachés, a large network of actors in international, humanitarian and global health (i.e. Global Fund, Unitaid, DNDi, MMV, GAVI, PATH, FIND, GAIN), as well as UN agencies that, in addition to WHO, address health issues in their specific field (i.e. UNAIDS, UNICEF, IOM, UNHCR), NGOs active in the field of health or humanitarian aid, pharmaceutical companies (i.e. IFPMA, Merck, Novartis, Sanofi, Mérieux), as well as HUG and UniGe, the latter having been in the field of international cooperation in health for more than forty years. The strengthening of Geneva's position as the international capital of health is part of the *Swiss Health Foreign Policy (PES) 2019-2024*, particularly with regard to the priority "Governance in Global Health".

Over the years, the GHF has evolved in size, composition, focus and approach. It has diversified and invited more organizations to join in partnership and/or as part of the GHF program committee. After 12 years and 7 editions of experience, the GHF wants to calibrate its objectives and strategy to adapt to new context and challenges. Beyond strengthening the role of International Geneva, the GHF wishes to strengthen its function as a tool in the service of health diplomacy and to be consistent with the diplomatic agendas of Switzerland. To increase its impact, the GHF also wishes to become more networked, seeking complementarities with other global health conferences and forums.

[2] Geneva Health Forum website About

[3] International Geneva website http://www.geneve-int.ch

2. Objectives of the consultancy

The objective of this consultancy was to define the role the GHF can play in order to increase its impact by answering the following main questions:

- How to improve the functioning of the GHF?
- What role can the GHF play in global health diplomacy?
- How can the GHF strengthen the role of International Geneva in global health?

The results of the analysis should aim at defining the future directions of the GHF, including:

- Strategies that need to be developed to meet these expectations
- Actors with whom it is desirable to collaborate better
- Activities that need to be developed to meet these expectations

3. Methodology

3.1. Approach

A mixed methods approach using mainly qualitative techniques, guided by a matrix (see Annex 1) was used. Primary data sources included interviews and a survey, and secondary data sources included a detailed desk review of relevant documentation.

3.2. Data sources/collection

Interviews

A total of 25 semi-structured interviews with 27 informants representing key global health organizations, local and federal public authorities, existing and potential GHF partners (private public partnerships, NGOs, international professional federations, permanent missions) were carried out, based on a suggested list of interviewees defined by the GHF operational team. The final list of interviewees (see Annex 2) included additional suggestions of informants by the consultants.

In total, 14 interviews were carried out face-to-face during one week in Geneva, and 11 interviews were carried out by phone/skype. An interview guide (see Annex 1) was developed, and adapted according to the informants' organizational affiliation and time available for the interview. Consent to include name of informants on the interview list was asked for in oral or in writing.

Survey

A survey was designed and disseminated (see Annex 1) to collect data from individuals subscribed to the GHF mailing list. This list contained participants attending previous editions of the GHF forum as well as people who had registered to receive the GHF newsletter.

A Google forms survey link was sent to the GHF mailing list with an invitation to fill out the survey. Two email reminders were sent. The survey remained open from the 15th of October to the 5th of November.

Eight free GHF 2020 registrations were offered as an incentive to fill out the survey. Email data was only collected for those who wished to participate in the draw, and was kept separate from survey answers. Email data held by Global Health Advisors was destroyed after the winners of the draw were informed.

Document review

A document review was conducted. It included GHF documentation (evaluations, programmes, website, strategy), documents describing Swiss Health Foreign Policy, documents about International Geneva, and information available online from WHO, the World Health Assembly (WHA), and the UN on SDG 3 and health challenges, as well as from relevant meetings similar to the GHF. Annex 3 contains the list of reviewed documents.

3.3. Data analysis

Data from all three sources was analysed, integrated and triangulated in the report. Chapters guided by the matrix (Annex 1) and structured to ensure a good and easy reader experience.

Interview analysis

Interview notes were analysed manually searching for common prominent themes. Themes were grouped and organized into the different report chapters.

The level of knowledge of the GHF varied among interviewed stakeholders. It ranged from a few that had never attended the forum and had little or no previous knowledge of the GHF, to those having participated several times, including in the GHF Programme Committee, and having considerable knowledge about the GHF. Interview informants have been kept anonymous in the report text. In cases where the source of information provided useful context to the statements in the report, and does not reveal the identity of the informant, the stakeholder's organization has been stated.

Survey analysis

Data was analysed using descriptive statistics (numbers, percentages). A total of 310 individuals in the GHF email list of around 4000 completed the survey, which gives a response rate of 7,7%. Two thirds of survey respondents were concentrated in the 35 to 59 age range, with few participants under 25 or over 65 years of age. Forty-four percent were female. About a third of respondents answered that they had never attended a GHF event (potentially representing newsletter signups), 30% had attended one forum, 16% had attended 2 and 19% had attended 3 or more. For questions related to the GHF per se, respondents not having attended an event were excluded from the analysis.

Document analysis

Documents were analysed using the key questions in the Terms of Reference and matrix (Annex 1) as a guide.

3.4. Limitations

A number of limitations should be taken into consideration in the reading of the report:

- The interview list contains a selection of informants and the findings represent this selection. Due to limitations in time and scope, the interview list is not exhaustive of actors whose perspectives it would have been interesting to include. The consultants however, increased the number of interviews compared to the proposed amount to cover a broader range of informants.
- In total, four Permanent Missions were interviewed, including only one low-income country (LIC) mission.
- As the last GHF took place almost 2 years ago, some questions, in particular those related to its organization and format most likely are subject to memory biases from the survey respondents and interview interviewees. To palliate this, survey respondents were not asked questions about the GHF's format, and other sources of data (e.g. exit satisfaction surveys from the last GHF edition) were also used.

4. Findings

4.1. History and evolution of the GHF

The GHF is an effort led by HUG and the Faculty of Medicine of the UniGe.

It started in 2006. It was originally conceived as a one-off event as part of the celebrations of the 150th anniversary of the HUG, which also coincided with an interest at HUG of broadening its international perspectives. At the time, the initiators lacked a conference or venue in Geneva where all partners could contribute with solutions and experience. In close contact with WHO and ICRC the GHF took shape as a forum for different actors learning from each other, with a focus on Access to Health.

Since then, a total of seven forums have taken place, with an increasing number of participants, particularly in the last two iterations (See Figure 1).

From the beginning, the GHF aimed to attract a varied mix of actors: health professionals, representatives from academia, ministries of health, international organizations, private industry and NGOs. This mix has been maintained over the years.

The objectives of the first forum in 2006 were laid out in the context of the numerous international organizations working in health present in Geneva:

- Undertake an "état des lieux" of the current state of Access to Health
- Present innovative approaches to improve access
- Facilitate exchanges and the creation or strengthening of partnerships
- Invite participants from low-income countries to present their work and express their needs in terms of development cooperation

Many of these objectives - innovation, partnerships, exchanges between diverse actors, presentations of what is happening on the ground - still drive the GHF today.

Figure 1. History of the GHF

In 2006, the main driving theme of the forum was Access to Health. During the 2008, 2010 and 2012 editions, while the subtitles of the forum changed, this theme was still seen as the underlying driving force. In the 2010 Evaluation report it is stated that *"The GHF, (...), has the vision of facilitating the strengthening of health systems and basic health services, thus striving to keep global access to health active on the*

international agenda."[4]. This overarching theme can still be gleaned from the GHF programmes, although the emphasis on this has faded somewhat.

An interesting initiative introduced in 2010 was the online collaborative tool globalaccesstohealth.net platform (GAHP) to help develop the scientific programme and *"offer a collaborative space to exchange information and experience"*[5]. This comes across as a first step towards the new approach to abstract submission (see below), to include more non-researchers.

In 2012, with the conference focused on learning from front liners, another approach for abstract submissions was introduced. First time submission of audio-visual materials was possible and a possibility to submit through a "question and answer" form geared towards experiences from project proposal development. Some of these approaches were maintained in following editions.

The number of participants fluctuated between 750 and 900 over the first 10 years, and then saw clear increases in 2016 (1200 participants) and 2018 (1400 participants). Travel grants and free registrations have been some of the mechanisms whereby the GHF facilitates participation from low- and middle-income countries (LMICs).

4.2. Global health context today

Since the start of the GHF in 2006, the global health context has changed in significant ways. Great headway has been achieved in tackling certain health priorities, in particular thanks to the Millennium Development Goals (MDGs) and the emphasis they put on reducing child and maternal mortality (MDGs 4 and 5), and combating HIV, TB and malaria (MDG 6)[6].

4.2.1 Global health challenges

To understand the global health context today and the challenges ahead, a key global framework is, of course, the Sustainable Development Goals (SDGs). SDG 3, concerning health and wellbeing, has continued the MDG focus on maternal and child mortality, as well as on ending HIV, malaria and other communicable diseases, and also focuses on the following challenges[7]:

- Premature mortality from non-communicable diseases (NCDs)
- Prevention and treatment of substance abuse
- Global deaths and injuries from road traffic accidents
- Universal access to sexual and reproductive health-care services
- Universal health coverage (UHC)
- Reducing the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Increase health workforce density with improved distribution
- Increase capacities in International Health Regulation (IHR) and emergency preparedness
- Reduce antimicrobial resistance (AMR)

Other health-related challenges are included in additional SDGs: reducing deaths from disasters (SDG 1), reducing child malnutrition and obesity (SDG 2), increasing the share of public spending in health (SDG 2), improving access to water, sanitation and hygiene (SDG 6), and reducing number of children subjected to violence (SDG 16).

Many of these focus areas are linked to leading causes of early or preventable mortality, morbidity and disability, as well as inequities in health, as measured by the Global Burden of Disease (GBD) project,

[4] Evaluation Report GHF 2010

[5] Ibid.

[6] WHO. Millennium Development Goals

[7] UN. Sustainable Development Goals

which provides a rich source of global data on these issues. In 2017, the top ten causes of death were all related to NCDs, child mortality, communicable diseases and road traffic accidents.[8]

Meanwhile, the WHO, reflecting on its new 5-year strategic plan – the 13th General Programme of Work, recently presented a list of 10 health challenges, which among others, will demand attention from WHO and partners[9]. These included:

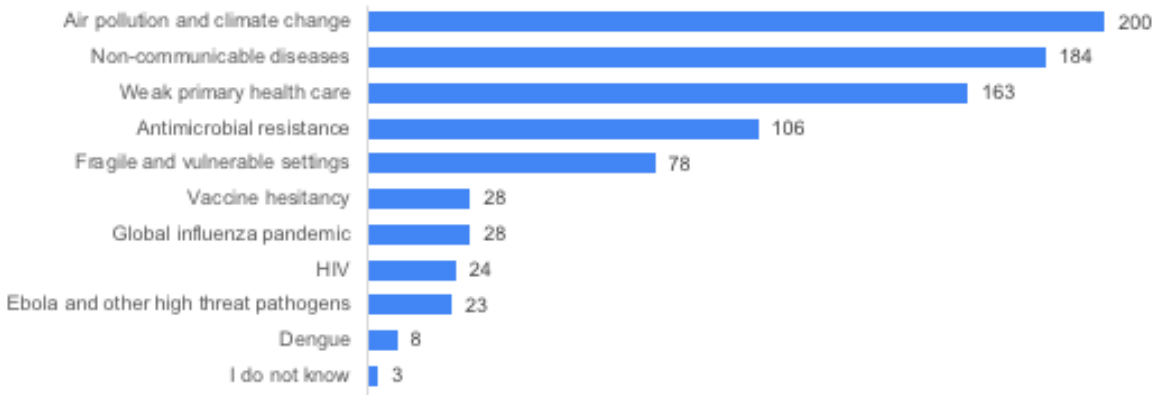
- Air pollution and climate change
- NCDs
- Global influenza pandemic (→ communicable diseases)
- Fragile and vulnerable settings
- AMR
- Ebola and other high threat pathogens (→ communicable diseases)
- Weak primary health care
- Vaccine hesitancy (→ communicable diseases)
- Dengue (→ communicable diseases)
- HIV (→ communicable diseases)

Not mentioned directly on this list, but also of great concern to WHO and the global health community is the expected shortage of over 18 million healthcare workers by 2030 in the quest to achieve UHC[10]. The full list of WHO indicators and targets for the new General Program of Work, provide a complete view of the challenges ahead.

When interviewees were asked about upcoming global health challenges, they mainly referred back to the health-related SDGs or WHO-listed challenges, as addressed above.

When we asked survey respondents which three issues they considered the biggest challenges in global health for the upcoming years, based on the WHO's list, over half of respondents included air pollution and climate change (65%), NCDs (60%), and weak primary health care (53%) in their selection. These were followed by AMR (34%) and fragile and vulnerable settings (25%) shown in figure 2. Other issues were not chosen by more than 25% of the respondents.

Figure 2. Biggest challenges in global health according to survey participants (x-axis is number of participants)



Annex 4 shows other global health challenges named by survey respondents, classified as societal, medical or public health related.

Most, if not all, of the global health challenges above present global health policy conundrums requiring strong diplomacy, collaboration and coordination. Of note are health threats related to climate change,

[8] Global Burden of Disease. Global Trends in causes of death. 2017

[9] WHO. Ten global health threats in 2019.

[10] WHO. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016

fragile and vulnerable settings and epidemic or pandemic diseases (influenza, Ebola, etc.), which require particularly strong collaboration among countries worldwide.

A recent example of collaboration and coordination efforts, is the Global Action Plan for Healthy Lives and Well-being for All, initiated in 2019 by the leaders of Germany, Norway and Ghana, which aims to strengthen collaboration among 12 multilateral organizations[11] to accelerate country progress on the health-related SDGs, to better support governments to deliver on their commitments to achieve healthy lives and well-being for all by 2030. The seven "accelerator themes" that are the focus of this coordination effort include: primary health care; sustainable financing for health; community and civil society engagement; determinants of health; innovative programming in fragile and vulnerable settings and for disease outbreak responses; research and development, innovation and access; and data and digital health.

4.2.2 Influential actors in global health

To understand the global health context today it's also important to clarify the main players supporting global health initiatives and their key areas of investment.

Among OECD-DAC countries, table 1 presents their main areas of focus in global health. Other countries, not part of OECD-DAC also play important roles in tackling global health challenges. In addition, key informants mentioned for example Uruguay playing a role in NCDs, and Mexico and Switzerland in Sexual and Reproductive Health and Rights (SRHR). In addition, China was referred to by many informants as an influential actor, positioning itself in global health.

All these countries have Permanent Missions in Geneva. We interviewed some of them to understand their expectations vis a vis the GHF (see chapter 4.3). Norway's and Sweden's Permanent Missions were chosen as they are considered potentially relevant examples of global health diplomacy for a country like Switzerland, being smaller countries with an oversized imprint in global health. To add an additional perspective, the Permanent Mission of Togo was also interviewed.

Table 1. Main areas of funding support for global health from the ten largest OECD-DAC donor countries in 2016.[12]

Area	**US**	**UK**	**Germany**	**France**	**Japan**	**Canada**	**Netherlands**	**Norway**	**Sweden**	**Australia**
Health systems strengthening (HSS)		X	X	X					X	X
Maternal, newborn and child health (MNCH)	X	X				X		X		X
Sexual and reproductive health, Family planning		X				X		X	X	
Health innovation, research and development			X	X						X
HIV*	X	X	X	X	X	X	X	X	X	X
TB*	X	X	X	X	X	X	X	X	X	X
Malaria*	X	X	X	X	X	X	X	X	X	X
Global Health security and Epidemic Preparedness	X	X		X	X					
Polio and neglected tropical diseases	X		X							
UHC				X	X					

[11] The WHO is coordinating the work of the 12 organizations including: Gavi, The Vaccine Alliance, the World Bank and the World Bank-supported Global Financing Facility, The Global Fund, UNAIDS, United Nations Development Programme, United Nations Population Fund, UNICEF, Unitaid, UN Women, World Bank, and the World Food Programme.

[12] Source: https://www.donortracker.org

Water, Sanitation and Hygiene (WASH)									X	X

*In many cases through Global Fund support. Notes. 1) The table shows the **main areas** of focus for each country, and does not imply that other areas are not covered. 2) Donor tracker focuses on OECD donor countries. Other donor countries are not shown.

Apart from individual countries, global public-private partnerships (usually called global health initiatives[13]) and private foundations have taken up the baton of specific health challenges, becoming key actors in the arena. Many of the countries mentioned above are important donors to the main public-private partnerships/global health initiatives. Table 2 show some of the largest ones. The majority have their headquarters in Geneva, yet have not been prominent GHF partners.

Table 2. Public-private partnerships and private foundations in global health

Name & Headquarters	Main country donors	Focus
The Global Fund for HIV, TB and Malaria - HQ in Geneva	US, UK, Germany, France, Canada, Norway, Japan, Netherlands, Sweden, Italy, Spain, Australia, Denmark, Russia, Belgium, Ireland, Switzerland, Saudi Arabia, China	HIV, TB, Malaria
GAVI, the global vaccine alliance - HQ in Geneva	US, UK, Norway, Spain, Qatar, Switzerland, Sweden, Oman, SA, Russia, Korea, Monaco, Netherlands, Luxembourg, Saudi Arabia, Japan, Italy, Ireland, India, Iceland, Germany, France, Denmark, China, Canada, Brazil, Australia	Equal access to vaccines for children
Global Financing Facility for Maternal and Child health - GFF - HQ in Washington DC	Canada, Denmark, Japan, the Netherlands, Norway, UK, along with domestic funding from recipient countries	Health and nutrition of women, children and adolescents
GPEI - Global Polio Eradication Initiative - HQ in Geneva	US, UK, Canada, UAE, Norway, Abu Dhabi, Germany, Japan	Polio eradication
Bill and Melinda Gates Foundation - HQ in Seattle	Private	Reduce inequity. Ensure more children and young people survive and thrive. Combat infectious diseases that particularly affect the poorest.
The Partnership for Maternal, Newborn & Child Health - PMNCH - HQ in Geneva	Australia, Canada, Finland, Germany, Italy, Netherlands, Norway, Sweden, UK, US, India	Sexual, reproductive, maternal, newborn, child and adolescent health
CEPI - Coalition for Epidemic Preparedness Innovation - HQ in Oslo and London	Norway, Germany, Japan, Canada, Australia, Belgium, UK.	Development of vaccines against emerging infectious diseases

[13] WHO Maximizing Positive Synergies Collaborative Group. An assessment of interactions between global health initiatives and country health systems. The Lancet. 373 (9681), p2137-2169, 2009

4.2.3 Swiss strategies to strengthen global health

In this section we look into key elements of Swiss global health policy. As Switzerland is the host authority of International Geneva with all its international actors, as well as the host nation of the GHF and its key organizers (UniGe and HUG), it is important for the GHF to be in line with Swiss global health policy.

The Swiss Health Foreign Policy is an instrument to set and execute common objectives of the federal authorities concerning health foreign policy. The Swiss Health Foreign Policy 2019-2024 highlights Switzerland's commitment to humanitarian aid and development cooperation, its role as home to a number of international organisations and as a major force in research and innovation. Further it underlines that Switzerland strives to build bridges between different actors in the international environment and to facilitate targeted constructive dialogue.

By this Policy, the Federal Council intends to play an international role in the six priority action areas listed below, which were developed in alignment with the SDG agenda.[14] In addition, the policy mentions 20 objectives in the areas of governance, interaction with other policy areas, and health issues.

1. Health protection and humanitarian crises
2. Access to medicine
3. Sustainable healthcare and digitalisation
4. Health determinants
5. Governance in global health
6. Addiction policy

The Swiss Agency for Development and Cooperation (SDC) works in alignment with the SDC health policy in the area of health. The Policy is consistent with the general framework of the Swiss Health Foreign Policy. The overall goal of SDC's health policy is to improve population health with a special focus on poor and vulnerable groups. SDC concentrates most of its operations on primary health care, and activities aim to:

- Strengthen public health systems to increase people's access to services
- Reduce the burden of communicable and non-communicable diseases
- Improve maternal, newborn and child health as well as sexual and reproductive health and rights

The SDC Global Programme Health Strategic framework (2015-2019) is defined by the above-mentioned documents, and defines the strategy of the SDC Global Programme Health - one out of five SDC Global Programmes. The Programme focuses on five core components listed below:

- Addressing communicable diseases through research and development of medical resources
- Advancing UHC through health financing and HSS
- Promoting the SRHR of young people through an enabling policy environment
- Addressing determinants of health through multisectoral collaboration
- Strengthening global health governance through efficient coordination between multilateral organisations.

Looking at the focus of Swiss global health policies, and the overall objective of the GHF, as well as its thematic themes since 2016, access to medicines and services – to health – is a shared focus, as well as the focus on HSS. In addition, the SDC Global Programme Health Strategic framework addresses multisectoral collaboration and coordination, which the overall objective of the GHF is aiming for.

In summary, the SDG health-related priorities and the WHO-defined health challenges provide a map of relevant thematic areas that could be addressed from various angles by a forum like the GHF. These range from the systems view: UHC, HSS in particular of primary health care, fragile settings, air pollution and climate change, to the more specific: maternal and child mortality, communicable diseases and epidemic preparedness, AMR, NCDs.

[14] Source: https://www.bag.admin.ch/bag/en/home/strategie-und-politik/internationale-beziehungen/schweizer-gesundheitsaussenpolitik.html

Major global health initiatives have a strong focus on communicable disease and maternal and child health, which are also areas of focus for major donors, along with HSS and UHC. Sexual and reproductive health is also an area of key focus not only for the Swiss government but also for other small countries with a strong global health imprint such as Norway and Sweden.

The most influential global health initiatives (i.e. GAVI and the Global Fund), as well as private foundations (i.e. the Bill & Melinda Gates Foundation), have been rather absent as partners for the GHF in previous years and establishing these partnerships may well be an area of opportunity, depending on the themes that the GHF would like to focus on. Linking to these types of actors who are based in Geneva is also relevant in strengthening International Geneva.

The GHF's historical focus on access to health care, in line with Swiss global health policies, can be a rallying point for discussion of many of the prioritised health challenges mapped above. The other strong focus of the GHF, innovation, could be used in the same manner. Swiss global health policies also put focus on global health governance, which can also be seen as a relevant guide for the GHF, as Switzerland is the host nation of the forum as well as of all international organisations in Geneva, and SDC is a funding partner of the GHF.

4.2.4 Global health forums and platforms

Another key piece of the puzzle when aiming to understand the global health context today and how the GHF can add value, is identifying the main forums where global health discussions are happening. There is a wide range of global health conferences, seminars and forums taking place around the world today, geared towards different actors on the global health arena. Some are open to all, others directed internally. We identified the main events happening around the world (Table 3), through interviews with stakeholders and document research.

Many events are driven by the WHO, such as the WHO Executive Board Meetings, meetings of WHO Governing Bodies, regional WHO meetings (e.g. WHO Europe), and may have restricted attendance. There are also high-level meetings by other UN bodies and multilateral organizations, that are not focused on global health, but may include global health components, such as the Executive Board Meetings of other UN bodies, UN High-Level Meetings (e.g. on UHC in New York in September 2019), World Bank Spring Meetings, the World Economic Forum, the European Development Days, etc. Moreover, there are the general assemblies of the Red Cross Movement, Médecins Sans Frontières (MSF) and other large NGOs working in global health.

Finally, some large forums are thematic conferences such as the AIDS/IAS conferences for HIV/AIDS, the Family Planning Conferences, the World Mental Health Congress, Health Systems Research, and others.

We also asked survey respondents which global health conferences they usually attend or have attended in the past. Almost a third (31%) answered that they do not usually attend conferences or forums. Among the most cited conferences were the World Health Summit, the International Conference on Public Health (ICOPH), World Congress on Public Health, and European Public Health Conference (EPCH). Other conferences mentioned by survey respondents, as well as other events of smaller size happening in Geneva are added in Annex 5.

Table 3. Main global health events

Name	Time of year, place (recurrence)	Description
World Health Assembly	May, **Geneva** (yearly)	It's the decision-making body of WHO, attended by delegations from all WHO Member States. It focuses on a specific health agenda prepared by the Executive Board. It determines the policies of the Organization, appoints the Director-General, supervises financial policies, and reviews and approves the proposed programme budget.
World Health	October,	Annual conference of the M8 Alliance of Academic Health Centers.

Summit	Germany (yearly)	Universities and National Academies, organized in collaboration with all National Academies of Medicine and Science. Brings together researchers, physicians, key government officials, and representatives from industry as well as from NGOs and healthcare systems all over the world. o Bring together all stakeholders at the level of equals o Establish a unique and sustainable high-level forum and network o Help define the future of medicine, research and healthcare o Find answers to major health challenges – both today and tomorrow o Make global recommendations and set health agendas worldwide
International Conference on Public Health (ICOPH)	July, Thailand (yearly)	Organized by The International Institute of Knowledge Management (TIIKM) and other academic partners in South East Asia. It aims to: o Create a platform for knowledge sharing, collaboration, and relationship building by bringing academia, policy and industry together o Deliver the latest research, program implementations and workforce developments, o Find solutions to major health challenges of the world and set health agendas worldwide and o Encourage delegates to work together to achieve better health outcomes by establishing a unique public health network
World Congress on Public Health	Variable location (triennial)	The global knowledge exchange event of the World Federation of Public Health Associations (WFPHA). It brings together public health professionals, researchers, policy-makers, academics and students from around the world.
European Health Forum Gastein (EHFG)	October, Gastein Valley (yearly)	European health policy conference. Their aim is to provide a neutral platform for the discussion and advancement of health policy in the EU and beyond. Their founding principle is the equal representation of all stakeholders from the fields of public health and healthcare. Experts coming from public and private sectors, civil society and science and academia form the four pillars of the EHFG with their specific perspectives and knowledge. It has made a decisive contribution to the development of guidelines for European health policy and the cross-border exchange of experience, information and cooperation.
European Public Health Conference (EPCH)	Autumn, European cities (yearly)	It's the biggest annual public health event in Europe, bringing together research, practice, policy and education. It combines the exchange of knowledge with the building of capacity and has become the platform for the younger generation of public health professionals to share their work and join the existing network. It aims to contribute to the upholding and improvement of public health in the European region through capacity building, knowledge acquisition and transfer. Also, to create deeper individual and group connections that will enrich ongoing, online interaction.
European Congress of Tropical Medicine and International Health (ECTMIH)	Autumn, European cities (biannual)	Platform for state-of-the-art updates, developments and breakthroughs in the field of tropical medicine and global health. Focus goes beyond global infectious diseases (malaria, tuberculosis, HIV/AIDS), tropical medicine and poverty-related health problems, and includes strategies for control, elimination or eradication of communicable diseases and epidemic, responsiveness to integration in sustainable health systems, non-communicable diseases, the organisation and financing of health systems and a wide range of other global health issues.
The Africa Health Agenda International Conference (AHAIC)	Variable, Kigali (biannual)	Platform to foster new ideas and home-grown solutions to the continent's most pressing health challenges, with a focus on achieving UHC in Africa by 2030. The conference is a key opportunity to map a pathway from commitment to action on UHC and to build momentum among diverse stakeholders, including policymakers, civil society, technical experts, innovators, the private sector, thought leaders, scientists and youth leaders.

Global Health Forum of Boao Forum for Asia	June, China (unknown)	Long-term platform for health cooperation and exchanges among governments, industries, media and civil society jointly working for the United Nations 2030 SDGs. It aims to foster public will in the international community and seek innovative combinations of policy, business and technologies for public benefits. The first conference was held in Qingdao, Shandong Province, China in June 2019.
Global Health Landscape Symposium (GHLS)	Nov/Dec, USA (yearly)	One-day yearly symposium organized by the Global Health Council. Members include many US NGOs, companies and organizations.
The Prince Mahidol Award Conference (PMAC)	Jan/Feb, Bangkok (yearly)	It brings together public health leaders and stakeholders from around the world to discuss high priority global health issues, summarize findings and propose concrete solutions and recommendations. It aims at being an international forum that global health institutes, both public and private, can co-own and use for the advocacy and the seeking of international advices on important global health issues. The conference is hosted by the Prince Mahidol Award Foundation, the Royal Thai Government and other global partners (WHO, WB, USAID, JICA, the Rockefeller Foundation, the China Medical Board (CMB), and other related UN agencies.

In summary, there is no shortage of international conferences in global health, with many happening around Europe. Objectives vary somewhat but many, similarly to the GHF, aim to; a) bring together players from government, NGOs, universities/ academia and the private sector (e.g. policy, practice and research); b) foster collaboration and learning, and; c) provide a forum for high level discussions and recommendations. Interesting to note, many of these forums, similar to the GHF, have broad objectives and a wide definition of the targeted audience.

GHF could benefit from defining itself in relation to other important global health conferences and platforms described in this chapter, by focusing on what could be unique about the GHF (we refer to relevant findings on this in chapter 4.3.3). This would require both an internal process of defining the purpose (see our suggestions in chapter 5.2.2, table 6), as well as an external coordination and alignment with other global health conferences and platforms (more on this in chapter 4.4.2, box 5) to position GHF in that landscape and advance global health progress.

4.3. GHF today: impressions and expectations

In this section, we focused on understanding the overall objectives from the GHF internally, and how these align with the impressions and expectations that other stakeholders (global health and International Geneva actors) and forum participants have of the GHF.

Reminder: GHF overall objectives:

- Give visibility to innovative field experiences
- Establish critical and constructive dialogue and promote collaborations between global health actors from different sectors
- Promote interaction between field actions and health policy development (links between policy and practice).

The added value of GHF was a source of diverse opinions amongst GHF organizers (representatives of the GHF Operational Team and Steering Committee), interviewed key stakeholders[15] and survey respondents. We noticed a trend among interviewees to naturally favour a focus in their areas of interest/work/knowledge and in line with their organizations' agendas. For

[15] As stated in the methodology section, it should be noted that the level of knowledge of the GHF varied greatly among key stakeholders interviewed.

example, informants suggested coordination with their own organization, and organizations focusing on cross-sectorial work suggested a more intersectoral approach to add value.

4.3.1 Giving visibility to innovative field experiences

Discover innovative practices in global health is listed on the GHF website as the first reason to attend the GHF. It was also expressed by the GHF organizers that they want to be the conference for innovative practices in health with a strong link to the field.

Based on our findings, GHF's function in giving visibility to field experiences was appreciated by the interviewees. Across the board though, interviewed stakeholders did express a lack of link between the broad spectrum of experiences presented at the GHF connected to its overall objectives or edition-specific theme.

Some interviewees considered the GHF's focus as being too much oriented towards development cooperation, focusing only on resource-poor settings, rather than global health issues affecting all countries, and with knowledge transfer being too focused and one-directional, from the global "north" to the global "south".

While the innovation aspect was questioned by some interviewees, and pointed out as increasingly lacking by a member of the GHF Steering Committee, it was also an area where many saw opportunities in terms of focusing more on reverse innovation and joint two-way learning. Suggestions for this included a stronger connection with local innovation and start-up communities in resource-poor settings, providing opportunities for funding by creating a stronger link to potential social impact investors (in Switzerland and resource-poor settings).

In contrast to the interviewees' understanding, half (50%) of the survey respondents who had attended the GHF thought that it added value by giving visibility to innovative field experiences, and 55 % stated "learning about innovative field experiences in global health" as a personal value derived from having attended the GHF.

In summary, giving visibility to innovative field experiences is seen as an important aspect of the GHF by its organizers, and participants seem to appreciate it. However, many interviewed stakeholders seemed to lack a connection to the overall objectives or edition-specific theme, and think there is room for improvement of the innovation degree of the experience presented.

4.3.2 Establishing critical and constructive dialogue and promote collaborations between global health actors from different sectors

Reasons to attend the GHF listed on the GHF website include "Initiate collaborations" and the forum invites a wide range of participants.

GHF was described by many interviewed stakeholders as a forum bringing together different sectors and offering a mix of actors. At the same time, many referred to the GHF objectives as unclear, and thought that does not create a good basis for targeted, critical and constructive dialogue. This was emphasized by interviewed NGO representatives, suggesting that GHF today is more of an arena to present and share work rather than a space for critical dialogue, but meant there is a potential for the GHF to provide an innovative space for democratic governance discussions in global health. In parallel, policy level actors considered that the GHF needs more direct interaction with actors like WHO, Global Fund and GAVI to ensure a really useful dialogue on global health.

As for survey participants, the picture looks different: when asked about the key areas where GHF adds value to the global health arena[16], two thirds of survey respondents answered it does so as a platform for discussion and exchange on global health (64%) and promoting collaborations between global health actors from different sectors (63%). The personal value previous GHF participants stated they derived from attending the forum were in line with this.

[16] Multiple choice options were given.

Box 1. Is the GHF a place to network?

The GHF organizers addressed networking as a key point of focus. It is also listed as a reason to attend the GHF on the GHF website - "Expand your network with a significant number of researchers and institutions worldwide".

While interviewees seemed to appreciate the networking opportunities offered by the GHF, several also considered them too ad hoc and left to coincidence. They underlined the need for more targeted and planned networking. Expectations and suggestions for this from interviewees included:

- A more dedicated integration of networking activities into the conference experience (and not leaving it until the end of a day)
- Allowing participants to be in an active mode (e.g. increased number of working groups)
- Networking technology/solutions (i.e. an app) that can leverage the networking experience by offering possibilities to contact registered participants beforehand to set meetings during the forum

In contrast to this, it is important to look at what previous participants thought the GHF offers in terms of networking. When stating value derived personally from attending the GHF, over half (57%) went with "networking opportunities". In the exit survey sent out after the GHF 2018 edition, 84% responded that they particularly benefited from making new contacts at the forum.

In summary, the GHF seems to be understood as a platform for discussion and exchange on global health amongst a wide range of stakeholders in global health, however with a somewhat unclear objective, and lacking the component of critical dialogue. Survey respondents did see a clearer added value in terms of offering a platform for discussion and exchange than interviewed stakeholders. While interviewees and survey participants seemed to highly appreciate the networking opportunities offered by the GHF, they considered there is improvement potential to create a more leveraged networking experience.

4.3.3 Promoting interaction between actions in the field and health policy development

GHF organizers highlighted the intentions and wish to connect implementers (practice) and policy level. Many interviewed stakeholders considered, however, that the GHF is too focused on technical exchange amongst practitioners, without a clear message or focus towards the policy level or alignment with the global agenda (some referred to the SDGs). The width of topics being covered, but not addressed in depth, was also highlighted as a limitation. Because of this, it was perceived by many informants that the GHF is not an arena to discuss global health policy.

Because of WHO's relevance in health policy development, the GHF relation to WHO was discussed by many interviewed stakeholders, and while some thought a closer link to WHO would benefit the impact of the GHF, others underlined the fact that a forum without a formal link to the WHO is freer in choosing partners (e.g. pharmaceutical private sector).

Interviewed NGO representatives referred to the fact that if an NGO is not in an official relation with WHO, it won't be part of the official WHO meetings. Hence, some informants (policy- and NGO-related) saw a need to establish a forum to address global health governance (see definition to the right), and a need to democratise global health. More on this in Box 2.

Global health governance refers to:

The organized social response to health conditions at the global level is what we call the global health system, and the way in which the system is managed is what we refer to as governance.[17]

About 45% of survey participants who had attended the GHF, thought it brought them personal value by offering opportunities to interact and discuss with people in different global health arenas (e.g. with people from health policy if they worked in field implementation, or vice versa).

[17] Frenk J & Moon S. Governance challenges in Global Health. N Engl J Med 2013; 368: 936-942.

Box 2. GHF as a forum for global health governance and democratization?

The WHO is governed by its 194 member states. Today, the WHO stands on a crowded stage of various global health actors, though once seen as the sole authority on global health.[18]

A number of interview informants thought GHF could add value by addressing global health governance. While acknowledging that WHO already does this in a member-state driven approach (during the WHA), it was emphasized that there is a need for a process broader than that, where global health governance is discussed disconnected from a member state-driven process.

Several interviewed stakeholders saw an opportunity for the GHF to act as an external WHA "Committee C" (not existing today)[19] on global health governance for non-state actors, mainly for health-related NGOs. Expectations on such a forum included providing a space for critical discussion and dialogue with the main objective to make global health governance more democratic.

Informants connected the need of such a forum to the opportunity of aligning with Swiss global health policy and its emphasis on global health governance.

To be taken into account is the fact that some interviewees highlighted there are on-going discussions at WHO about providing a forum for learning interactions between WHO technical units, member states and NGOs. Several informants considered such a forum/platform a threat to the existence of the GHF, as it is being carried out now, or if shaped into more of an NGO forum for global health governance.

GHF as a place to learn about and prepare for the WHA

When looking at GHF's role in linking policy and practice, it is relevant to look at GHF's connection to the WHA. It was underlined by the GHF organizers that there is a wish to be connected to the WHA, to be a learning place for issues that will be discussed in the WHA and where you can prepare for the WHA. This wish has for example influenced the timing for the GHF (taking place about 1-2 months before the WHA), and having generated activities such as informative sessions for Permanent Missions in Geneva.

To consider this objective (which is not formally stated in GHF documents or website), we compared the GHF programme of 2018 to the WHA programme for that same year. We focused our comparison on the strategic priority matters under WHA Committee A[19] and compared them to the plenaries and parallel session of the GHF 2018. We see that while there is some overlap in themes, particularly "hot topics" such as innovations and epidemic preparedness, it does not seem that the GHF is specifically focused on providing a forum for systematic discussion of the WHA agenda items at the time being. For the full comparison, see Annex 6.

In line with above findings, none of the interviewed stakeholders considered that there was a prominent link between the GHF today and the WHA. Informants referred to the timing of the GHF being too late to connect well with the WHA, and suggested Jan-Feb to be more relevant. They also thought a closer link to the WHO Executive Board and technical working groups would be needed to make this connection. In line with the understanding of the interviewees, only 30% of survey participants considered the GHF to be a place for learning about issues that will be discussed in the WHA.

GHF as a platform/discussion forum for global health diplomacy

Two broad definitions of global health diplomacy are found below to the left, guiding the interpretation of global health diplomacy by the authors of this report. The understanding of global health diplomacy seemed to vary among the interviewees. While some interviewees referred to global health diplomacy

[18] Frenk J & Moon S. Governance challenges in Global Health. N Engl J Med 2013; 368: 936-942.

[19] The WHA is set up and divided into 4 types of meetings: While Committee A meets to debate technical and health matters, Committee B discusses financial and management issues, and they both approve the texts of resolutions, which are then submitted to the plenary meeting. The Plenary is the meeting of all delegates to the WHA, and happen several times in order to listen to reports and adopt the resolutions transmitted by the committees. In addition, technical briefings on specific public health topics are taking place separately, where new developments can be presented and debated, and as a place for information sharing.

as being limited to discussions between WHO and state-actors, others referred to it as including a broader range of actors and discussions on topics such as UHC and health as a human right, as well as discussions on global health with crossovers to other sectors, e.g. trade, intellectual property, and humanitarian assistance.

Global health diplomacy is defined as the practice by which governments and non-state actors attempt to coordinate global policy solutions to improve global health. It brings together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manage the global policy environment for health.[20]

"***Global health diplomacy is at the coal-face of global health governance*** - […] *No longer do diplomats just talk to other diplomats - they need to interact with the private sector, NGOs, scientists, activists and the media, to name but a few* […]"[21]

Permanent Missions in Geneva have been specifically targeted by the GHF organizers because GHF wishes to strengthen its function as a tool in the service of health diplomacy. Information meetings have been arranged, in order to increase their presence and interest in the forum. Hence, the impressions of Permanent Missions of the GHF as a platform for global health diplomacy are particularly relevant. The interviewed Permanent Missions representing high-income countries found the forum not to have a high priority for them, as the GHF would need to clearly address topics of the WHA agenda in order for them to prioritize it, illustrated by the below example quote. It was also underlined that the human resource capacity at smaller Missions is not always sufficient to cover events like the GHF, suggesting that an engagement with larger Missions (i.e. US or UK) would be more fruitful to engage with for the GHF. A more detailed account of Permanent Mission's impressions of the GHF is shown in Annex 7.

"We have to ask ourselves: is this what [our capital] *wants us to report back on? How does it feed into what we* [Permanent Missions] *do in a practical way? If it is something that is important for the WHA for example, then we have to be there. Otherwise we have a gap in our coverage."*

Permanent Mission representative

In contrast, Permanent Missions from LMICs found GHF to be a great opportunity, illustrated by the quote below. In connection to global health diplomacy it was stated that it gives individuals from LMICs the opportunity to discuss how other countries have reached important health milestones in connection to e.g. UHC implementation.

"It's important [to participate] *in order to adjust our policies. In Africa there are important delays to be filled and it's in meetings like this that we can find solutions that can be adapted to our context. The GHF is an encounter for exchanges and opportunities to be seized."*

Permanent Mission representative

Among survey participants, about 42% considered GHF does add value by being a platform/discussion forum for global health diplomacy.

GHF's positioning in International Geneva

GHF's location in Geneva – sometimes referred to as "the global health capital of the world" – can be seen as an opportunity for the GHF to leverage the different global health and cross-sectoral actors present in the city, and also begs the question of how can the forum better contribute to strengthen the role of International Geneva in global health. In addition, Geneva is located in the so called "Health Valley" - a region in Western Switzerland hosting the numerous international and non-governmental organisations in Geneva, as well as a large life sciences community representing companies, research centres and innovation support structures.[22]

[20] Ruckert A, et al. 2016. Global health diplomacy: A critical review of the literature. Soc Sci Med. 2016 Apr;155: 61-72.

[21] Kickbusch I, et al. Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. Bulletin of the World Health Organization. 2007; Vol. 85; 3: 161-244.

[22] Sources: https://bioalps.org/the-health-valley/ and https://www.republic-of-innovation.org/HealthValley/

When asking the interviewed stakeholders on GHF's potential in strengthening the role of International Geneva in global health many referred to International Geneva in an informal way. While key global health organizations were aware of the political motives of promoting International Geneva, they did not seem to consider this the point of interest, but rather, what's the potential for the GHF in it (with the exception of interviewees with a more political relation to the International Geneva "organisation"). The strategies of Swiss authorities to strengthen International Geneva are summarized in box 3.

Interviewees strongly signalled the need for GHF to make use of the unique context that Geneva provides in connecting Geneva-based actors in global health, as well as actors in the so called "Health Valley". This was referred to in terms of choosing themes to focus on based on the priorities of the actors present in Geneva (point illustrated by the below quote). Suggested themes included: access to medicines, health as a human right, health and the humanitarian agenda, and health and innovation.

"What are the priorities or topics that will be special and where it would make a difference if they were discussed nowhere else but in Geneva? The topics we could only discuss in Geneva, because you have the necessary actors here?"

Interviewed stakeholder

Interviewees also suggested a further capitalizing on the history of Geneva and International Geneva in the strengthening of GHF's identity. The Geneva Water Hub was put across as an example of placing Geneva at the centre.

When asked about where the GHF provides value on the global health arena, 44% of survey respondents said it does so by strengthening the role of International Geneva in global health. While this is worth noting, it also has to be considered that the survey does not provide any information of the respondents' understanding of the International Geneva concept and is therefore hard to interpret.

Box 3. Strategies of Swiss authorities to strengthen International Geneva

The Swiss Health Foreign Policy (described in chapter 4.2) identifies the strengthening of Geneva's position as the international capital of health as one of the levers for its implementation, particularly with regard to the priority "Governance in Global Health".

The creation of the SDG Lab, the Geneva International Office, and the Geneva Science Policy Interface are all tools to support the work of Geneva as the international capital of health. In addition, the creation of the Health Campus (hosting the Global Fund, GAVI and Unitaid), the opening of the offices of the IFRC, the headquarters of MSF are mentioned as examples of the dynamism of Geneva in the field of global health.

The key strategies for 2020-2023 of Swiss authorities to strengthen International Geneva include continuing the strengthening of exchange, cooperation and synergies between the various players in Geneva, bolstering of contacts and cooperation between related clusters and continued promotion of International Geneva.[23]

The importance of offering intellectual services by cooperation with local academic institutions was highlighted during interviews with Geneva authorities. The large network of the HUG and its role as WHO Collaborating Centre on various topics was mentioned as an example.

4.3.4 Impact of the GHF

The GHF organizers expressed challenges in evaluating and following up to measure the impact of the GHF, e.g. how to measure the functionality of collaborations and impact of discussions. These challenges are both conceptual (best ways to measure this) and operational (lack of human resources to follow up). They referred to the exit surveys sent out to participants at previous editions of the GHF as providing little

[23] Confédération suisse, Message concernant les mesures à mettre en œuvre pour renforcer le rôle de la Suisse comme État hôte pour la période 2020 à 2023, 20 février 2019

information with regards to impact, as these have been sent out directly after the forums[24]. Follow up meetings with GHF partners have been conducted and provided some perspectives on the forum, but the information on impact has been limited. These follow-up interviews may have happened too early, being conducted a couple of weeks after the forum. A follow up might be more meaningful at perhaps 3-6 months after the forum.

The GHF does not come out as a "must-go-to" forum by the interviewed global health key organizations, which gives an indication to the level of influence these organizations assign to it. The impact of GHF was questioned by interviewees, and many were not sure about its output or effect, and what it potentially leads to in terms of new collaborations, partnerships or initiatives, illustrated by the example quote below.

"Is it a place to meet and greet and exchange ideas? That is fine, but what is the output? How did it change the world or not? …as long as the objective is to meet and discuss that is fine, if its stated as such."

Interviewed stakeholder

Several, including members of the GHF Programme Committee, expressed an expectation to know what happens as a result of the GHF. Suggestions given included highlighting a limited number of projects (presented or initiated at the forum), following them up (between forums), and reporting (between forums and at the next forum) to GHF participants.

In summary, emerging from our findings the GHF does not come out as strongly linking policy and practice. Interviewees pointed to the need for a forum addressing global health governance and democratization, as this is lacking at the WHA, and would be in line with the reform of WHO in more bottom-up decision-making.

Also evident from the findings, the GHF does not seem to influence global health diplomacy to any significant extent in its current format Permanent Missions did not consider the GHF to be a priority forum for them to attend, as it was seen more as a forum for technical exchange, and less as a forum with potential to influence global health policy and/or diplomacy. An interaction with Missions having more human resources in health would be more fruitful for the GHF, as smaller Missions simply need to prioritize what to attend.

In terms of opportunities for the GHF in impacting global health diplomacy, the location in Geneva was brought forward as the main argument, and it seems meaningful for the GHF to focus on global health challenges that can be addressed most relevantly in Geneva, because of the unique concentration of pertinent actors. Seen from that perspective, further investment into tying a closer link to Permanent Missions in Geneva - including those from LMICs - could give the GHF a unique access to influential global health actors in terms of countries.

Impact-wise many referred to the GHF as having limited influence, mostly as a reflection of the objective being too broad. The GHF does not come out as a "must-go-to" forum by the interviewed global health key organizations.

→ **Note:** As highlighted in the different sections, previous participants of the GHF who responded to the survey were in general more positive to the added value of the GHF. For example, survey respondents were very likely to recommend GHF to a friend; on a scale of 1 to 10, 50% were extremely likely (9 or 10 on the scale) to recommend it. Please see Annex 8 for a summary of their impressions.

[24] The exit survey after the 2018 edition was sent out the day after the GHF finished and remained open for 10 days. The questionnaire had 48 questions covering six themes. A total of 23% of registered participants at the GHF 2018 responded to the survey. It was more of a "satisfaction" survey.

4.4. The building blocks of the GHF – today and in the future

4.4.1 Who are the right participants for the GHF?

In terms of targeted audience or participants, the GHF website states the audience as field actors, academia, private sector, and policy makers.

Who is being targeted by the GHF may not accurately be reflected in people who actually attend the conferences. In terms of type of organization, the final report for 2018 does not present data on the type of organization that participants represented. However, data from our survey which represents GHF participants from several years (as well as GHF newsletter subscribers), shows that a third are from academia, 24% from NGOs, 15% hospitals or clinics and 12% from governments. Only a small percentage of responders came from a UN organization, although it is possible that the number is higher in the forums than in survey respondents. Surprisingly, students barely represented 4% of survey respondents. If this partitioning is a true reflection of the forums, in order to better strengthen a role in global health diplomacy and policy, efforts could be geared towards increasing government and UN representation.

In terms of countries of origin of participants, in 2018, when 1400 participants attended the GHF, 84 countries were represented, principally from Western Europe (79%), with the other continents evenly represented. Twelve percent of participants came from LMICs. Russia, the guest of honour in 2018, constituted the third largest delegation after Switzerland and France[25]. If global health diplomacy and policy are key areas of interest for the GHF, a broader representation from outside Western Europe might be a key area of focus in the future.

The understanding of who the GHF is for varied among interviewed key stakeholders, and reflects the wide range of audience stated on the GHF website. Interesting to note, is that while many interviewed key stakeholders seemed to appreciate GHF for bringing together a wide range of actors, many also expressed an expectation on further clarity on who the forum is targeting, demonstrated by the example quote below:

"GHF is a mix, and you don't understand of what. Government, academia, business? It does not have a clear identity in terms of the audience."

UN informant

Depending on informants' organizational affiliation, they tended to express different expectations/wishes with regards to the GHF audience. People working in a specific field (e.g. technology, innovation, telecommunications) tended to express a lack of relevant stakeholders in that area (i.e. funders to pitch innovation ideas to). Informants working not solely in health shared that they found the GHF too focused on a health audience only and underlined the importance of cross-sector linkages to tackle global health challenges. In terms of missing participants at the GHF, some UN-affiliated informants lacked a participation at the GHF by major global health initiatives such as GAVI and the Global Fund.

Box 4. Should GHF aim at growth in number of participants?

The GHF had 1400 participants at the 2018 edition. The conference centre (CICG) where the GHF has been organized since its beginnings, has a capacity to host 2000 people.

Aiming at growth is not necessarily a must. Growing the event will mean a need for more human resources. Seeing that the forum wants to provide networking opportunities, there are benefits of keeping the event around the current number of participants.

→ Relevant question to ask: What would the GHF want to achieve and does that require an increased number of participants?

[25] Assessment and future prospects: GHF 7th Edition 12-14 April 2018, Precision Global Health in the Digital Age.

In summary, in terms of target audience or participants, GHF is addressing a defined, wide range of actors. This was perceived both as a strength and a weakness by the informants. Some interviewees seem to disagree with who these actors are. This might reflect a challenge of clarity of the GHF on how to bring these actors together towards a common objective.

In order to better strengthen a role in global health diplomacy and policy, efforts could be geared towards increasing government and UN representation, as well as a broader representation from outside Western Europe.

4.4.2 Who are the right partners for the GHF?

In terms of partners of the GHF, the GHF website[26] lists 30 different partners in various partner categories (funding organizations, special partners, platinum partners, gold partners, silver partners, conference partners and international partners). In addition, 7 different actors are listed under 'Private sector collaboration', and 15 actors are listed under 'Collaborations'. In interviews, the GHF organizers pointed to the many links between GHF and international organizations, stating, however, that many of them are more at a personal level between individuals, rather than regulated in partnership agreements between institutions.

While the GHF organizers urged for more interaction with international organizations, it was also emphasized by interviewees to focus more on Swiss authorities, with an emphasis on increasing the focus on Swiss Health Foreign Policy.

Interviewed stakeholders underlined the importance of a convincing, well-funded partner consortium in order to give the GHF more weight and helping it stand out among the wealth of global health events. However, with regards to new partnerships, informants connected to the GHF Programme Committee underlined that priority-wise, making sure existing Committee members fully commit themselves to making the most out of GHF, by bringing them fully on board, is more important than trying to connect more partners.

The relation to WHO was considered by some as a key partnership, as it attracts actors in the global health field. In terms of strengthening the relation to WHO, it was pointed out that in addition to a GHF Steering Committee member from WHO, further ties would be needed, e.g. via the WHO Governing Bodies. Especially by the informants who were not working in health solely, it was strongly emphasized for the GHF to look broader for partners outside of pure health arenas, as many sectors are involved in tackling global health challenges, i.e. technology, communications etc.

Finding complementarity with partners was a recurring topic. In terms of important actors in global health in Geneva, the Graduate Institute of International and Development Studies and its Global Health Centre (also being the WHO Collaborating Centre on Governance for Health and Global Health Diplomacy) was referred to by many as an important space for research, training and capacity building on global health governance and global health diplomacy. Informants thought it would make sense to invest in finding further complementarities with them. A broad suggestion in connection to complementary partnerships is highlighted in box 5.

Box 5. GHF as part of a global health conference partnership network

Input on the GHF in relation to other global health conferences included:

- Focus on SDG 17 (Partnerships for the SDGs), in addition to SDG 3
- Focus on complementarity
- Jointly with other forums/summits/conferences/organizations, develop a network of credible, serious partners who know what they want to do and achieve.
- Coordinate together and jointly identify needs: what are the meetings we need to pull together to advance the agenda on global health? → create a meeting system around the world.

[26] GHF website - Partners

In summary, in terms of partnerships, many relevant actors are already tied to the GHF. Investing in bringing them fully onboard, with a focus on Geneva-based actors, makes sense from a perspective of strengthening International Geneva. In terms of strengthening global health, a strong partnership with WHO is key as it attracts actors on the global health arena, and a coordination with other global health forums or conferences makes sense to avoid overlapping of themes and ensuring each forum brings advancement in the field of global health. Finding complementarities with partners in fields where GHF wishes to have an influence, i.e. global health diplomacy, makes actors like the Graduate Institute very relevant.

4.4.3 Format and activities

Most global health actor interviewees focused their input on the objective and impact of the GHF and less on the format, frequency and duration. Amongst the ones addressing the latter, the format of the conference seemed to be perceived as generally satisfactory, with a few opinions on the format being too "classical", and not as innovative or modern as other conferences or forums referred to by the participants (i.e. the Intelligent Health in Basel).

In terms of activities, the GHF organizers expressed an evolvement from more of tribune and panel presentations (one-directional) to an increasing number of workshops (multi-directional) and a decreasing number of presentations. The GHF website lists and describes 16 different types of activities offered at the GHF 2018 edition. The GHF organizers emphasised the *VIP Lounge Dialogues/International Conversations*[27] and the *Pre-conference/GHF Academy*[28] as especially successful. Activities such as the exhibition/marketplace displaying smaller actors/innovators/companies were highlighted as especially appreciated and refreshing by the interviewed stakeholders who had attended the GHF.

Many expectations and wishes were put across for activities. However, since these were very diverse, often reflecting the area of focus and interest of the informant, we only account for the overall common impressions and expectations here, and refer to Annex 9 for a complete list. In general, more interactive activities, putting the participants in an active mode (e.g. working groups, targeted and facilitated networking, critical debates), rather than passive ones (e.g. panel sessions) were preferred. In addition, expectations included activities giving the participants an opportunity to be part of a report launch or a results dissemination, something they couldn't be part of elsewhere, and can report back on to their respective organizations, were put forward as an expectation on a forum like GHF. Table 4 gives a summary of the impressions/expectations of GHF activities.

To avoid memory biases, as the last GHF took place over a year and a half ago, survey respondents were not asked about the format of the event. However, data from the 2018 GHF Evaluation report shows that three quarters of satisfaction survey respondents rated the quality of the plenary sessions and parallel sessions as good or very good. In contrast to what was stated by interviewees, workshops were not as popular, with 65% rating them as good or very good. The most liked format was the sharing sessions, with 83% of respondents rating them as good or very good. Key suggestions received to improve the event included diminishing the number of sessions and avoiding having two sessions running in parallel, devoting more time and activities to networking and organise a forum of the participants during the GHF.

Table 4. Summary of impressions/expectations of GHF activities

Move away from	Move towards
Unilateral (e.g. presentations)	Multilateral (e.g. workshops, debates, sharing sessions)
Passive (e.g. panel sessions)	Active (e.g. debates, critical dialogue)
Unstructured networking	Structured and facilitated networking

[27] 15 high-ranking actors discussing a specific topic of public health around a stimulating lunch

[28] Academic partners deliver their best lectures

Generic	Geneva-specific (e.g. report launching, debates with particular actors)

Activities between forums

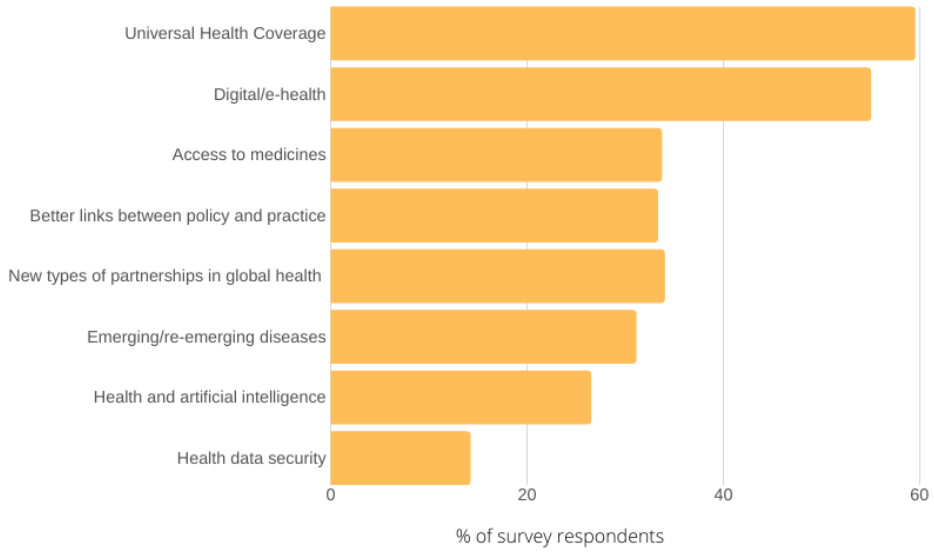
The GHF organizers expressed a wish to improve the offer of activities in between the bi-annual forums. One example of such an activity taking place today is the GHF expert meeting in Nov 2019[29]. In connection to this, the available HR were referred to as a limitation.

Also highlighted by the GHF organizers as a positive evolvement was the move from plenary sessions towards more workshops, which also increases activities carried out in between forums, as some workshops are organized before the GHF in a series of debate meetings (from which results are presented at the forum in at round table discussions). It is hard to value the input of the interviewees who shared that the GHF is too focused on the event every second year, and too passive in waving the flag in between forums, as the mentioned evolvement might not be so clear to them. However, it seems many think the GHF should be increasingly active in between forums. Not many informants had a clear idea of how, and some meant this is depends on, and has to come from the overall objective of the GHF.

Survey respondents were enthusiastic about hearing more about the GHF in between biannual forums (78% would like to hear more). Expert meeting in Geneva on particular topics was selected by half of participants as an activity they would like to see in between forums, followed by a newsletter or blog providing information on key global health issues and events (42%), or following up on key issues discussed in the forum (41%), GHF-led events in other Global Health conferences (41%), a GHF conference outside of Geneva (35%), and social media presence (30%).

Survey respondents were also asked about what they found to be the three most interesting trends in global health, as a way of understanding the interests of GHF participants for future events and in between GHF discussion themes. Figure 3 shows the areas considered most interesting by survey respondents.

Figure 3. Interesting trends in global health according to survey respondents



In summary, internally there seems to be an on-going evolvement of how activities are carried out, moving from more one-directional teaching sessions to more interactive workshops. It might be that this evolvement is not recognized by the people who were interviewed. In general, there were expressions for activities to be more multilateral (e.g. workshops), active (e.g. debates), structured and facilitated networking, and Geneva-specific (e.g. report launching). Activities carried out in between forums was

[29] Expert meeting: Access to insulin and diabetes care, Nov 2019, Campus Biotech, Geneva

wished for by survey respondents, and expert meetings in Geneva on e.g. UHC and digital health were among the most popular choices. With an increased focus on activities in between forums, the current operational team set-up would need reshaping from a team now built to create a bi-yearly event to one with capacity to manage additional activities.

5. Conclusions and Recommendations

5.1. Concluding summary

From its inception in 2006, the GHF has focused on access to health with an increased attention on health systems strengthening and in particular basic health services in resource-poor settings. The GHF has always aimed to attract a varied mix of actors in policy, practice and research: health professionals, representatives from academia, ministries of health, international organizations, private industry and NGOs.

The global health context the GHF is operating in today is framed by the global SDG agenda and SDG 3, on health and wellbeing. The focus of this agenda spans the unfinished MDG challenges of communicable diseases and maternal and child mortality, the rising global burden of NCDs - which are linked to access to health and UHC – and finally the challenges arising from globalization per se, such as air pollution and climate change, AMR and epidemic/pandemic preparedness. All these are relevant thematic areas that could be addressed from various angles by a forum like the GHF.

The top ten largest donors in global health include US, UK, Germany, France, Japan, Canada, the Netherlands, Norway, Sweden, Australia, all with permanent missions in Geneva. Many of these also fund the most influential global health initiatives i.e. the Global Fund for HIV, TB and Malaria and GAVI – both located in Geneva. Global health initiatives, together with private foundations (i.e. the Bill & Melinda Gates Foundation), have been rather absent as partners for the GHF in previous years.

The GHF's historical focus on access to health care, in line with Swiss global health policies, as well as its focus on innovation, can be a rallying point for discussion of many of the prioritised health challenges mapped in this report. Swiss global health policies also focus on global health governance, which can be seen as a relevant topic for the GHF, as Switzerland is the host nation of the forum and of all international organisations in Geneva, and SDC is a funding partner of the GHF.

In terms of global health events today, many conferences address global health, with WHA being the most prominent, however not the most inclusive. The objectives of different events vary somewhat but many, similarly to the GHF, aim to bring together players from different sectors, foster collaboration, and provide a forum for high level discussions and recommendations.

The many global health challenges to be addressed, and the wide range of actors and events leads to questions about the added value and relevance of the GHF.

Looking at its overall objectives our findings suggest:

- GHF does give visibility to innovative field experiences, however, there is a perceived lack of connection to the overall objectives or edition-specific theme, and room for improvement of the innovation degree.
- GHF is an appreciated event for exchange and for bringing together a wide range of actors, valued by previous participants for offering learning and networking opportunities, however networking activities could be more targeted, planned and leveraged.
- GHF does not come out as strongly linking policy and practice. Opportunities seem to exist for the forum to position itself in connection to the WHA or on the contrary, as a separate event addressing global health governance and democratization in the context of non-state actors.
- GHF is not regarded as a forum impacting global health diplomacy. Most of the Permanent Missions interviewed did not consider the GHF to be a priority forum for them to attend. The location in Geneva was brought forward as the main opportunity for the GHF to impact global health diplomacy because of the unique concentration of pertinent actors.

Prominent expectations put forward were for the GHF to develop a stronger objective, to clarify its role and purpose and be clear on where its added value lies. Part of that added value can be linked to capitalizing on its location in Geneva, which gives it a unique position compared to other forums, as well as having a potential to strengthen International Geneva as the hub for global health.

Impact-wise many referred to the GHF as having limited influence in general, mostly as a reflection of the objective being too broad. The GHF does not come out as a "must-go-to" forum by the interviewed global health key organizations.

Who the right audience is in future will depend on the future direction of the GHF. If aiming at influencing global health diplomacy and policy, increasing government, UN, and non-Western Europe participation makes sense.

Making sure GHF's wide range of partners stay engaged, involved and committed, with a focus on Geneva-based actors, makes sense from a perspective of strengthening International Geneva. In terms of GHF's contribution to strengthening global health, investing in stronger collaboration and coordination in partnership with other global health forums would be meaningful.

Multilateral (e.g. workshops), active (e.g. debates), structured and facilitated (e.g. networking), and Geneva-specific (e.g. report launching) activities were requested. Activities carried out in between forums was wished for, and expert meetings in Geneva on e.g. UHC and digital health were among the most popular choices. Activities in-between-forums, would have clear consequences on the current operational team set-up.

→ Figure 4 below summarizes the main findings in a Strengths, Weaknesses, Opportunities and Threats (SWOT) diagram. Standing out are the many opportunities for the GHF. This SWOT is capitalized on in the outlining of the options for the GHF in chapter 5.2.2.

Figure 4. Summary of main findings, in SWOT format

STRENGTHS	WEAKNESSSES
- Brings together a varied mix of participants - Gives visibility to innovative field experiences - Offers opportunities for exchange, learning and networking - In line with SDGs and Swiss global health agenda - On-going evolvement of activities - Rests on a wide range of partners	- Addresses a too broad mix of participants - Lacks quality in terms of innovative experiences presented - Does not link policy and practice - Is not impacting global health diplomacy - Has unclear purpose, objectives, added value or impact - Has a limited participation from governments, UN, and non-Western Europe - Global health initiatives and private foundations absent as partners
OPPORTUNITIES	**THREATS**
GHF takes place in Geneva, where: - The top ten largest global health donor countries have Permanent Missions - Some of the most influential global health initiatives have offices - The WHA happens - Relevant actors to global health diplomacy (actors relevant for access to health care, health and human rights, health and the humanitarian) are located - The concentration of global helath organizations makes for a unique location, and opportuntiy to position the GHF in relation to other global health forums because of the proximity to many relevant actors. --- - Make sure GHF's wide range of partners stay engaged, involved and committed - GHF's focus on access to health care and innovation can be rallying points for adressing the global health challenges - Global health governance as focus becase of Switzerland's host authortiy role	- Operates on a crowded scene with many global health conferences with similar objectives

How can the functioning of GHF be improved?

Actors in the global health arena, can be categorized as contributing to four essential functions of the global health system[30]. To organize the discussion and basis for our recommendations, we found it useful to refer to these functions, as displayed in table 5.

Table 5. Four essential functions of the global health system[31]

Function	Sub-functions
1. Production of global public goods	Research and development, standards and guidelines, and comparative evidence and analyses

[30] Frenk J & Moon S. Governance challenges in Global Health. N Engl J Med 2013; 368: 936-942.

[31] Ibid.

2. Management of externalities across countries	Surveillance and information sharing and coordination for preparedness and response
3. Mobilization of global solidarity	Development financing, technical, cooperation, humanitarian assistance and agency for the dispossessed
4. Stewardship	Convening for negotiation and consensus building, priority setting, rule setting, evaluation for mutual accountability, and cross-sector health advocacy

Based on our findings, we see the GHF as currently providing value mostly for function 1, production of global public goods, which makes sense considering its roots in academia. GHF is a product of its overall objectives, and broad target audience. Based on the increasing number of participants and the positive feedback from survey respondents, GHF could continue with its current objectives, broad focus and wide target audience to offer a space for sharing, learning and networking opportunities amongst global health actors in Geneva and abroad, potentially refining its objectives to strengthen the outcomes and investing in enhancing networking opportunities (see General Recommendations).

However, if the GHF aims to improve its function as a tool in the service of health diplomacy, to be consistent with the diplomatic global health agendas of Switzerland and to contribute to strengthening the role of International Geneva, this would mean that the GHF is moving towards supporting a stewardship function. In this setting, our findings suggest that the GHF would need to refine its objective and target audience in order to clarify its added value. This could mean playing a role in cross sector advocacy, and focus on global health governance and global health diplomacy.

→ Based on our findings we see a number of different directions the GHF could take, presented in chapter 5.2.2.

5.2. Recommendations

First, we list a number of general recommendations for the GHF. Later, we continue by presenting a number of specific recommendations or options for the future direction of GHF (table 6).

5.2.1 General recommendations

Do not focus the GHF on a specific thematic. Although we had several suggestions on thematic topics of interest of the key informants and survey respondents, focusing the GHF on a specific thematic niche, i.e. digital health, seems not to be the option that would generate most value for the GHF, considering its position in Geneva. A theme can be added as a label of editions. Instead make use of what is unique in Geneva: bringing different actors together.

> → This recommendation is primarily addressed to: **GHF Programme Committee**

Embrace the fact that GHF cannot please everyone. Different global health actors, or even individuals, consider different topics, activities and focus as more important, attractive or useful. GHF cannot be useful to everyone, nor cater to all. Define how the GHF is most useful to a chosen target audience (which can be broad or narrow), based on specific objectives. This will also help in making activities such as networking more relevant.

> → This recommendation is primarily addressed to: **GHF Steering Committee, GHF Programme Committee** and **GHF Operational Team**

Put usefulness for the target audience at the centre. Usefulness of the GHF to participants needs to be put at the centre of planning of activities during and in between forums. However, it is important to keep in mind that some participants won't know what is most useful to them until they experience it, so experimenting with different activities is also valuable. Structured networking opportunities at the GHF is

a clear area to invest in, and GHF should continue to offer a space for physical meetings as networking is a key reason for participants to go to events. In a location like Geneva, participants traveling from other places are highly likely to also combine a GHF forum with other meetings.

→ This recommendation is primarily addressed to: **GHF Operational Team**

Make the most out of existing partnerships. The current partners of GHF are not necessarily the wrong ones. Which partnerships are the most optimal ones will depend to a large extent if the GHF will choose to go down one of the new recommended paths (see section below) or continue with its current focus. However, our findings suggest it is important to invest in ensuring stronger commitment and engagement of existing and new partners.

→ This recommendation is primarily addressed to: **GHF Steering Committee**

Measure the impact of the GHF - to a reasonable extent. Each activity should be linked to a clear objective for the GHF, an outcome for the participants (e.g. a learning outcome) and/or a measurable outcome in terms of a "product" (e.g. establishing a collaboration, writing a paper, creating a project plan). It is challenging to find benchmarks for impact measuring of similar global health forums. Looking at examples, they include qualitative measures of impact. i.e. quotes of influential individuals, as well as examples of launches (e.g. Memorandums of Understanding (MoUs), action plans)[32]. Hence, measuring of impact of the forum need to be set to a reasonable and realistic level, considering the resources it would require.

→ This recommendation is primarily addressed to: **GHF Operational Team**

5.2.2 Specific recommendations

In table 6 we present a number of options for the future direction of GHF, based on our findings. We give recommendations on the concept, purpose, objectives, themes, focus target audience and key partners, as well as most evident organisational needs for each option[33]. In addition, the major 'pros and cons' of each option in connection to the wished aims of the GHF (as per the ToR[34]) are highlighted in for each option. At the end of this chapter, table 7 provides a summary and a scoring of the options, resulting in a very even, however, ranked list of the relevance of the options.

[32] WHS website - Impact

[33] We do not give specific recommendations for activities tied to each option (although some activities are referred to in the 'Description' column), as our work has not included a thorough analysis of the various activities offered at the GHF. We find that the development of activities needs to come after defining the objective of the GHF.

[34] *"Beyond strengthening the role of Geneva International, the GHF wishes to strengthen its function as a tool in the service of health diplomacy and to be consistent with the diplomatic agendas of Switzerland. To increase its impact, the GHF also needs to become more networked, seeking complementarities with other global health conferences and forums"*.

Table 6. Possible directions to be considered for the GHF in the future

	Concept	Description	Purpose, objectives & themes	Actors involved	Organizational needs
A	Pre-WHA forum (global health diplomacy focus)	This forum would provide a focused and targeted space for learning and preparing for the WHA, at the very beginning of the year. The forum would include learning opportunities related to the WHA agenda. It would also offer insights into the world of global health diplomacy by providing analysis and discussions, in an atmosphere framed by learning. Finally, it would offer access to global health diplomacy resources (e.g. experts, articles, discussion forums) Frequency: every year	Purpose: To offer a learning platform which facilitates preparation and increases understanding of the target audience of the WHA and global health diplomacy Suggested objectives: Provide learning opportunities on selected up-coming WHA topics Offer learning opportunities on the "how-to" of global health diplomacy Examples of themes: Based on the WHA agenda	Focus target audience: Permanent Missions in Geneva – both the most influential donor countries and less influential (focus: outside of Western Europe) Global health initiatives located in Geneva connected to the WHA agenda topics UN organizations Global health diplomacy students Other actors interested in the WHA Key partners: WHO (to align planning, have access to technical working groups) The Federal Office of Public Health and SDC (to align with Swiss global health policies and priorities) The Graduate Institute (to have access to global health diplomacy resources and expertise, to come up with innovative learning activities) Network of global health conferences (to coordinate and avoid overlaps, to define uniqueness of GHF in relation to other global health conferences)	Re-shaping of GHF operational team to accommodate for a yearly forum. Re-shaping the Programme Committee to reflect actors involved. Develop a much tighter link to the WHO. Invest in closer collaboration with the Graduate Institute to connect to their Executive Programmes on Global Health Diplomacy

	'Pros and cons' of this option: o First and foremost, this option positions the GHF as a tool in the service of global health diplomacy by connecting itself to the most prominent of global health events – the WHA. This can be done by GHF because of its common denominator with the WHA – the location in Geneva, as well as the access and proximity to relevant actors in global health diplomacy in Geneva. o By aligning with the WHA agenda, set by global health priorities, this option allows for a consistency with the diplomatic global health agendas of Switzerland as these are well in line with global health priorities. However, the main focus would be on the WHA agenda. o This option would also contribute to strengthening the role of International Geneva in global health by bringing together global health actors in Geneva (Permanent Missions representing LMICs and large donor countries, relevant UN organisations, global health initiatives connected to the WHA agenda as well as potential global health diplomats to be (students)). Tightly connected to the WHA, this option risks being seen as a side event, and hence not an event carrying itself. Hence, the impact on strengthening International Geneva in global health might be moderate. o This option would enable the GHF to indeed become more networked with complementary to other global health forums and conferences, however with being connected tightly to the WHA agenda, the role of the forum would be defined already to some extent.				
	Concept	**Description**	**Purpose, objectives & themes**	**Actors involved**	**Organizational needs**
B	Forum for democratizing global health governance	This would be a forum focusing on global health governance for non-state actors and those who are not in an official relation to the WHO (as a contrast to the WHA). The forum would contribute to the accountability challenge in global health governance[35] by democratizing global health through establishing a mechanism for giving voice to actors i.e. NGOs, academia, field experts. The forum would bring up what works in the field by exhibiting quality implementation research and feed it to the policy and governance levels. Frequency: every second year	Purpose: To provide a forum for non-member state actors with the aim to make global health governance more democratic Suggested objectives: Offer a forum for open, critical dialogue between practice and policy level (where the latter is rather a listener) Offer a platform to display quality implementation research and findings Examples of themes: - Let the field actors set the theme based on their current preoccupations/challenges	Focus target audience: NGOs, field experts, academia and other implementing actors (as main content providers) WHO, Permanent Missions, and other policy-level actors that can benefit from listening to non-state actors. If themes are Geneva-focused: human rights actors, humanitarian actors, private industry (pharma) Key partners: NGO platforms in Switzerland (e.g. MMI, MMS, G2H2) (to cover a large range of health-related NGOs, identify needs, controversies, challenges)	Invest in closer collaboration with NGO platforms Re-shaping the Programme Committee to reflect actors involved. Find ways to bring in more actors from LMICs – via Permanent Missions in Geneva Develop a tighter link to the WHO to ensure outcomes can be relevantly fed to the policy level

[35] Frenk J & Moon S. Governance challenges in Global Health. N Engl J Med 2013; 368: 936-942.

			- Themes can be grouped according to themes that can be uniquely addressed in Geneva (and which overlaps partly with the global health agenda of Switzerland) because of present actors, i.e. access to medicines, health and human rights, health and the humanitarian agenda	Academic actors in Switzerland (e.g. HUG, UniGe, Swiss TPH), Europe (e.g. LSHTM, KIT) and LMICs (to cover implementation research initiatives and networks, ensure quality of content) Network of global health conferences (to coordinate and avoid overlaps, to define uniqueness of GHF in relation to other global health conferences)	
	'Pros and cons' of this option: o This option would not make GHF a tool in the service of health diplomacy as such, however it would provide for an open, democratic platform enabling voices of alternative actors to be heard. A potential threat to this option is the on-going discussion at WHO about providing a forum for learning interactions between WHO technical units, member states and NGOs. Exploring this option as a path for the GHF would hence require a rather immediate interaction with the WHO to avoid eventual overlaps and to ensure the relevance of the forum. o This option would allow for an alignment with the global health agendas of Switzerland in the sense that it addresses governance in global health (being one of the topics of the Swiss Health Foreign Policy). o This option is in line with the key strategies for 2020-2023 of Swiss authorities to strengthen International Geneva as it would contribute to strengthening the exchange, cooperation and synergies between the various players in Geneva, even though it would also include non-Geneva based actors. o In clearly addressing global health governance by democratic means in the context of relevant global health actors based in Geneva – this could act complementary to existing global health forums or conferences.				
	Concept	**Description**	**Purpose, objectives & themes**	**Actors involved**	**Organizational needs**
C	Innovations in global health	This would be a forum lifting out the innovation aspect of the current GHF objective. It would focus on discovering and scaling quality innovations in global health (both high tech and low cost). Focus would be on showcasing innovations, and supporting the establishment of key collaborations for funding and scale up. The match-making of innovators, investors and	Purpose: Give visibility to innovations that can benefit global health and provide opportunities for funding and bringing them to scale Suggested objectives: Offer a platform for matching innovation with funding	Focus target audience: Innovators (both from Switzerland and LMICs) Private investors (from Switzerland and LMICs) Policy-level actors and large NGOs with potential for bringing promising innovations to scale	Re-shaping of Programme Committee to reflect partners as well as target audience.

		actors for bringing to scale would be at the centre with a strong focus on reverse innovation. A lively market place activity is at the core, and dynamic pitching panels connecting innovation with funding and policy level. Frequency: Every second year	Offer a platform for matching the most promising innovations with actors in position to scale up Examples of themes: - The six themes of Swiss Health Foreign Policy could be used as edition-specific themes: health protection and humanitarian crises, access to medicine, sustainable healthcare and digitalisation, health determinants, governance in global health, and addiction policy.	Key partners: Innovation hubs in Switzerland ("Health Valley" actors) and LMICs Academia and research institutes (e.g. EPFL) Actors from other relevant sectors (i.e. trade – WTO, communications – ITU) Social impact investment actors (as potential donors) Private sector actors, i.e. foundations (e.g. Bill and Melinda Gates Foundation, Novartis Foundation, UBS Optimus Foundation) (as potential donors) Policy/state-level actors with a focus on innovation (e.g. France, Germany, Australia) and large NGOs with potential for bringing promising innovations to scale (e.g. GAVI, the Global Fund) Network of global health conferences (to coordinate and avoid overlaps, to define uniqueness of GHF in relation to other global health conferences)	
	'Pros and cons' of this option: o This option would not play a significant role as a tool in the service of health diplomacy. o By focusing on innovation, and by focusing GHF editions on themes of Swiss Health Foreign Policy, this option could be consistent with the diplomatic agenda of Switzerland. o This option has a potential for the GHF to strongly contribute to strengthening the role of International Geneva in global health by focusing on cooperation and synergies between the numerous international and non-governmental organisations in Geneva and between related clusters, e.g. by linking to the "Health Valley" community representing companies, research centres and innovation support structures.				

	○ By clearly focusing on innovation in global health in the context of capitalizing on the unique location and the resources available in and around Geneva – this could act complementary to existing global health forums or conferences.				
	Concept	**Description**	**Purpose, objectives & themes**	**Actors involved**	**Organizational needs**
D	Global health platform for International Geneva	This concept is the one furthest away from the current format of the GHF. This would be an organization offering a convening platform to showcase progress of Geneva-based global health actors and initiatives, offering a space for milestone reporting, results dissemination, initiative launches, mid-term review consultations etc. It would shed light on how these actors interact and collaborate, discuss the controversies, and show the synergies of their work – under the umbrella of International Geneva. Frequency: needs-based	Purpose: Enable visibility of impact of International Geneva in global health Suggested objectives: Offer a flexible convening platform for Geneva-based global health actors and initiatives Examples of themes: Defined by actors' needs	Focus target audience: Global health actors in Geneva, i.e. global health initiatives, global health donor countries' missions, global health-relevant NGOs Key partners: Global health initiatives (e.g. GAVI, the Global Fund, PMNCH (WHO)) Global health donor countries' missions (e.g. top ten largest global health donors with most human resources in health) Large global health-relevant NGOs and international organisations (e.g. UN, Save the Children, ICRC, IFRC) International Geneva secretariat/Canton of Geneva Geneva Dialogues (to create events of smaller size and to put together meeting concepts)	Re-shaping of GHF operational team and Steering and Programme Committees to be more flexible and be able to respond to needs-based requests of different size and in need of different venues.
	'Pros and cons' of this option: ○ This option would not play a significant role as a tool in the service of health diplomacy. ○ A needs-based platform like this option would be, would not necessarily be consistent with the diplomatic global health agendas of Switzerland, but it would definitely have its cross-overs in terms of topics. ○ This main purpose of this option would be to showcase the impact of International Geneva in global health by providing a needs-based platform with the aim of strengthening linkages and synergies in between global health actors in International Geneva.				

	○ This option would not necessarily be seen as a forum or conference and its complementarity to existing global health forums or conferences would hence be limited. Activities would not necessarily have to be happening in Geneva, but International Geneva could host activities – labelled International Geneva – at other global health forums or conferences.

Finally, we give an overview of the significance of the options to the wished aims of the GHF (as stated in the ToR), meaning how strongly the above options can be linked to each of these aims. We scored the significance level of each option, which resulted in a total score for each option. Option A scores highest in significance, suggesting that this option would be most relevant for the GHF to explore, followed by option B, C and D.

Table 7. Significance of options to the wished aims of the GHF

Option	A tool in the service of health diplomacy	Consistent with the diplomatic global health agendas of Switzerland	Contributing to strengthening the role of International Geneva in global health	Become more networked and complementary to other global health conferences and forums	**Total score**
A	XXX	X	XX	XX	**8**
B	X	XX	XX	XX	**7**
C		XX	XX	XX	**6**
D		X	XXX	X	**5**

(no X) = insignificant, X = partly significant, XX= significant, XXX= strongly significant

Annexes

Annex 1: Methodology (incl. Terms of Reference, Matrix, Interview guide, Survey)

Annex 2: List of people interviewed

Annex 3: List of documents reviewed

Annex 4: Other global health challenges mentioned by survey respondents

Annex 5: List of other Global Health conferences mentioned by survey respondents (incl. conferences in Geneva)

Annex 6: Comparison of WHA Committee A and GHF 2018 programme

Annex 7: Impressions of the GHF by interviewed Permanent Mission representatives

Annex 8: What do previous participants think of the GHF?

Annex 9: List of suggested activities by interview informants

Annex 1: Methodology documents

Terms of Reference

(Translated from original language (French))

Improving the impact of the Geneva Health Forum on Global Health and International Geneva
Analysis of needs and opportunities

External Consulting Terms of Reference. June 10, 2019

1. Background and Rationale

Geneva Capital of Health and Humanitarian

Geneva International represents a unique environment in the world in the fields of health, development cooperation and humanitarian aid.

This strategic positioning is based in particular on the following comparative advantages:

- The presence of WHO headquarters
- The annual holding of the World Health Assembly
- The network of "health attachés" of permanent missions to the United Nations
- The presence of a large network of actors of international health:
- UN agencies that, in addition to WHO, address health issues in their specific field (UNAIDS, UNICEF, IOM, UNHCR ...)
- Key players in humanitarian or global health, especially for countries with limited resources (Global Fund, Unitaid ...)
- Main "Public Private Partnerships" acting in the field of health (DNDi, MMV, GAVI, PATH, FIND, GAIN)
- Non-governmental organizations active in the field of health or humanitarian aid
- International Federations of Organizations Working in Health
- Network of pharmaceutical companies in Switzerland and the Rhône-Alpes region (IFPMA, Merck, Novartis, Sanofi, Mérieux ...)
- The commitment of HUG and UniGe in the field of international cooperation in health for more than forty years
- The presence of cooperating and open cantonal authorities to promote the key and innovative role of international Geneva in the field of health.

With the presence of the United Nations Office, the Office of the High Commissioner for Human Rights, the International Office for Migration, the Human Rights Council, the ICRC and many NGOs active in the field, Geneva also plays a leading role. a central role in the promotion and protection of human rights, of which access to health is one of the most fundamental.

The *Swiss Health Foreign Policy (PES) 2019-2024* identifies the strengthening of Geneva's position as the international capital of health as one of the levers for its implementation, particularly with regard to the priority "Governance in Global Health" [1], the creation of the SDG Lab, the Geneva International Office, the Geneva Science Policy Interface are all tools to support the work of Geneva as the international capital of health. The creation of the Health Campus, the opening of the new offices of the IFRC, the new headquarters of MSF are also witnessing the dynamism of Geneva in the field.

Major geopolitical movements are underway globally, with the rise of China and India, the decline of the US and the weakening of Europe. The resulting new global order is leading to significant changes in the new approaches, modus operandi and types of partnerships in global health. The emergence of new actors of international cooperation such as China and the multiplication of forums and conferences in global health (Word Health Summit, European Health Forum Gastein, etc.) require a repositioning of international Geneva as the epicenter of innovations in global health, exchange platform and pole of excellence in health diplomacy.

The Geneva Health Forum, an evolving conference

As a platform for dialogue and exchange in global health, the Geneva Health Forum (GHF) undoubtedly plays a key role within the Geneva International. The GHF was initiated in 2006 by the University Hospitals of Geneva and the University of Geneva. Its main objective is to promote innovative practices that improve access to health. The GHF wishes to pay specific but not exclusive attention to resource-limited settings.

To achieve this goal, the GHF aims to:

- Giving visibility to innovative field experiences;
- Establish critical and constructive dialogue and promote collaborations between global health actors from different sectors

- Promote interaction between field actions and health policy development (links between policy and practice). This applies both to guide policies towards best practice and to facilitate the dissemination of policies on the ground.

Every two years, the GHF brings together Swiss and international participants from all sectors by building bridges between academics, policymakers, practitioners and the private sector.

Over the years, the GHF has evolved in size, composition, focus and approach, without losing its DNA. Nineteen Geneva-based organizations active in international health have signed a partnership with the GHF and actively participate in its program committee [2]. Other partners are expected to join the Committee in 2020 or 2022. The number of GHF participants has increased: 700 in 2014, 1,200 in 2016, 1,400 in 2018. Since its founding, the activities of GHF have also diversified and a more important place is given to the exchanges and networking (round tables, workshops, VIP dialogue, Global health Lab (demonstration space innovations ...). Finally, the question of innovation in health, digital health and global precision health have emerged as important and cross-cutting themes.

After 12 years and 7 editions of experience, the GHF wants to calibrate its objectives and strategy to adapt to the new context and meet the challenges mentioned above. Beyond strengthening the role of Geneva International, the GHF wishes to strengthen its function as a tool in the service of health diplomacy and to be consistent with the diplomatic agendas of Switzerland. To increase its impact, the GHF also needs to become more networked, seeking complementarities with other global health conferences and forums.

2. Objective of the consultancy

The purpose of this mandate is to define the role that the GHF could play in order to increase its impact. For this purpose, the consultancy will have to answer the following questions:

- What role can the GHF play in global health diplomacy?
    - List the challenges of global health policies for the coming years, by dating them and specifying which networks and states are initiators and / or particularly involved;
    - List the most influential countries today on global health agendas, meet their permanent mission and know their expectations of a forum like GHF.
    - Map the key elements of Swiss development and global health policy.
    - Establish a global map of forums and conferences having an impact on global health (WHS, WEF, CUGH, Gastein Forum, etc.), understand their organization, their funding methods, their leadership, their focus, their periodicity, their influence.
    - Identify the strengths of the GHF that would enable it to strengthen its identity and improve its impact in global health diplomacy.

- How can the GHF strengthen the role of Geneva International in global health?
    - To identify the changes in the new WHO organization and their implications for the role that Geneva could play as the International Capital of Health.
    - Specify the strategies of the Swiss authorities to strengthen the Geneva International.
    - Identify organizations and actors that have a major influence on global health policies. Identify those who are present on Geneva.
    - Identify the key events taking place in Geneva and having an influence on global health (World Health Assembly ...)
    - Define the expectations of key global health organizations (present and not present in Geneva) vis-à-vis the GHF
    - Define the expectations of Geneva International organizations vis-à-vis the GHF.

- How to improve the functioning of the GHF (new partners, organization, activities between two editions, etc.)?
    - Identify with the actors of global health present in Geneva, their level of knowledge of the GHF, the expectations vis-à-vis such a forum (format, activities, frequency, duration, time of the year, in particular the articulation with the WHA).
    - Identify with international health actors present in Geneva, the activities that could be developed by the GHF between two editions (expert meetings, labelling of conferences in Geneva, briefing before the World Health Assembly, regional conference abroad, holding a blog or a Tweeter or Facebook account, etc.).
    - Identify GHF actors that should be targeted (including major global health donor foundations such as BMGF, Wellcome Trust, Rockefeller Foundation, etc.), absent countries, private sector actors, etc.).

The results of this analysis should help define the future directions of the GHF. This will include:
- What strategies need to be developed to meet these expectations
- Which are the actors with whom it is desirable to collaborate better
- What activities need to be developed to meet these expectations

3. Methodology of the consultancy and deliverables

To carry out this work, the consultant will have to conduct face-to-face interviews (exceptionally, interviews can be conducted by telephone, focus group interviews can be organized) with:

- local and federal public authorities as well as parastatal structures involved in international Geneva
- some GHF partners
- organizations not yet partners with GHF (these interviews should concern private public partnerships, NGOs, international professional federations, permanent missions, permanent missions, etc.).
- any other organization involved in the holding of the GHF and / or GHF participant

The main products of the consultancy are:

- A report in English, incorporating the elements of reflection defined above. The report should be clear, well-structured and contain well-defined recommendations and lines of action to facilitate their implementation.
- This report should contain a map of the main global health conferences (their focus, structure, objectives, target audience, etc.) The consultant must submit the report and the cartography in paper and electronic version.
- A power point presentation summarizing the results of the consultancy will be conducted in French or English.

4. Budget

The consultancy day fee is 700 CHF including all expenses (travel, entertainment, printing of the report, communication costs).

It is proposed a consultancy of 28 days including

Activities	Number of days
Briefing with the steering and operational team of GHF	1
Interview and Data Collection	15
Writing the report draft	7
Day of delivery of the first version of the report (debriefing)	1
Preparation of the final report	3
Presentation of the final report	1
Total	28

The overall budget of the consultancy is 28 x 700 or 19 600 CHF.

5. Schedule

The offer will be open from June 15th to July 15th, 2019.
The consultation will start on August 1st, 2019.
The submission of the first version of the report is scheduled for November 1, 2019.
The final report is expected by 1 December 2019, so as to incorporate the first lessons learned at the GHF 2020 in March 2020.

6. Functional relationship and supervision

The consultancy is led by the steering committee of the GHF.
The consultant will work in coordination with Eric Comte and Danny Sheat.

The SDC will be consulted during:

- the development of the Terms of Reference of the consultancy,
- the selection of the consultant,
- of the list of persons to be interviewed
- the submission of the first version of the report
- presentation of the final report

7. Consultant's required profile

The consultant will:

- Have a good knowledge of Geneva International and diplomatic relations in the field of health.
- Have a solid knowledge of global health
- Have a very good faculty of analysis and strategic thinking, including in terms of positioning and institutional strengthening.
- Speak fluently in English and French
- Have a good command of written English to write the report
- Have a good ability of synthesis
- Being physically present on Geneva

8. Submission of applications

Applications must be sent in English or French before July 15, 2019 to: eric.comte@unige.ch
Applications must be composed of a cover letter and a CV.

[1] https://www.bag.admin.ch/bag/fr/home/strategie-und-politik/internationale-beziehungen/schweizer-gesundheitsaussenpolitik.html
[2] OMS, UNITAR, DDC, CICR, EPFL, MSF, Swiss TPH, CERN, Cité Internationale de la Solidarité, DNDi, FIND, HEDS, IFRC, PATH, IHEID, Swiss School Public Health +, Swiss Academy of Medical Sciences, Unisanté, Terre des Hommes.

Matrix

Question	Source of info		
a. What role can the GHF play in global health diplomacy?	DR	I	S
• List the challenges of global health policies for the coming years, by dating them and specifying which networks and states are initiators and / or particularly involved;	X	X	X
• List the most influential countries today on global health agendas, meet their permanent mission and know their expectations of a forum like GHF.	X	X	
• Mapping the key elements of Swiss development and global health policy.	X	X	
• Establish a global map of forums and conferences having an impact on global health (WHS, WEF, CUGH, Gastein Forum, etc.), understand their organization, their funding methods, their leadership, their focus, their periodicity, their influence.	X		
• Identify GHF strengths that would strengthen its identity and improve its impact on global health diplomacy.	X	X	
b. How can the GHF strengthen the role of Geneva International in global health?	DR	I	S
• Identify the changes in the new WHO organization and their implications for the role that Geneva could play as the International Capital of Health.	(X)	X	
• Clarify the strategies of the Swiss authorities to strengthen Geneva International.	X	X	
• Define the expectations of Geneva International organizations vis-à-vis the GHF.		X	
• Identify organizations and actors that have a major influence on global health policies. Identify those who are present on Geneva.	X	X	
• Identify key events taking place in Geneva and having an influence on global health (World Health Assembly ...)	X	X	
c. How to improve the functioning of the GHF (new partners, organization, activities between two editions, etc.)?	DR	I	S
• Identify with the actors of global health present in Geneva global health actors, their level of knowledge of the GHF, the expectations of such a forum (format, activities, frequency, duration, time of year, in particular the articulation with the WHA).		X	X
• Identify activities that could be developed by the GHF between two editions (expert meetings, conference labeling in Geneva, briefing before the World Health Assembly, regional conference abroad, international meetings, etc.). holding a blog or a Tweeter or Facebook account, etc.).		X	X
• Identify GHF-absent actors that should be targeted (including major global health donor foundations such as BMGF, Wellcome Trust, Rockefeller Foundation, etc.), absent countries, private sector actors, etc.).	X	X	
• Define the expectations of key global health organizations (present and not present in Geneva) vis-à-vis the GHF		X	X

DR = Document review, I = Interview, S = Survey

Interview guide

Introduction

Thank you for agreeing to participate in this interview

- Introduce yourself and ask others to do so as well
- Ask for permission to record the interview
- Introduce interviewee to the assignment and its objectives
- Explain the interview format and structure

Background

Every two years, the GHF brings together Swiss and international participants from all sectors by building bridges between academics, policymakers, practitioners and the private sector. After 12 years and 7 editions of experience, the GHF wants to calibrate its objectives and strategy to adapt to the new context and meet the challenges mentioned above. Beyond strengthening the role of Geneva International, the GHF wishes to strengthen its function as a tool in the service of health diplomacy and to be consistent with the diplomatic agendas of Switzerland. To increase its impact, the GHF also needs to become more networked, seeking complementarities with other global health conferences and forums.

Task objectives:

To define the role that the GHF could play in order to increase its impact:

- What role can the GHF play in global health diplomacy?
- How can the GHF strengthen the role of Geneva International in global health?
- How to improve the functioning of the GHF (new partners, organization, activities between two editions, etc.)?

PART 0. Understanding the interviewee and linking to GHF

Name of interviewee:	
Interviewee function and organization:	
Name of interviewer:	
Place of interview:	
Date of interview:	
Documentation (notes, recording):	

1. Can you tell me a little bit about your job/role at this organization?
2. Had you heard about GHF before we contacted you for this interview?
3. Have you participated in any GHF meeting over the years? If yes, do you recall which ones?
4. Do you or your organization have any links to GHF?

PART 1. What role can the GHF play in global health diplomacy?

1. What are, in your view, or the view of your organization, the 3 biggest challenges in global health for the next few years? How does global health diplomacy impact these challenges? (e.g. funding, need to find common ground, etc).
2. For these challenges, which players (countries, individuals, organizations, networks, donors) are particularly involved in tackling them?

3. Are any of these challenges of particular importance/interest to the Swiss government? Or in their agenda for the years to come?
4. Which are, in your view, the most important/influential global health conferences or forums existing today? (e.g. WHS, WEF, CUGH, Gastein Forum, etc). Are there others that you think are important and underrated/underappreciated?

PART 2. How can the GHF strengthen the role of Geneva International in global health?

1. Is your organization part of Geneva international?
    a. If yes: can you comment on its relevance for your organization?
    b. If no, are you familiar with Geneva international? Do you think its relevant to your organization?
    c. Do you think its relevant for global health diplomacy and policy?
2. *For Swiss/Geneva authorities:* Could you tell me a little bit about the strategies of the Swiss/Geneva authorities to strengthen Geneva International?
3. What are, in your view, the key events taking place in Geneva today that have an impact/influence in global health? (e.g. WHA?)
4. Are you familiar with the changes in WHO organization (regional focus, WHO Academy in Lyon)? Can you comment on these a little bit?
5. What could be, in your opinion, the implications of these changes in terms of Geneva's role as international capital of Health?

PART 3. How to improve the functioning of the GHF (new partners, organization, activities between two editions, etc.)?

1. *For GHF key organisations:* Could you tell me a bit about how you think the GHF has developed since the first edition in 2006? Is there any edition you think stood out in a positive or negative way? Why?
2. If you are familiar with GHF, what are, in your opinion, GHFs strengths in terms of impacting global health policy and global health diplomacy?
    a. *For Swiss/Geneva authorities:* What are, in your opinion, GHFs strengths in terms of impacting Swiss development and global health policy?
3. What are its areas of opportunity?
4. What's your impression of the following?
    d. Participants in the forums
    e. Themes of the forum in recent years (show 2020 program as example)
    f. Format of the forum to promote its global health diplomacy goals?
    g. Quality of presentations, organization, etc?
    h. Activities and connections to participants in between two forums (which are 2-years apart).
    i. Frequency (every 2 years), duration (3 days), time of year (March)
    j. Do you find that the GHF is well articulated with the WHA? Yes/no and why?

5. What's your opinion on developing GHF activities in between forums? What would you like to see? (Prompt with examples only after they start answering)
    a. Expert meetings?
    b. Conference labelling in Geneva?
    c. Briefing before the WHA?
    d. Regional or international conferences abroad?
    e. Blog, newsletter, social media presence?

6. Do you think that there are important actors in global health that are currently not being targeted/included in the GHF? Can you name some?

7. What would the expectations of your organization be vis a vis the GHF?
    a. What role do you think it should play in the global health architecture?
    b. *For Swiss authorities:* What role do you think it should play in the Swiss global health architecture?

This is the end of the interview - is there anything else you would like to add in any of the points?

Thank you very much for your time!

Survey

Your opinion on the Geneva Health Forum

You are receiving this survey because you have participated in a Geneva Health Forum (GHF) in years past, or because your organization is part of International Geneva.

Every two years, the GHF brings together Swiss and international participants from all sectors (academics, policymakers, practitioners and the private sector). After 12 years and 7 editions of experience, the GHF is conducting an exercise to evaluate its role and improve its impact on Global Health and International Geneva.

GHF would like to hear from you, as a previous participant or a member of Geneva International. What are your needs in Global Health networking and diplomacy and how could the GHF better address these?

The survey takes 5 minutes. To thank survey participants, the GHF is giving away eight (8) free registrations for the GHF 2020 edition. If you'd like to participate in the draw for these free registrations, please leave your email at the end of the survey.

Thanks for your help!

Part 1. You and your organization

1. What is your age? - Mark only one oval.

- Less than 20
- 20 to 24
- 25 to 29
- 30 to 34
- 35 to 39
- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 59
- 60 to 64
- 65 to 69
- 70 and above

2. Sex - Mark only one oval.

- Female
- Male
- Prefer not to say

3. Occupation - Mark only one oval.

- Student
- Researcher
- University professor/lecturer
- Clinician
- Non-governmental organization (NGO) staff
- Staff from international organization
- Staff from UN organization
- Consultant
- Other:

4. What category best describes your organization? - Mark only one oval.

- Academia
- Non-governmental organization (NGO)/ not for profit
- Hospital or clinic
- UN organization
- Government
- Private company
- Public-Private partnership organization
- Other:

5. Where is your organization based? Where are your organization's headquarters or main office? -Mark only one oval.

- Geneva
- Elswhere in Switzerland (not Geneva)
- Europe
- Canada or USA
- Latin America and the Caribbean
- North Africa and Western Asia
- Central and Southern Asia
- Eastern and south Eastern Asia
- Sub-Saharan Africa
- Australia and New Zealand
- Oceania (excluding Australia and New Zealand)

6. Where are YOU based? If different from your organization's headquarters

- Geneva
- Elswhere in Switzerland (not Geneva)
- Europe
- Canada or USA
- Latin America and the Caribbean
- North Africa and Western Asia
- Central and Southern Asia
- Eastern and south Eastern Asia
- Sub-Saharan Africa
- Australia and New Zealand
- Oceania (excluding Australia and New Zealand)

Part 2. Areas of interest

7. What are, in your personal view, the 3 biggest challenges in global health for the next few years? (Check 3 or less) - Based on WHO's "Ten threats to global health 2019" list -

- Air pollution and climate change
- Non-communicable diseases
- Global influenza pandemic
- Fragile and vulnerable settings
- Antimicrobial resistance
- Ebola and other high threat pathogens
- Weak primary health care
- Vaccine hesitancy
- Dengue
- HIV
- I do not know
- Other: (specify)

8. What are, in your personal view, the 3 most interesting trends/issues in global health? (Check 3 or less) Check all that apply.

- Digital health/e-health
- Universal Health Coverage
- Health and artificial intelligence
- Health data security
- Emerging and reemerging diseases
- Access to medicines
- Better links between policy and practice
- New types of partnerships in Global Health
- I do not know
- Other: (specify)

9. Which global health conferences or forums do you usually attend/have attended in the past? Check all that apply.

- World Health Summit
- Consortium of Universities for Global Health (CUGH)
- International Conference on Public Health (ICOPH)
- World Congress on Public Health
- European Public Health Conference
- European Health Gastein Forum (EHGF)
- I do not usually attend conferences or forums
- Other: (specify)

10. Which areas of global health (if any) do you feel are not currently being addressed (sufficiently) in existing conferences/forums? – open question

Part 3. Share your thoughts about the Geneva Health Forum (GHF)

11. How many GHFs have you attended? - Mark only one oval.

0 1 2 3 4 5 6 7

12. What value have you derived, personally, from attending the GHF? - Check all that apply.

- Learning about new challenges and solutions in global health
- Learning about innovative field experiences in global health
- Learning about the work of Swiss NGOs
- Showcasing my work (activities/solutions/products) and that of my organization
- Promoting my ideas and those of my organization to key global health stakeholders though direct contacts
- Networking opportunities
- Establishing new and/or solidifying old collaborations
- Interacting and discussing with people in different global health arenas (e.g. with people from health policy if you work in field implementation, or viceversa)
- I have not derived any value from attending the GHF
- Other: (specify)

13. What are, in your view, the key areas where GHF adds value? - Check all that apply.

- Strengthening the role of International Geneva in Global Health
- As a platform/discussion forum for global health diplomacy
- Learning about issues that will be discussed in the World Health Assembly (WHA) and preparing for WHA
- As a platform for discussion and exchange on global health

- Giving visibility to innovative field experiences
- Promoting collaborations between global health actors from different sectors
- I'm not clear on the GHF added value areas
- Other: (specify)

14. The GHF happens every two years. Would you like to hear from the GHF in between? - Mark only one oval.

- Yes
- No
- Maybe

15. What activities or events would you like to see from the GHF in between two conferences? - Check all that apply

- Expert meetings in Geneva on particular subjects
- GHF led events in other Global Health conferences in Geneva
- GHF led events in other Global Health conferences around the world
- A GHF conference outside of Geneva
- A newsletter or blog following up on key discussions during the forum
- A newsletter or blog providing information about events and activities relevant to International Geneva global health actors
- Social media presence
- I do not know
- I would not like to to see any events in between conferences
- Other: (specify)

16. How likely are you to recommend the GHF to a colleague or a friend? - Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unlikely Very likely

Thank you very much for your time and input! Sign up to win one of eight free registrations for GHF 2020

If you want to participate in the draft of 8 free registrations for the GHF 2020 please leave your email below. The winners will be notified by email. Your email will not be used for any other purposes. Emails will be destroyed after the winners of the draft have been notified. The rest of the data in the survey will be destroyed after 1 year.

Please leave your email

Annex 2: List of people interviewed

Organization	Name and role
Swiss and Geneva authorities	
Federal Office of Public Health, Division of International Affairs	Nora Kronig Romero, Vice-Director General, Ambassador for Global Health, Head of Division
Swiss Agency for Development and Cooperation (SDC)	Erika Placella, Deputy Head of the Global Programme for Health
Canton of Geneva	Olivier Couteau, Delegate for International Geneva
Permanent Mission of Switzerland to the UN in Geneva	Anne Hassberger, Counsellor on Global Health and Development
UN in Geneva	
SDG Lab	Nadia Isler, Director
Confidential	Anonymous
UNSG High-level Panel on Digital Cooperation	Amandeep Gill, Previous: Director (Current: Project Lead – I-DAIR, Senior Fellow Graduate Institute of International and Development Studies)
GHF key organisations	
HUG	Bertrand Levrat, Director General
University of Geneva	Yves Flückiger, Dean
ICRC	Anonymous
Swiss Tropical and Public Health Institute	Kaspar Wyss, Head of Department
Geneva Graduate Institute – Global Health Centre	Ilona Kickbusch, Previous: Director
GHF Steering Committee/Operational team	Antoine Flahault, President GHF Eric Comte, Director GHF
HUG	Louis Loutan, Founder of the GHF
Geneva-based actors not related to the GHF	
International Telecommunication Union (ITU)	Hani Eskandar, ICT Applications Coordinator
Medicus Mundi International (MMI)/ Medicus Mundi Switzerland (MMS)	Thomas Schwarz, Executive Secretary MMI Martin Leschhorn, Director MMS
EPFL Essential Tech Centre	Klaus Schönenberger, Director
GAVI	Anonymous
Private sector	
Novartis Foundation	Jason Shellaby, Stakeholder Engagement Lead
IFPMA	Morgane de Pol, Head of Alliance and Partnership Strategy
Permanent Missions to the UN in Geneva	

Norwegian Mission	Cathrine Dammen, Counsellor Health Issues
Swedish Mission	Martin Jeppson, Counsellor for Health Affairs
Togo Mission	Aristide Afèignindou, Health attaché
Other	
World Health Summit (WHS)	Detlev Ganten, Founding President
Dialogues Geneva	Jean Freymond, Director

Annex 3: List of documents reviewed

GHF documentation

Evaluations (2006, 2008, 2010, 2012, 2014, 2016, 2018)

Programs (2006, 2008, 2010, 2012, 2016, 2018)

Website (http://ghf2020.g2hp.net)

Global Burden of Disease.

Global Trends in causes of death. 2017

International Geneva documentation

Confédération suisse, Message concernant les mesures à mettre en œuvre pour renforcer le rôle de la Suisse comme État hôte pour la période 2020 à 2023, 20 février 2019

Website (https://www.geneve-int.ch)

"Health Valley" documentation

Website (https://bioalps.org/the-health-valley/)

Website (https://www.republic-of-innovation.org/HealthValley/)

Swiss Health Policy documentation

Swiss Confederation. Swiss Health Foreign Policy 2019-2024

SDC. SDC health policy

SDC. SDC Global Programme Health Strategic framework 2015-2019

UN information

UN. Sustainable Development Goals

WHO information

WHO. Global strategy on human resources for health: workforce 2030. Geneva: WHO; 2016

WHO Maximizing Positive Synergies Collaborative Group. An assessment of interactions between global health initiatives and country health systems. The Lancet. 373 (9681), p2137-2169, 2009

WHO. How the WHA works

WHO. Millennium Development Goals

WHO. Ten global health threats in 2019

Information from relevant meetings similar to the GHF

World Health Assembly

World Health Summit

International Conference on Public Health (ICOPH)

World Congress on Public Health

European Health Forum Gastein (EHFG)

European Public Health Conference (EPCH)

European Congress of Tropical Medicine and International Health (ECTMIH)

The Africa Health Agenda International Conference (AHAIC)

Global Health Forum of Boao Forum for Asia

Global Health Landscape Symposium (GHLS)

The Prince Mahidol Award Conference (PMAC)

Others

Genève, ville mondiale: Mythe ou réalité?. Oct. 2010.

Davidshofer et al. Cartographie des ONGs au sein de la Genève internationale. Aout 2019.

Frenk J & Moon S. Governance challenges in Global Health. N Engl J Med 2013; 368: 936-942.

Kickbusch I, et al. Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. Bulletin of the World Health Organization. 2007; Vol. 85; 3: 161-244.

Kumar Chattu V, et al. Global health diplomacy, health and human security: The ascendancy of enlightened self-interest. J Educ Health Promot. 2019; 8: 107.

Ruckert A, et al. 2016. Global health diplomacy: A critical review of the literature

Annex 4. Other global health challenges mentioned by survey respondents

Societal issues	War and displacement of people
	Poverty
	Increasing inequality
	Rapid aging of societies, Aging illnesses and wellness
	Emergencies / refugee crisis
	Population growth trends in sub-Saharan Africa and other less developed regions
	corruption
Medical issues	Patient safety and Medical education
	Health insurance scheme
	Health promotion and prevention
	Oral health
	Obstetric complications
	MRSA
	Overtreatment
	Cervical cancer prevention
	Low funding support for primary health care research in alternative medicine
Public health issues	Healthcare system governance
	Health workforce development
	Human resources for global health
	Lack of trust in healthcare system & institutions; sub-optimal data
	Mis-information (wrong information particularly on the internet)
	Public health crises
	Mental health
	Overvaccination
	Community participation in health
	One health

Annex 5. List of other Global Health conferences mentioned by survey respondents

Other conferences mentioned by survey respondents	Nb of respondents
Consortium of Universities for Global Health (CUGH)	11
HIV/AIDS Conferences - International AIDS Society (IAS)	5
APHA - American Public Health Association Annual Meeting	4
Global Digital Health Forum	3
Health Systems Global	2
Health Systems Research	2
ICN Congress	2
International Conference on Integrated Care,	2
AGISAR	1
Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society	1
Annual conferences of Pharmaceutical Society of Nigeria	1
ATMH	1
Bi-Annual Meetings of the IMF/ World Bank	1
Cameroon Health Research Forum	1
Cameroon Health Research Forum	1
Cameroonian Microbiology Conference	1
Commonwealth Forum open leaning	1
Conference on e-health and universal health coverage	1
Conferences in Tropical Medicine	1
Connected Health	1
DOHaD conference	1
EAHP Conference	1
ECCMID	1
EDAR (Hongkong)	1
EU Presidency Conference;	1
FIGO congress	1
FIP	1
Global forum for medical devices	1
Global Symposium on Health Systems Research,	1
health promotion conferences	1
HOUSTON GLOBAL HEALTH CONFERENCE	1
ICPIC	1
IEA World Congress of Epidemiology	1
IHEA	1
International Association of Bioethics	1
International Association of Public Health Logisticians Conference	1
International conference on tropical medicine	1
International Federation of Pharmacists (FIP) Annual Congress	1
International Urban Health Society	1

ISOQOL	1
ISPOR	1
ISPPA	1
ISS	1
Micronutrient forum	1
National and State conferences held by Medical colleges in India	1
National Conference on Public Health	1
Nursing conferences in my country	1
Paediatrics and Neonatology conferences	1
Pervasive Health	1
Rencontres d'échanges entre acteurs santé (ONG, Professionnels de la santé, décideurs et usagers) en Afrique	1
Safe Use of Medicines	1
SBM	1
Social and Behaviour Change Communication (SBCC) Summit	1
Swiss public health meeting	1
The Union TB world conference	1
UN General Assembly,	1
US National Academy of Medicine	1
WADEM	1
WHO Fellowship on HIA	1
Women deliver	1
WONCA Europe Conference	1
World Bank Group (IFC) Conference on Health	1
World Cancer Congress	1
World Conference on Tobacco	1
WORLD CONGRESS OF SURGERY	1
World Public Health Nutrition Congress	1

List of other Global Health conferences in Geneva mentioned by survey respondents

Global health conferences in Geneva - examples from the 2019 calendar
Global Vaccine Safety Summit - WHO
International Conference Red Cross and Red Crescent - IFRC
Malaria Policy Advisory Committee Meeting - WHO
International Conference on Infection and Prevention Control
ISoP - International Society of Pharmacovigilance
Global Conference on Air Pollution and Health - WHO

Annex 6. Comparison of WHA Committee A and GHF 2018 programme

This table shows a comparison on the strategic priority matters under Committee A and compared them to the plenaries and parallel session of the GHF 2018.

WHA agenda items	**GHF programme items**
Strategic priority matters committee A	General theme: Precision global health in the digital age*
Thirteenth general program of work	
Public health preparedness and response	PS. Global health security – Towards multisectoral collaborations to confront the increasing threat of vector borne diseases
	PL. Emerging infectious diseases crisis
	PS. What research network to deal with outbreaks of emerging pathogens?
Polio transition and post-certification	
Health, environment and climate change	
Addressing the global shortage of, and access to, medicines and vaccines	PL. Access to health: Put the patient at the heart of our concerns
	PL. Quality of health systems – the missing piece between better access and improved health
Global strategy and plan of action on public health, innovation and intellectual property	PS. E-Training and medical education, a leverage to restructure the health system"
	PS. "Citizen science, open science, Fab lab, Do it yourself…the new innovation tools"
	PS: E-health: pilot phase is over
	PS: Big Data, artificial intelligence, blockchain, modelisation: examples and question for health
	PL. Blockchain for global health
	PS. New digital tools at the service of healthcare financing and UHC
	PS. Innover en intégrant les soins des maladies infectieuses et chroniques en Afrique
	PL: Artificial intelligence for Global Health
Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	IA. Maximizing Impact in NCD management in the Digital Era
	PS. Cancer in LMIC: time for action
Preparation for a high-level meeting of the General Assembly on ending tuberculosis	
No match	PS. Insight into Ophthalmology in the Developing World: Now and the Future"
	PA. Adding digital power to research ethics review
	PS: Are Neglected Tropical Diseases Affected by E-health?
	PL: Cybersecurity and health system: What risks for patients?
	PL. Digital: what future for health professions?
	PS. Technology for maternal, newborn and child health: ROOM 4 PS3-2 Can we rely on it for the future?
	PS: Increasing fairness and impact of research partnerships
	PS. The "Where" of Universal Health Coverage (UHC)
	PS: Serious game, virtual reality, simulation: disruptive tools ROOM 2 PS3-5 for training, sensitization and care

	PL. Quality of health systems – the missing piece between better access and improved health
	PS. Building interoperable and cost-effective ICT systems ROOM 4 PS4-1 for health in low- and middle- income setting
	PS. Promote family medicine to strengthen the health care system
	PS. Moving through the dimensions: How to include vertical initiatives into efforts to achieve Universal Health Coverage?
	PS. Humanitarian action in the field challenges and opportunities of a global workforce
	PS. Telemedicine to fight against medical deserts

PL= plenary, PS= parallel session

Annex 7: Impressions of the GHF by interviewed Permanent Mission representatives

In total, four Permanent Mission Representatives were interviewed (three from high-income countries and one from a low-income country). The interviewees varied in their level of knowledge of the GHF, from being completely unaware of the forum to having a large degree of insight. Two of the missions were also unaware of the GHF information meeting (it needs to be remembered that the positions are subject to frequent rotation).

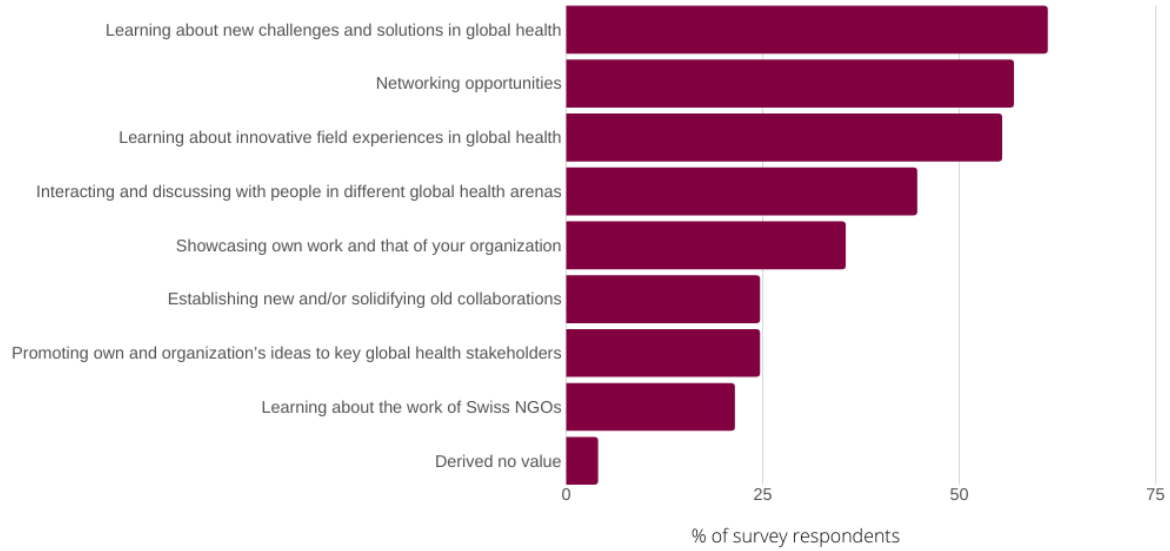
The impressions of interviewed representatives from Permanent Missions in Geneva included:

- GHF not having a clear focus or objective with no clear link between the GHF and the global agenda, or between the WHA agenda and the GHF agenda. For missions to find it useful GHF should clearly address issues to be discussed at the WHA.
- GHF being too much of a technical forum, and not a forum for global health diplomacy.
- GHF is not a key event to cover because:
  - Smaller missions have limited human resource capacity to attend. Engaging in discussions with a forum like GHF, would be something for larger Missions, with more than one person working on health.
  - Priorities in March are to prepare for the WHA in networks amongst collaborating missions.
  - Main technical input for Missions are their countries' Ministries and technical institutions.
  - The GHF does not help the missions do a better job. They get instructions from their countries, not from outside. Participation won't have a direct effect for their work, as the mechanisms of how the Missions function does not promote them to attend.
  - The missions carry out global health diplomacy, they do not search for best practices/evidence as this is the role of the WHO
- Communication around the GHF towards permanent missions can be reinforced (suggestions included to do it more through personal contacts than through invitations, and/or by highlighting the GHF links with the WHO).

Annex 8: What do previous participants think of the GHF?

Survey respondents were asked about the value they had derived personally from attending the forum. About two thirds answered "learning about new challenges and solutions in global health" (61%). Over half went with "networking opportunities" (57%) and "learning about innovative field experiences in global health" (55%). Other answers, chosen by less than half of participants are shown in the figure below. Only 4% considered that they had not derived any value from attending the GHF.

Figure. Personal value derived from attending GHF (survey respondents)



In line with the stated value they had derived from the GHF, survey respondents were very likely to recommend GHF to a friend. On a scale of 1 to 10, 38% answered with the top score (10), while 82% gave a number between 7 and 10.

Data from the post-GHF 2018 survey[36] is in line with this, showing that 87% of respondents had a good or very good overall opinion of GHF 2018. Also, respondents particularly benefited from their attendance at the GHF by gathering information (81%), making new contacts (84%), and sharing their projects or ideas (71%).

Interestingly, when asked about the key areas where GHF adds value to the global health arena[37], two thirds of survey respondents answered that it does so as a platform for discussion and exchange on global health (64%) and promoting collaborations between global health actors from different sectors (63%). This is in line with the personal value derived from the forum related to new learnings and networking opportunities.

Half or less of the respondents answered that it adds value by giving visibility to innovative field experiences (50%), strengthening the role of international Geneva in Global Health (44%), as a platform/discussion forum for global health diplomacy (42%). Only 30% thought it was a place for learning about issues that will be discussed in the WHA. Almost 6% were unclear of the added value of the GHF.

[36] Assessment and future prospects: GHF 7th Edition 12-14 April 2018, Precision Global Health in the Digital Age. Note that 23% of attendees answered the exit survey.
[37] Multiple choice options were given

Annex 9. List of suggested activities by interview informants

Activities	At the forum: **—> Start/Do more/Continue:** Continue the **market place** as a place to give examples of cooperation and innovative small companies. This is attractive to bigger actors (i.e. GAVI) looking for partners in this area. Increase number of **working groups** Create planned moments of targeted interaction and **critical debate** between high level and practitioners. **Integrate learning** by opening up the topic of global health diplomacy: Offer opportunity to hear directly from established Geneva health diplomats in "Did you know this?"/ "Fun facts""-sessions about health diplomacy Throw competitions "Win a seat on a GIG course" Offer negotiation simulation. People could sign up for such things. Offer space for planned and targeted **networking**: Dedicate more time for targeted and planned networking, where you allow for participants to be in an active mode Offer pitching sessions where start-ups and investors meet on a panel for innovators to get investor exposure. GSDA can be used to discover ideas which donors/funders can choose to finance. The Global Social Benefit Institute (GSBI) is an example of a platform helping social entrepreneurs help more people Invest in networking technology/solutions: an app that can leverage the networking experience by offering possibilities to contact registered participants on beforehand and set meetings Let networking become really integrated in the conference experience Consider a more conducive venue for networking (not CICG) Tie **milestone reporting** to the forum, e.g. launch of interim report on global health action plans (example given: the Global Action Plan for Healthy Lives and Well-being for All) and be a convener platform for synergies for Geneva-based organizations working on the Agenda 2030. Offer something that makes people feel they are part of a process and get relevant update/info to report back on **—> Do less/stop:** Decrease number of **panel sessions**, increase their quality by linking them and grouping them thematically In between forums: **—> Start/Do more/Continue:** Establish **working groups/meetings** to happen in between editions: Establish collaborative platform allowing for joint thinking and idea generation Report back on results/outcomes of working groups at forum Define possible outcome products of working groups: journal/bulletin publications Look for funding from public firms Integrate a climate aspect by organizing smaller regional conferences or venues (200 participants, mainly local speakers to capture what is on-going and changing in various parts of the world. This would decrease travelling