

# The Partnership for International Politics and Diplomacy for Health

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CENTER FOR  
RESILIENT HEALTH



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



**Karolinska  
Institutet**

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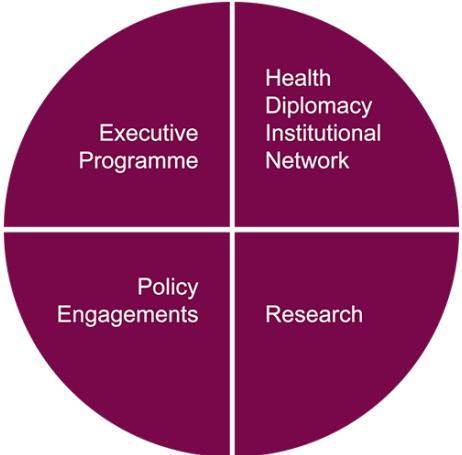
# The Partnership for International Politics and Diplomacy for Health

*is a joint initiative between Karolinska Institutet and the Stockholm School of Economics. At the intersection of health, politics, and governance, the Partnership works to generate and share knowledge, build leadership capacity, and contribute to discussions shaping the future of health in an increasingly complex global landscape.*

*We are active around four complementary work streams and the shared goal of improving health across the world.*

We are a collaboration between two recognized universities, working across three levels:

- At the individual level, our objective is to equip emerging health leaders with the skills to effectively navigate global and regional political settings of importance for health
- At the organizational level, our aim is to connect institutions committed to improving health diplomacy, facilitate knowledge sharing and build a diverse community of practice
- At the system level, our efforts are focused on independently assessing the evolving global health landscape and contributing to a more fit-for-purpose international ecosystem for health.



In our work, we draw on continuous academic research, leverage our broad networks, convene dialogues with diverse stakeholders, and seek partnerships with colleagues across the world.



# Executive Program on International Politics and Diplomacy for Health

The Executive Program on International Politics and Diplomacy for Health targets emerging health leaders from across the world. The Program is based on a practitioner-to-practitioner approach with highly experienced international faculty.

The second Executive Program was successfully completed in August 2025, with 26 participants from 25 countries representing civil society, government, private sector, and academia. This second cohort brought an impressive diversity of experience, curiosity, and commitment to advancing health through political and diplomatic processes. Information about our fellows can be found [here](#). The program consisted of five online seminars and a full week in person Masterclass in Sweden.

The participants were joined by faculty members such as Elhadj As Sy, Board chair, Kofi Annan Foundation and former Secretary General, International Red Cross Federation; Johan Rockström, Director of the Potsdam Institute for Climate Impact Research and Professor in Earth System Science at the University of Potsdam; Joy Phumaphi, Executive Secretary African Leaders Malaria Alliance and former Minister of Health, Botswana; and Sania Nishtar, Chief Executive Officer (CEO) of Gavi, the Vaccine Alliance. Information about our excellent faculty members can be found [here](#).

The planning for the 2026 edition of the Program is well underway. Based on the end-of-program evaluation and through an in-person workshop with three fellows from 2025, we enhanced the methodology and content of the program and are preparing to welcome the next cohort of fellows and high-calibre faculty.

With the third group of fellows and faculty for the 2026 year's Executive Program we have a very powerful group of 135 colleagues and health diplomates – 85 fellows and 50 faculty leaders. We are now evolving the means and ways of enabling this “community” to continue to support a positive health development across the world.

## A few words from the participants showing the impact of the program:

*“Not to exaggerate, but I’m convinced this program has been life-changing for me. I’m more determined than ever to focus on global health for the way forward – it’s the field where I find meaning, motivation, and energy. I leave with many ideas on how to take this forward, and the timing of this inspiration couldn’t have been better. I feel blessed and grateful for the opportunity and look forward to seeing where this first step will take me next.”*

*“I think you are on to something really important. You are building the future of global health. Please keep up the good work and I am happy to contribute if useful in any way in the future.”*

*“I thought you managed to successfully achieve a very difficult balance during the in-person week. Encouraging everyone to be challenging, while creating a bond and feeling of trust among the group. No small task, and I think people left feeling very connected as a group, having only spent 4-5 days together.”*

*“The venue, food and logistics were exceptional. Having just done a Masters at a London university I was also appreciative of how good the online resources were.”*

*“I thought the way Gunilla and Anders facilitated the week was a highlight. It was really lovely to see how the group evolved, and no one was allowed to dominate the conversation.”*

*“This was definitely the highlight of 2025...”*



*Fellows of the 2025 Executive Program during the Masterclass at Kämpasten, Sigtuna*

The evaluation showed that participants were overwhelmingly satisfied with the program with an average score of 4.6 out of 5. Participants' goal achievement and expectations also rated 4.6. With a rating of 4.8, participants were highly likely to recommend the program to a colleague.



*Faculty (left) and fellows (right) of the 2025 Executive Program*

# The Health Diplomacy Institutional Network

The Health Diplomacy Institutional Network brings together academic institutions with either existing health diplomacy programs or research, or institutions with the intention to start such programs. With 37 members across Africa, the Americas, Asia, Europe, the Middle East, and Oceania, the Network fosters collaboration among leading universities and research centres across the world.

Through extensive consultations with institutions globally – and drawing on established expertise – the Health Diplomacy Institutional Network has identified five key competencies that are fundamental for effective performance in health diplomacy worldwide. A Guidance Document will now be published to support institutions in the provision of new health diplomacy training opportunities.



On 27–28 November, the Network convened a second Program Design Workshop in Geneva with colleagues from 13 institutions joining in person. The participants shared their experiences from recently implemented programs, and it was agreed to establish a joint repository for learning and training

material. A working group to explore and review frameworks and indicators for the evaluation of the training program was agreed and another group to look into the possibility of regional hubs as a model for an expanded network secretariat.

A seminar was arranged at the Prince Mahidol Award Conference (PMAC) in Bangkok, January 2025 to explore the evolving role of diplomacy in global health, particularly in the age of AI. Discussions included the potential of AI to shape global health diplomacy, the role of diplomacy in AI use and regulation, concerns over worsening inequities due to data colonialism and climate impact and more.

At the World Health Regional Summit in Delhi in April 2025 an event with the title *Navigating Health Diplomacy in a Shifting Geopolitical Landscape: Challenges and Opportunities to the Multilateral System and the Path Forward* was arranged. It attracted a full room and the discussions circled around questions like

- Is the existing multilateral approach to global health still relevant, or do we need to fundamentally rethink how we work given current geopolitical shifts?
- What is the future for health diplomacy?
- How can we build more sustainable and equitable partnerships through health diplomacy that are resilient to geopolitical shifts?

In October 2025, a Breakfast Meeting was organized on the side-lines of the World Health Summit in Berlin. Hosted by the Health Diplomacy Institutional Network, this interactive session explored the role of health diplomacy, high-lighted training and research opportunities, and invited input on the Network's next steps amid today's fragmented global health landscape.



The poster for the Health Diplomacy Breakfast Discussion in Berlin 2025 features a grid of six photos of participants: Magda Robalo, Ren Minghui, Esperanza Martinez, Yik-Ying Teo, Garry Aslaryan, and Anders Nordstrom. A group photo of the attendees is also included. The text on the poster provides the date (Monday, Oct 13th, 07:30 - 08:55 AM), location (Pullman Berlin Schweizerhof, Berlin, Germany), and a QR code for registration. A small text block at the bottom explains that the session is hosted by the Health Diplomacy Institutional Network and will explore the role of health diplomacy, training, and research opportunities.

More about the network, engaged institutions and programs can be found at <https://healthdiplomacynetwork.com>

# Research

The purpose of the research component of the Partnership for International Politics and Diplomacy for Health is to contribute to inclusive, interdisciplinary research that can further both academic knowledge and practice. In this work, we partner with institutions across the world, particularly with colleagues in Africa and Asia.

Within this work stream, we have convened a global consortium comprising more than 40 academics and practitioners to collaborate on a forthcoming Lancet Series on Diplomacy for Health. Coinciding with the Nobel celebrations in Stockholm, the work started in December 2024, with a diverse group of global experts and researchers who gathered for the kick-off workshop.

In October 2025, representatives from research groups working on the four Lancet Series papers gathered in Berlin for a two-day in-person workshop. During the workshop, team members from across the globe, including Singapore, Lebanon, Japan, Guinea-Bissau, Sweden, China, India and Belgium, presented their drafts and exchanged feedback. The papers were submitted to the Lancet in December 2025 and are currently undergoing peer review.

The Series proposes a contemporary analytical framework and conceptualization of health diplomacy; explores perceptions of success in the field; and examines the underlying motivations for diplomatic engagement. The final paper in the Series draws on foresight methodology to explore possible developments beyond 2030 and concludes with recommendations for future-proofing health diplomacy.





*The Lancet Consortium meeting in Berlin*

Our continued research activities are centered around a growing interdisciplinary Research Group on Global Health Governance and Diplomacy at the Stockholm School of Economics and Karolinska Institutet.





# Paradigm Shifts for Global Health – Supporting Diplomacy and Policy Pathways

This workstream was initiated in October 2025 with the aim of:

- Generating ideas and insights on the future of global health
- Exploring how to advance a new vision for global health within the current geopolitical context, and providing grounded ideas on the policy and diplomacy pathways to change
- Contributing to strengthening Sweden’s collective voice and impact in dialogues on reforming and modernizing the international system for health.

The work started with intelligence-gathering, mapping of major voices and global health reform processes, identifying key topics and tensions, and clarifying where influence and decision-making are concentrated.

Contacts and dialogue were established with partners in Asia and in Africa as well as with the Wellcome Trust and the European Commission. A full week was dedicated to in-person meetings and discussions in Geneva in November. Very useful insights were gained from interactions with colleagues from Africa, Latin America and Asia as well as from several international organizations, civil society and private sector.

Our approach has been grounded in:

- Following, summarizing and analyzing key processes and discussions
- Sharing and promoting our ideas as an independent voice
- Leveraging leadership networks, including through the Executive Program and The Health Diplomacy Institutional Network
- Supporting and providing advice and recommendations to the Swedish Ministry for Foreign Affairs (MFA).

The Partnership for International Politics and Diplomacy for Health hosted a webinar on 30th September 2025 reflecting on the Africa Health Sovereignty Summit, and the subsequent launch of The Accra Reset during the 80th United Nations General Assembly.

During the webinar, **Magda Robalo**, President and co-founder of The Institute for Global Health and Development (IGHD) and former Minister of Health Guinea Bissau and **Mark Dybul**, professor at Georgetown University and former Executive Director of the Global Fund as well as the former United States Global AIDS Coordinator and head of PEPFAR, discussed their impressions from the Summit and the implications of The Accra Reset.

Beginning of October a high-level talk to explore the importance of joint efforts between governments, academia and the private sector on *Vaccines for All: Health. Security. Growth* was organized. The event was very well attended and included as speakers the Swedish Minister of International Trade and Developmental Cooperation, **Benjamin Dousa**, and the Chief Executive Officer of Gavi – the Vaccine Alliance –, **Dr Sania Nishtar**.

Later during the year, we together with Pfizer invited Swedish public and private actors to a “dinner talk” on the theme of *How international politics affects global health* in the State Secretary **Karin Juhlin’s** presence.

Having identified a lack of shared reform vision as one of the major impediments to progress, we transitioned to a more outward-facing phase of the project in November by publishing the [first Insights paper](#) on our website, which gained some attention and interest.

In the second Insights Paper (January 2026), we started to take a more analytical stance on the debates, processes, and trends. This analytical approach will be increasingly important as we leverage our independent voice. Moreover, we continue to harness our global partnerships and diverse outreach platforms.

## Insights on global health reform discussions, trends and perspectives: January 2026



Photo: Benjamas Deekam

In early January, based on the work from end 2025, we presented the '[Four paradigm shifts](#)' framing in a comment to The Lancet.

The shifts are;

- 1) Recognising the fundamental changes in the global burden of disease and demography, especially the rise of non-communicable diseases
- 2) Recentring power from Geneva, New York and Washington to countries and regions and therefore the need to re-define future global functions
- 3) Reforming a complex and competitive institutional landscape to a modern and simplified international ecosystem for health equipped for the future
- 4) Responding to the declining relative importance of development assistance and rising commitments to domestic health financing as well as global public investments.

### Four paradigm shifts to shape an agenda for global health reforms



Struck by substantial funding cuts throughout 2025, the global health community stands at a crossroads.<sup>1</sup> Notwithstanding the grave consequences of decreased international financing, this crisis offers an unprecedented chance to address the well known flaws in the current system. Although the notion that we should first stabilise and later transform the global health landscape has gained traction, it fails to recognise that the present sense of urgency is precisely what makes systemic change possible, and that those two processes should therefore happen in tandem. Immediate responses cannot be siloed from the long-term outlook. Many global health reform discussions are already well underway, but they remain dispersed, without shared vision and legitimate leadership.<sup>2,3</sup> For these diverse perspectives to come together, a common framing and understanding of prevailing issues and current opportunities is needed (panel).

We suggest four paradigm shifts and propose they could serve as a high-level framework to guide collective thinking and subsequently drive concerted political actions and tangible reform and health outcomes.

The first shift is about recognising the fundamental changes in the global burden of disease and in demography. Threats such as malaria, tuberculosis, and AIDS dominated the Millennium Development Goals (MDGs) era (2000–15), whereas non-communicable diseases and mental health disorders are now the main causes of death in many low-income countries and high-income countries alike.<sup>4</sup> Out of more than 43 million deaths caused by non-communicable diseases globally, around 73% are in low-income and middle-income countries.<sup>5</sup> Risk factors for poor health are also evolving rapidly and increasingly originate outside the health-care sector, including those arising from climate change, urbanisation, and commercial factors.<sup>6,7</sup> However, structures and priorities within the global health ecosystem remain clustered around infectious diseases and the MDGs. While addressing infectious diseases continues to be important, a reformed ecosystem should adapt to notable epidemiological shifts, strengthen integrated prevention and services, enhance health promotion, and approach health through cross-

sector collaboration. To this end, functions of the global health system should be re-prioritised, and the global health institutions reformed, in line with the changing disease burden.

The second shift relates to the recentring of power from Geneva in Switzerland and New York and Washington in the USA to countries and regions, giving rise to an increasingly multipolar world—for example, regional centres for disease control and prevention are increasingly important hubs for procurement of medical countermeasures and for coordination of public health efforts.<sup>8</sup> This changing locus of power is multifactorial, and is driven by demand for equity, sovereignty, and self-reliance, coupled with growing local capacities and financial resources.<sup>9</sup> This shift does not imply that multilateral cooperation is obsolete; however, it

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#### Panel: Discourse so far: fragmented reforms for a fragmented system?

Various perspectives on global health reforms have been articulated, contributing to a continuously evolving landscape. As of now, the most prominent voices have come from Africa and Europe. The overarching sentiment has been that the current financing crisis should be viewed as an opportunity for positive change in global health. Leaders in Africa have acknowledged the need for continued international finance, but have underscored preference for partnerships built on co-creation rather than on a donor-recipient basis, stressing that each country should gradually take on a larger share of its own health financing. By contrast, a handful of traditional development partners have spoken of stepping up and taking responsibility for global health, with less emphasis on rethinking the partnership model. However, such pledges, along with the persistent use of language grounded in the aid framework, risk reinforcing the very system leaders in Africa are attempting to reset.

The insufficient co-ordination and amount of common objectives could stall the reform progress and threaten its success. Importantly, coordination restricted to like-minded groups will not suffice, and alignment across actors is needed, especially given the uneven distribution of resources, influence, and legitimacy shaping the current discourse. Additionally, amid the pressure to adapt to the current austerity environment, there is a risk that organisations will prioritise short-term cost-containment strategies over strategic restructuring.

[www.thelancet.com](https://doi.org/10.1016/j.lanct.2026.01.001) Published online January 16, 2026 <https://doi.org/10.1016/j.lanct.2026.01.001>

\* Anders Nordström, Magda Robalo Correia e Silva, Helen Clark, Ren Minghui, Peter Piot, Yik-Ying Teo

In our work for the MFA, we have provided topical inputs and supported the convening of a Nordic meeting on global health reforms. We have also assisted in initiating a cross-ministerial dialogue on global health reforms through a meeting of state secretaries from MFA and Ministry of Health and Social Affairs.

We will continue to brief the MFA on the evolving reform trajectories and debates, as well as provide analyses on their priority areas.

# Our Partners

We are grateful for the support from the Gates Foundation, The Institute of Philanthropy and the Swedish Ministry for Foreign Affairs making this work and progress possible.

Gates Foundation



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**Please visit our two websites for more information**

The Partnership for International Politics and Diplomacy for Health  
[globalhealthdiplomacy.se](http://globalhealthdiplomacy.se)

The Health Diplomacy Institutional Network  
[healthdiplomacynetwork.com](http://healthdiplomacynetwork.com)



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