

Navigating Health Diplomacy in a Shifting Geopolitical Landscape: Challenges and Opportunities to the Multilateral System and the Path Forward

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The discussions focused on examining the current challenges to global health diplomacy amid significant geopolitical shifts, particularly the sudden reduction in funding and changing priorities in global cooperation. The event was organized by the Global Health Diplomacy Institutional Network, continuing a series of discussions at major global health conferences.

The Current Geopolitical Landscape and Implications for Global Health

The current geopolitical situation is a "perfect storm" for global health as described by RH Helen Clark. The disruption is marked by sudden and significant funding cuts from high-income countries, particularly the US, but also extending to other nations like the UK. These changes have created widespread uncertainty for key global health organizations. There are major concerns about continued funding for PEPFAR, GAVI, the Global Fund, UNAIDS, UNFPA, and more. The WHO faces a \$600 million gap for the current year and approximately 45% under-budget collection for the next biennium. Beyond funding cuts, the US has withdrawn from WHO and instructed its CDC not to collaborate with WHO, with additional implications including loss of research and development resources, and questions about reliable disease reporting. The precedent is set for unpredictability and unreliability in global health funding and engagement, making it difficult to plan global health infrastructure effectively.



Additionally, each affected organisation is reacting in isolation to these pressures, raising concerns about coordination gaps as organisations individually restructure in response to funding changes.



But how did we get to this dire situation? In reality, the current situation reflects broader megatrends in global politics. The colonial legacy in global health, where traditional models centred around power, self-interest, and top-down funding approaches created long-term dependency on external aid and limited local capacity building, as noted by Yik-Ying Teo. Although the past 15 years have seen a decolonization movement with efforts to prioritize local health agendas, many countries still lack the governance infrastructure to support these changes effectively. ODA funding has been falling for eight years, but the recent alarm

stems from the suddenness of the transition rather than the trend itself. The overall global consensus model is increasingly challenged by "rogue countries" withdrawing from international agreements and organizations.

Forward-Looking Approaches and Opportunities

There is a growing importance of regional approaches and South-South cooperation; the existing global health architecture simply won't suffice any longer. Africa CDC and PAHO are examples of regional organisations that have stepped up in response to global challenges while other regional actors like ASEAN and the Pacific Islands Forum could take more prominent roles. Practical bilateral partnerships focusing on trust-building and specific health priorities are recommended as effective starting points.



Health diplomacy has become increasingly important in the G20 context, with countries like India, South Africa, and Brazil setting ambitious health agendas. "The global south of today is not the global south of 30-40 years ago", said Gulshan Sachdeva. There is a fundamental shift in influence of the Global South owing to the growing political, economic, strategic, and intellectual capabilities.

There is also a critical need for new financing approaches. Countries need to move beyond reliance on external aid through mechanisms like Thailand's successful "sin tax" model for health promotion, and innovative funding methods such as air travel taxes and social impact bonds, as discussed by YY. The global public investment concept, while promising, currently lacks country champions as noted by RH Helen Clark. There is also an opportunity for regional development banks like ADB, AIIB, and the BRICS Bank to play larger roles in health financing.



The newly published opinion piece titled [“From algorithms to negotiations: Why health diplomacy must adapt”](#) outlined how AI is reshaping health diplomacy while presenting both opportunities and challenges. Brian Li Han Wong presented how AI can enhance disease surveillance, resource allocation, and real-time decision-making, but there are key challenges including the digital divide between Global North and South, governance and trust issues, and environmental impacts of AI development. Most importantly, health diplomats

now require technical fluency alongside traditional diplomatic skills.

While it’s difficult to be optimistic given the situation we find ourselves in, the current disruption is a "critical juncture" that forces necessary reforms, as pointed out by Katherine Urbáez. Drawing on historical institutionalism, these junctures are normal in institutional development and require resilient structures that can adapt to governance changes. Through health diplomacy, engagement with member states on WHO's work is essential to preserve the progress made within global health. New collaborations are emerging in areas like technology transfer, antimicrobial resistance, One Health approaches, and



private sector involvement, presenting opportunities amid the challenges.

What’s Next for Health Diplomacy

There is a need for new approaches and structures rather than attempting to restore the multilateral systems we have known for many years. Health must be a priority for foreign policy for effective health diplomacy. This would help ensure that health concerns receive adequate attention and resources even as geopolitical priorities shift.

Apart from strengthening the global health infrastructure, developing local capacities is of critical importance. There is an urgent need to build local government capabilities to measure outcomes, understand trade-offs, and efficiently use limited resources. The role of academia must also be recognised as universities and researchers provide critical long-term perspectives and data that can help guide evidence-based policies and translate health impacts into economic terms.

The WHO Pandemic Agreement negotiations represent a notable success, demonstrating that despite significant challenges, collaborative solutions remain possible when addressing existential threats like pandemics. In conclusion, the session conveyed measured hope about the future of health diplomacy. While the path is not an easy one, this period of disruption provides an opportunity to reshape global health cooperation in ways that are more equitable, resilient, and responsive to emerging needs. As RH Helen Clark noted, we need to "see through the noise and the catastrophe and look to what opportunities we can take from this".



The session was moderated by Garry Aslanyan from TDR, WHO. The Right Honourable Helen Clark, former Prime Minister of New Zealand, delivered framing remarks on "Beyond Funding: What Today's Geopolitical Shifts Mean for Global Health Cooperation". Yik-Ying Teo, Dean of the School of Public Health at the National University of Singapore, provided remarks on "Reimagining Global Health Politics: Opportunities for Reform and Regional Leadership". Brian Li Han Wong from Regionalized Vaccine Manufacturing Collaborative provided reflections on "From Bangkok to Delhi: Continuing the Conversation on Health Diplomacy and AI".

The event also featured a panel discussion with Katherine Urbáez from the Health Diplomacy Alliance and Gulshan Sachdeva from DAKSHIN - Global South Centre of Excellence, who discussed the future of multilateral cooperation and shifting global power dynamics. The session concluded with the launch of the [Global Health Diplomacy Institutional Network Website](#) by Esperanza Martinez from the Australian National University.