

Global Public Goods and Global Functions for Health

Core Concepts in a Changing International System for Health

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Introduction

The international system for health is being reshaped by geopolitics, fiscal constraints, and the rise of regional governance. In this context, the concept of Global Public Goods (GPGs) is central to debates about the future of international cooperation. Yet the lack of an understanding of GPGs – what they are and how they are delivered – is a major challenge.

At the Partnership for International Politics and Diplomacy for Health, our work is guided by four paradigm shifts which provide a framework to guide collective thinking and concerted action. These are outlined in a recent *Lancet* publication.¹ The second shift is particularly relevant for the discussion about GPGs: a recentering of power away from established global institutions toward countries and regions, driven by demand for equity, sovereignty, and self-reliance alongside growing local capacities. Critically, this shift does not render multilateral cooperation obsolete — but it does demand clarity about what is managed nationally, regionally or globally and in what way.

The aim of this brief is to revisit the concept of GPGs in health and explore how it differs from global health functions — and why that distinction matters for effective reform of the international system.

Understanding Global Public Goods for Health

A key source of confusion is the tendency to use the concept of GPG interchangeably with the broader term “global functions”. Though overlapping, these are distinct phenomena.

GPGs are goods — products, shared frameworks, policies, infrastructure, norms or conditions — whose benefits are “non-excludable” and “non-rivalrous”. Once provided, no country can be excluded from them, and one country’s use does not diminish another’s. Precisely because of these properties, GPGs tend to be under-supplied without collective action — they are typically not financed or provided adequately by any individual nation or region alone.

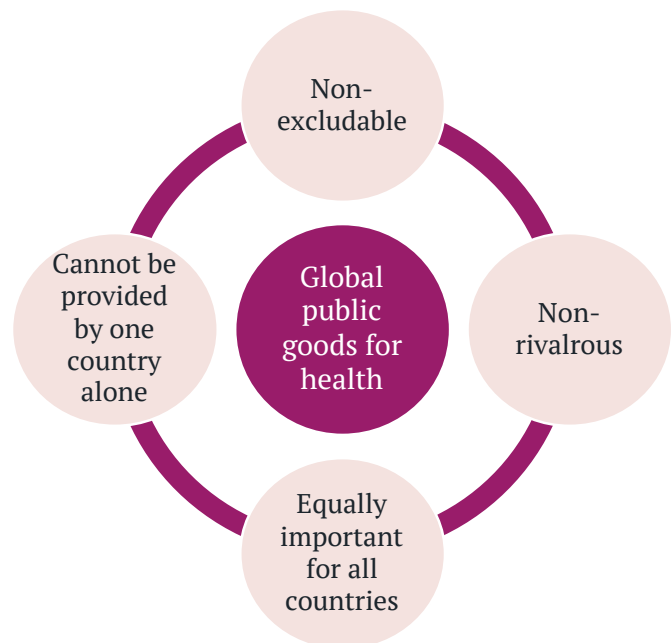


Figure 1. Key characteristics of global public goods for health

¹¹ Nordström, A et al. (2026). Four paradigm shifts to shape an agenda for global health reforms. The *Lancet*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02634-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02634-0/abstract)

While there are various perspectives as to which goods meet these criteria, it is [commonly argued that GPGs for health](#) include norms and standards (e.g. international classifications), treatment guidelines, research agendas and knowledge platforms (e.g. basic scientific research published with open access) and surveillance and early warning systems (e.g. for infectious diseases or natural disasters).

Why and How Global Functions are Different

In contrast to GPGs, global health functions are the activities that the international ecosystem for health performs. Some, but not all, of these functions produce GPGs.

The conflating of the two terms is not just an academic debate – it has real consequences for prioritization, governance, and financing.

The political, ideological and power dimensions of this conversation should also be recognized. Arguments dressed in the language of GPGs – invoking international solidarity – can be used by actors to retain the current breadth and focus of existing institutions. This comes with some risks.

The approach developed by [Frenk and Moon \(2013\)](#) is commonly used to [categorize the functions performed by the international system](#) for health into four categories:

1) Managing cross-border threats and externalities

This includes tackling outbreaks, coordinating responses, and addressing transnational challenges like antimicrobial resistance. These activities often support GPGs but are not themselves GPGs unless they produce non-excludable, non-rivalrous outputs.

2) Providing and supporting global public goods

This function includes efforts around norm-setting, research prioritization, surveillance and market shaping. It is the function that primarily corresponds to the production of GPGs.

3) Fostering leadership and stewardship

This involves convening negotiations, building consensus, and advocating for better health outcomes. These activities enable cooperation but do not constitute GPGs.

4) Offering direct country assistance

Technical cooperation, development assistance for health, and humanitarian support fall under this category. These can be viewed as supportive functions with declining relative importance, relevant primarily in fragile settings.

How GPGs and Global Functions Interact

Although the two concepts are distinct, they are closely related. Some functions — such as managing cross-border health threats — produce GPGs (a contained PHEIC, for example, generates non-rival, non-excludable benefits), but the function itself remains an activity. The key

distinction is that GPGs are services, resources or conditions that benefit global population health across borders, while functions are the processes or activities within the international system, that may or may not produce GPGs.

	Global Health Functions	Global Public Goods for Health
What they are	Activities and processes performed by the international system for health	Services, resources or conditions that benefit global population health
Role in the system	Describe the range of activities done at the global level of health governance	Describe the mutually beneficial outcomes of international cooperation for health
Conceptual type	Processes, coordination roles, interventions	Shared knowledge, standards and infrastructures
Public good properties	May or may not produce GPGs	Always non-rivalrous and non-excludable for all
Geographic scope	Global, regional or country-specific	Intended to always be global in benefit
Relationship between the two	Some functions produce or enable GPGs	Outcomes or output from selected global health functions

Current Challenges in Providing GPGs

Over the past 25 years, GPGs have been instrumental in driving global health progress. Global surveillance has enabled earlier detection of outbreaks and international standards have harmonized data and strengthened health systems. GPGs contribute not only to health outcomes but also to knowledge and innovation, including scientific and technological capacity, making them foundational to global security and prosperity.

However, GPGs are still funded largely through ODA, despite their universal benefits. This creates a structural vulnerability. Moreover, growing regional capacities are a positive development in global health, but they may undermine the provision of “truly” global benefits. Ideally, regional initiatives should complement rather than bypass global efforts.

In addition, a shift toward bilateral and transactional partnerships risks undermining multilateral mechanisms that sustain GPGs for health. At the same time, while the WHO plays a central role

in global health governance, it is not the sole provider of GPGs and is not always best positioned to deliver them.

Conclusions and Implications for Global Health Reform

The arguments outlined above carry important implications for ongoing debates on reforming the international system for health.

Loose definitions of GPGs and global functions may perpetuate the overly expansive mandates of existing global institutions in need of reform, misaligned financing as ODA declines, duplication between global, regional, and national actors, and misguided prioritization in reform processes.

Conceptual clarity around these concepts will support efforts to refocus the international ecosystem for health on its comparative advantages and added value. This may include strengthening the international system's role in pandemic preparedness, norm-setting, promoting research, setting surveillance standards, and market shaping.

Moreover, the global function of offering direct country assistance will decline in importance over time to reflect growing national capacities as well as the mutual benefits of multilateral cooperation for health. In terms of the function of fostering leadership and stewardship, clearer alignment of global and regional roles and new fora is essential to reduce duplication and fragmentation. Ultimately, fewer functions should be provided at the global level but those that are should be performed more effectively.

Finally, awareness about power perspectives and how the concept of GPGs may be used to defend prevailing structures or agendas is also necessary. While a completely shared understanding and consensus will be hard to obtain, greater clarity around desired global functions and critical GPGs is essential for building an international system for health that is more fit for the future.

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>