

# Provision of Global Public Goods for Health

October 2026



CENTER FOR  
RESILIENT HEALTH



**Partnership for International Politics  
and Diplomacy for Health**



**Karolinska  
Institutet**

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## Executive Summary

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Global Public Goods (GPGs) and global functions are two distinct concepts; functions describe what the system does; GPGs describe outcomes that are non-rival and non-excludable. Not all global functions produce GPGs. Conflating the two could confuse reform decisions on financing, governance, and mandates.

Few goods meet the textbook GPG definition perfectly. A continuum of “GPG-ness” – ranging from pure to strong to partial – is more useful when deciding on what functions the global level should prioritize and provide through collective action. However, this is a political decision, not a technical classification.

GPGs require collective financing; their provision should not depend on aid budgets. Global Public Investment funding offers a fair and more resilient alternative but depends on a joint understanding which GPGs should be prioritized.

Decision-making on what constitutes GPGs for health should be transparent and contestable, to ensure that the label is reserved for functions that truly provide universal benefits.

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## Introduction

Global health as we knew it dramatically changed in 2025. A sharp decline in funding sent shockwaves throughout the international community and affected populations, forcing quick – and hard – decisions on what to prioritize and what to terminate across all governance levels. It also shed light on a deficient and inequitable system in need of reform. Although funding cuts posed major challenges to health efforts across the globe, they simultaneously opened an unprecedented window of opportunity to reset the international system to better respond to future health needs.

A year and a half down the line, calls for country ownership, health sovereignty, subsidiarity and regional cooperation remain central to the reform agenda. This also implies a need for a redefined role for the global “level” and functions for health. The concept of Global Public Goods (GPGs) is central to these discussions, as it is commonly argued that the reformed international system for health should refocus on provision of GPGs. However, it is increasingly clear that a joint understanding of GPGs for health – what they are and how they are delivered – is lacking. This risks muddling discussions on what the global level should provide and do.

This ambiguity is not merely academic; it shapes what gets prioritized, who governs, and who pays. It is therefore consequential for ongoing reform. If better defined, the concept can be mobilized to clarify what the international system for health should do and to help cut mandate creep and duplication. Used loosely, it risks becoming a label that stakeholders apply to whatever they already do, entrenching inefficiencies and the power asymmetries reforms are trying to fix – ultimately perpetuating the status quo. How the term is defined is therefore not only a technical issue but a political one.

The reform process is entering a new phase, and the task at hand is to progress from diagnosis to clear recommendations. In light of this development, this policy brief seeks to;

- 1) Provide clarity on the key concepts of GPGs and global functions for health relevant to the reform process; and
- 2) Offer concrete examples of how the GPG framework can be used as a tool to analyze what global functions should be prioritized moving forward.

| Table 1. Examples of GPGs in Current Reform Debate            |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Source                                                        | Examples of GPGs                                                                                                                                                                                                                                                                                                                                                                        | Key Argument                                                                                                                                                                                                                                                                                                                                                 |
| <a href="#">Pate, M. A., Kaberuka, D. and Piot, P. (2026)</a> | Data and surveillance; norms and standards; R&D; equitable access; pooled procurement; epidemic preparedness                                                                                                                                                                                                                                                                            | International funding for GPGs and global threats should be preserved and even strengthened in the reformed system.                                                                                                                                                                                                                                          |
| <a href="#">Rasanathan, K. et al (2025)</a>                   | <p>Goods that are directly applied by and within countries such as research; knowledge sharing; guidance; norms; standards; data and monitoring; market shaping and procurement.</p> <p>Goods for international collaboration to address transnational threats such as surveillance of infectious diseases, infectious disease control efforts and international legal instruments.</p> | <p>Global (and regional) public goods must constitute added value and provide input beyond what countries themselves are able to supply.</p> <p>Negotiations must determine how GPGs are best supplied through collective action, collaborative processes and fair contributions. This includes clarifying the role of regional and global institutions.</p> |
| <a href="#">Wellcome Trust (2026)</a>                         | R&D; regulatory guidance; clinical and policy guidance; global routine surveillance systems; market shaping, procurement and innovation                                                                                                                                                                                                                                                 | Frames GPGs as global technical norms/standards plus coordinated delivery functions.                                                                                                                                                                                                                                                                         |
| <a href="#">Nishtar, S. (2026)</a>                            | Norms and standards; regulation of medicines/vaccines/commodities; disease surveillance; emergency financing mechanisms; outbreak stockpiles; market-failure interventions (e.g., affordable vaccines, neglected disease R&D)                                                                                                                                                           | GPGs must be clearly and tightly defined. The future system should preserve these functions, but deliver them more efficiently, whilst reducing fragmentation and duplication between actors and levels of the system.                                                                                                                                       |
| <a href="#">Duneton, P. (2026)</a>                            | Regulatory standards; disease surveillance; equitable access to innovation                                                                                                                                                                                                                                                                                                              | <p>International collaboration, planning and investment are required to ensure that promising innovations reach the populations that are most in need.</p> <p>Access should therefore be considered a core function of the global health system.</p>                                                                                                         |

## What are Global Public Goods for Health?

According to the textbook definition, a GPG is a good that is “non-excludable”, “non-rivalrous” and global in scope and relevance. In practice, most goods do not fully meet these criteria.

Under a narrow, strict conceptualization, few goods qualify. Yet, if defined more broadly too many goods can be badged as GPGs, and the concept risks losing its practical value in the current reform debate.

A more useful approach is to think of GPGs as a continuum, ranging from goods that are fully non-rivalrous, non-excludable and universally beneficial followed by goods that diverge from these properties to varying extents. The task for the reform process then becomes to agree on how far from the text-book definition a good or service can diverge and still count as a GPG worth being collectively financed and provided at the global level. This exercise also highlights what functions of the international system are better provided regionally or nationally.

Common examples of GPGs include various kinds of shared frameworks, policies, norms, and infrastructures. Such examples fall on different parts of the GPG continuum depending on the case, as they may fulfill the criteria of being non-rivalrous and non-excludable to varying degrees.

### Global public goods — a continuum

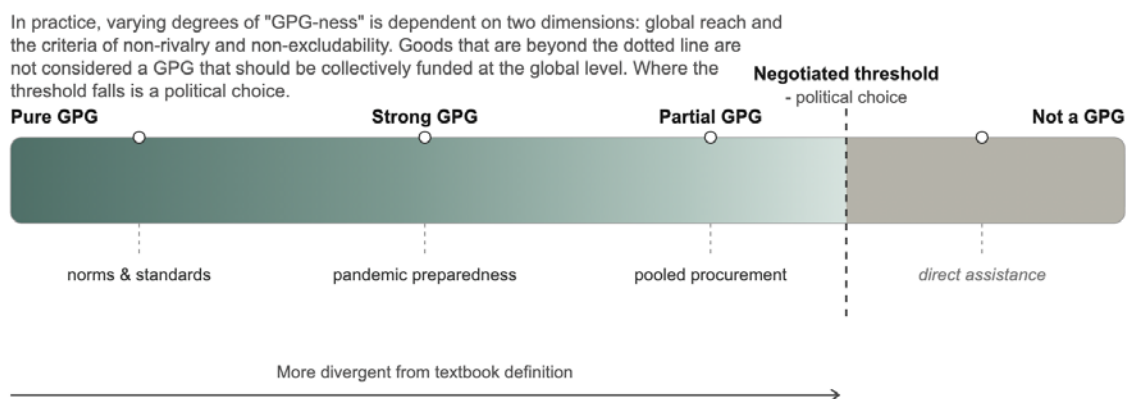


Figure 1 - Global Public Goods - a continuum, showing gradual fading of "GPG-ness" up to a negotiated threshold.

## How and why are global functions different?

In addition to the diverging views on what counts as a GPG, there is a conceptual confusion surrounding GPGs and global functions, largely due to the terms being used interchangeably. However, these should be understood as two distinct phenomena.

As defined in our [previous shorter policy brief](#), global functions describe the breadth of activities and processes performed by the international system for health at the global level. The provision of GPGs is one of such global-level functions, but the current system does much more; most notably the transfer of resources (in kind or cash) to support country development (Table 2).

| <b>Table 2. Four essential functions of the Global Health System<br/>(adapted from <a href="#">Frenk and Moon, 2013</a>)</b> |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Function</b>                                                                                                              | <b>Descriptions of subfunctions</b>                                                                                                             |
| Production and supervision of GPGs                                                                                           | Norm-setting via tools for international standardization and treatment guidelines; research prioritization and development of new technologies. |
| Management of cross-border health threats and externalities                                                                  | Addressing transnational health threats and risks; surveillance and information sharing and coordination for preparedness and response.         |
| Fostering leadership and stewardship (the work “convening” often used for this function)                                     | Priority setting and strategic direction; assembling negotiations and consensus-building activities and setting rules.                          |
| Offering direct country assistance                                                                                           | Technical cooperation, humanitarian assistance and development financing                                                                        |

It is the balance between these functions that current reform efforts put into question. As countries assume responsibility for financing, the comparative advantage of the system is expected to shift away from direct resource transfers and towards the functions that only the global level can perform, chief among them being the provision of GPGs. Table 3 outlines the differences between the concepts.

| <b>Table 3. Global Health Functions v. GPGs for Health: a comparison</b> |                                                                |                                                                                         |
|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                                                                          | <b>Global Health Functions</b>                                 | <b>GPGs for Health</b>                                                                  |
| <b>What they are</b>                                                     | Activities and processes performed by the global health system | Challenges, resources, or conditions that benefit or impact global population health    |
| <b>Role in the system</b>                                                | Describe what global actors and institutions do                | Describe what the international system produces for the common benefit of all           |
| <b>Conceptual type</b>                                                   | Processes, activities, and interventions                       | Examples include shared frameworks, norms, standards, and infrastructures               |
| <b>Public good properties</b>                                            | May or may not produce GPGs                                    | Provide degrees* of non-rivalrous and non-excludable outcomes or benefits               |
| <b>Geographic scope</b>                                                  | Global, regional or country-specific                           | Always global in scope                                                                  |
| <b>Relationship between the two</b>                                      | Some functions produce or enable GPGs                          | Outcomes or outputs from selected global health functions that are universal in benefit |

\* Dependent on a negotiated threshold of “GPG-ness”

## Reform demands clarity – towards a common understanding of GPGs for health

GPGs have become a central concept in reform discussions. This constitutes both an opportunity and risk. On the one hand, the GPG concept is an efficient tool to justify action, direction, and components that should pertain to the global level. However, arbitrary use or concept stretching may be unhelpful. In this way, the GPG framework also has significant political and power-related implications.

Defining the boundaries of what constitutes a GPG is thus of great importance to reforming the international system for health. It sets out the obligations for what the system will provide, as well as who governs and who pays. Understanding “GPG-ness” as continuum provides deliberate flexibility – its value is providing a shared and structured way to assess whether the benefit of a function is dependent on global collective action or if it is delivered better closer to the population it serves.

The power to shape what counts as a GPG has historically been associated with coalitions of high-income countries (HICs). In the current debate, this must be a more inclusive process that reflects the shared responsibility and benefits of GPG provision. A clearer, collectively agreed definition does two things at once; it sets out what the global system must deliver, while envisioning a system that is more governable.

| Table 4. Brief history of GPGs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The <a href="#">GPG framework was popularized</a> in international development circles during the late 1990s, offering a new rationale for development cooperation by linking international solidarity and mutual benefits with national interests.</p> <p>In global health, the GPG framing was initially used to rally donor support for action on cross-border health threats, for example <a href="#">communicable disease control</a> through vertical interventions in low-income countries. This approach has contributed to major global health victories. Yet, it also reflects the tension between donor interests and local and regional needs and wants. Another example is <a href="#">antimicrobial resistance (AMR) containment</a>, for example through global surveillance, R&amp;D for new therapies and standards as well as guidelines to ensure rational use of antimicrobial drugs.</p> <p>It is predominantly HICs that have defined what constitutes GPGs for health. For example, the <a href="#">attempt to frame Covid-19 vaccines as a GPGs</a> showcases the limitations of the framework. In this case, the normative claim was not able to override the market conditions for vaccine provision, as inward-looking vaccine policies of HICs slowed down and limited vaccine access in low- and middle-income countries. Moreover, global countermeasures, for example through the establishment of COVAX, could not adequately enough secure equitable access to vaccines, resulting in severe economic setbacks, loss of lives and prolongation of the pandemic. This contested use of the GPG framing highlights the political and power dimensions of the concept.</p> |

## GPGs for health in a reformed international system – examples for the reform debates

Having diagnosed the problems, reform processes are now moving towards recommendations for the future, including the role of a future international system for health and its core function in providing GPGs.

Here, we look at three concrete examples of GPGs, that the international system is expected to continue to deliver, all exhibiting varying degrees of non-rivalry and non-excludability in the benefits and outcomes they provide:

- ***Pure GPG: Norm-setting and international standards***

Standards and norms work quietly, but they hold global health related efforts together. A shared disease classification like the International Classification of Diseases implies that a diagnosis recorded in one country means the same thing in another, so that data can be compared and trends tracked across borders and over time. Once a standard exists, any country is free to adopt it, and it becomes more useful as additional countries do. The same goes for agreements regulating private and public sector behavior.

The Framework Convention on Tobacco Control gave countries a shared position against a well-resourced industry, and its weight grew as more signed on. Setting these norms once, for everyone, is something the global level does far better than any country or region alone.

- ***Strong GPG: Pandemic preparedness and response***

COVID-19 was a reminder of how fast a new pathogen can overwhelm even well-prepared countries and resourced health systems, and of how little national borders matter during such an outbreak. There is thus a clear case for treating prevention, preparedness and response as a GPG. When a threat is spotted early and countries are warned in time, everyone benefits, not just the country where it started. And once a pandemic is declared, rapid containment is in every country's interest, both to save lives and to avoid the economic damage that follows.

The systems and structures needed to this end — global surveillance systems, early-warning networks, shared research infrastructure, pooled financing — cannot be provided by one country alone. However, it depends on underlying capacities (e.g. labs and workforce) that are nationally owned. Likewise, many countermeasures (e.g. vaccines and Personal Protective Equipment) deployed are rival and/or excludable in nature, as illustrated by access to the COVID-19 vaccine and problem in maintaining effectiveness of antibiotics.

- ***Partial GPG: Market shaping and creating***

Some health products are simply not produced, or do not reach the people who need them, because no single market is large or profitable enough to justify the investment. This includes vaccines for neglected diseases, new antibiotics or countermeasures for threats that may never fully arrive.

Market shaping is the work of addressing this market failure by pooling demand across countries, guaranteeing future purchases, and coordinating buyers so that suppliers have a reason to develop a product and sell it at an affordable price. As an example, pooled procurement has pulled down vaccine prices in ways no country could have achieved bargaining alone. The market failure corrected is global, and the solution depends on countries acting together rather than separately.

The building blocks may include pooled procurement, advance purchase commitments, and coordinated investment in R&D for products that the market underserves. Notably, such building blocks cannot generate leverage or spillover benefits if built by one country alone. However, it depends on eligibility structures that shape and restrict participation, as illustrated by Gavi's eligibility policy, and the underlying transaction (e.g., doses or pricing terms) are often rivalrous and/or excludable in nature.

## **Financing GPGs – from aid to shared financing and shared benefits**

Agreeing on the GPGs that a reformed international system for health should provide must be paired with discussions on how they should be financed. GPGs are chronically underfunded and their provision is dependent [official development assistance \(ODA\)](#), even though they are fundamentally different in terms of beneficiaries and operating logic. ODA should be justified by how much it supports a specific country's development, whereas global-level financing is justified by its universal benefits. Funding GPGs through ODA obscures this distinction, [jeopardizing both efficient development assistance and sustainable GPG provision](#) as the production of universal benefits is dependent on volatile aid budgets. In turn, large donors, traditionally HICs, have also to some extent been able to exercise disproportionate influence over which GPGs are prioritized and which are not.

The structural flaws in GPGs financing can be addressed by establishing a collective and fair funding mechanism (according to ability to pay) for the functions providing universal benefits. Given the growing body of middle-income countries, more countries can – and should – contribute to financing GPGs. This must be part of the discussions on the future of global health financing.

[Global Public Investment](#) (GPI) is a financing model that aligns with the core ideas and challenges of the reform debate. Similar to the GPG framework, GPI shifts the narrative of international cooperation towards mutual interests and shared responsibility. Based on a three-part formula – all benefit, all contribute, all decide – governments contribute according to a fair-share mechanism based on economic capacity and decisions are made through a representative governance model. Decision-making power is not dependent on the size of contributions, paving the way for fairer representation.

The model offers a feasible and resilient alternative but depends on a common definition of which GPGs the system should provide. This will determine the fiscal scope of the funding mechanism, whilst providing increased transparency of the cost and contribution towards goods that are universally beneficial.

## Towards a Reformed System – potential steps

The distinctions and examples in this policy brief point to concrete implications for the reform process, spanning allocation of functions and the financing of those judged to provide GPGs. Three potential steps follow:

1. **Allocate functions according to the principles of subsidiarity and health sovereignty, not by default.** Global institutions should have sharp and specific mandate: to provide only what the global level can. GPGs serve as a starting point and our conceptualization of the “GPG-ness” as a continuum strengthens its practical value in negotiations on redefined roles and responsibilities. Existing global institutions must be able to justify retaining functions at the global level, rather than requiring regions and states to argue for functions and responsibility to move down.
2. **Agree which goods on the GPG continuum should be prioritized.** All stakeholders, particularly global institutions, must withstand the pressure to label all existing functions as contributing to GPG provision. This is monumental to ensure that the reform delivers on its promise of fundamental change. The threshold of what constitutes GPGs, and how far from the textbook definition a good can be whilst still provided by the global level, must be agreed upon through open and transparent negotiations. What constitutes the GPGs for Health must be revisited continuously as needs shift over time, as capacities across regions and countries develop, and to avoid mandate creeps and duplication.
3. **Establish specific funding for GPGs.** Secure adequate and fair funding for GPGs by establishing dedicated funding that is separate from ODA. Contributions should be fair and based on countries’ ability to pay, whilst widening the contributor-base to include middle-income countries. Once a GPI-style model has been solidified, it could be tested on a smaller number of GPG-providing functions, defined in the next phases of the reform, as a proof of concept before being widely deployed within health and beyond.

Today’s reform moment is an unprecedented opportunity to resolve the asymmetrical power imbalance in global health governance. Decision-making rights must be decoupled from the size of financial contribution, for example by recognizing additional forms of contribution such as knowledge and leadership. The decision on what counts as a GPG, and in turn what the focus of the global level should be, must be transparent and contestable. This is to ensure that the label is appropriately used and prioritizes functions that are truly universally beneficial.

## Conclusion

The intention of this brief has been to suggest clarity to two central concepts in the reform debate, GPGs and global functions, and to provide examples that are relevant in the current negotiations. By putting forth a conceptualization of “GPG-ness” as a continuum rather than a binary, it supports discussions on what essential functions a reformed global level should provide. The aim is to provide a practical analytical tool that supports the principles of subsidiarity and health sovereignty, by identifying which benefits are truly universal, and which functions can only be delivered at the global level. In turn, it also sheds light on which functions – and decisions – are better placed closer to the populations served by the system.

However, what this brief cannot settle is where the threshold should fall. That is a political decision that must be reached through transparent negotiations, with a seat at the table for all who are affected by its outcome.

## About Us

The Partnership for International Politics and Diplomacy for Health is a collaboration between the Stockholm School of Economics and Karolinska Institutet. Our work consists of four complementary and mutually reinforcing work streams: an Executive Program for future health leaders, the Health Diplomacy Institutional Network, focused research efforts, and policy engagements.

Our policy work seeks to contribute to the international dialogue on what a reformed international ecosystem for global health could look like. We call this workstream Paradigm Shifts for Global Health - Supporting Diplomacy and Policy Pathways.

This is not a standalone initiative or process, but a means through which we engage as both originators and conveyors of ideas that could potentially assist in paving the way for a reformed international ecosystem for health.

Read more here: <https://globalhealthdiplomacy.se/policy-engagements>

