

A WORLD OUTGROWING ITS INSTITUTIONS

Critical Analysis

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The world is shifting: at the root lies the challenge of good governance, with global health serving as a critical lens through which these transformations can be understood.

Within the many institutions that are working on health, coordination remains weak. From the World Bank to the International Labour Organization, G7/G20 initiatives, Ministries, and Bilateral Programmes, global health does not suffer from a shortage of institutions; it suffers from an excess of them.

Historically, high-income countries have financed, influenced agendas, and shaped global institutions, while low- and middle-income countries have implemented programmes, provided data, and borne the consequences. A future reformed architecture must move toward true democratic governance that allows LMICs to exercise equal influence in agenda-setting, financing decisions, and institutional leadership.

In conjunction with the United Nations 80th Anniversary, the UN80 Reform initiative is framed as a necessary transformation in examining efficiency, duplication, operational reform, financial sustainability, and institutional coherence. In another sense, it is an open secret that this reform conversation reflects increasing pressure on the UN system due to declining donor confidence, geopolitical fragmentation, expanding humanitarian crises, and budget constraints.

In many ways, UN80 represents less a streamlining process of the multilateral system and more an institutional survival exercise; an attempt to preserve UN relevance, reduce costs, and manage geopolitical decline without confronting directly the power imbalances that increasingly make the UN system ineffective which risks it becoming a beautifully wrapped box with nothing inside. The challenge is no longer building bridges but asking why so many lead nowhere.

Reform Is Necessary, but Reform Risks Weakening Global Public Goods

The United Nations Charter and broader UN system were built upon assumptions of the 1950s. From infectious disease control to climate-health interactions, from national sovereignty to global interdependence, from state actors to non-state actors, and from acute crises to chronic complex crises, the institutions, governance arrangements, financing systems, and accountability mechanisms, that underpin global health security have not fully adapted to the realities of rapidly changing health challenges.

Calls for efficiency-driven reform in global health must recognise that streamlining does not always strengthen systems. In some cases, it may lead to reduced funding, consolidation of institutions, or the loss of specialised expertise in advocacy capacity. Global health is not a corporate structure designed solely for optimisation; it is a complex ecosystem where multiple actors serve different political,

technical, and societal functions. Therefore, what appears as duplication may, in fact, represent resilience by preserving accountability mechanisms and diverse representation for communities most affected by health inequalities.

This tension is particularly evident in the proposed merger between the UN Population Fund and UN Women. The proposal emerged from concerns about institutional overlap, as both agencies work on interconnected issues including gender equality, women's rights, sexual and reproductive health, gender-based violence, and adolescent girls' empowerment. From an efficiency perspective, combining the two institutions could create a more unified UN platform with greater political influence, technical expertise and operational capacity to advance women's health and rights.

However, the potential benefits of consolidation must be weighed against the distinctive roles these agencies currently serve. UN Women was established primarily as a normative institution focused on advancing gender equality and strengthening global advocacy, while UN Population Fund brings specialised expertise in population dynamics, reproductive health, and demographic change. A merger could create opportunities for greater coordination, but it also raised questions about whether their respective unique technical expertise, institutional identities, and advocacy functions may be diluted in the process. This illustrates a broader challenge in global health reform: reducing duplication does not always mean eliminating overlap as some forms of institutional diversity are essential for maintaining resilience, representation, and accountability.

Yet, the risk is that reproductive health becomes politically diluted, a footnote within a broader agenda rather than remaining a priority at the centre of women's health. A broader gender institution may shift focus toward policy advocacy, equality frameworks, and social empowerment. Institutional identities matter because they are not only administrative structures; they carry accumulated expertise, relationships, and political purposes that shape how global health issues are understood and addressed. Maternal mortality reduction, for example, requires obstetric expertise, supply chains, skilled birth attendants, and strong emergency referral systems. Advocacy alone cannot substitute for health system capacity.

Governance, the Health Workforce Crisis and Health Financing

A simplified pattern exists within the global health workforce system: high-income countries recruit internationally trained healthcare workers, while low- and middle-income countries invest in training them. The result is a global subsidy in which poorer countries often finance the education of health workers who later migrate elsewhere.

This creates a fundamental tension: global health aspires to achieve universal health coverage while many countries lack the workforce necessary to deliver it. A paradox emerges when efforts to expand essential health services and strengthen health workforce capacity through greater investment in training can coincide with increased migration, worsening workforce shortages, and continued health system fragility.

The health workforce crisis cannot be solved solely by increasing medical school enrolment or training more nurses. It requires a governance solution: global agreements on ethical recruitment, fair compensation, workforce retention, rural incentives, and improved working conditions. The workforce crisis is fundamentally a global labour governance problem.

The current global health financing model relies heavily on voluntary donor contributions, philanthropic funding, and external aid. This creates structural vulnerability of unstable budgets, unequal power, and priority distortion. Sustainable financing requires moving from aid toward investment, enabling integrated health systems capable of addressing pandemics, climate change, non-communicable diseases, maternal health challenges, and workforce shortages.

A donor-dependent system risks prioritising donor interests, where funding availability influences programme priorities rather than allowing global support to align with national strategies and population health needs. This contributes to vertical programmes and fragmented mandates that do not adequately strengthen primary healthcare, health workforce development, health infrastructure, or responses to non-communicable diseases.

Sustainable global health financing requires moving beyond short-term aid models toward

long-term investment approaches that strengthen health systems.

The crisis of global health governance is not primarily a crisis of institutional capacity, but a crisis of misalignment within the global architecture and its relationship with communities. The key question for reform should be: can global health governance become accountable to communities rather than only to member states? The future architecture requires stronger civil society participation, meaningful youth and child representation, community advisory mechanisms, and greater transparency in decision-making.

A defining moment in global health will be whether current reforms reproduce historical inequalities or whether they can redistribute power. Institutional reform without power redistribution is cosmetic, rearranging the furniture does not change who owns the house. Changing organisational structures does not change who defines priorities, who controls resources, or whose knowledge is considered authoritative.

Successful reform should not only ask how the UN can become more efficient; it should ask how global governance can become more representative.

With increasing geopolitical competition, declining trust in global institutions, and renewed emphasis on sovereignty, the future of global health depends not only on stronger institutions but also on more equitable systems of power, accountability, financing, and knowledge.

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