



**How to Break the Gridlock in Global Health Governance  
Final Report to the Swiss Network for International Studies  
Executive Summary**

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## **Executive Summary**

This research project examined gridlock in global health governance. It has drawn on the gridlock theory by Hale et al. (2013) and went beyond its initial conceptualization. Three particular case studies, HIV, Ebola and Antimicrobial Resistance (AMR), have been selected in order to better understand the underlying governance dynamics. The last three decades of global health governance have brought a remarkable degree of innovation in a geopolitical context characterized by increasing complexity and interdependence. Growing multipolarity and institutional fragmentation have effectively transformed, rather than gridlocked, global health governance, changing the institutional context in which the rules and solutions are set. Therefore, the health domain can be characterized as a highly adaptive system in which self-reflexive learning processes, a polycentric governance structures, and the emergence of vocal political leadership are possible.

Nevertheless, challenges remain and governance domain for health can be described along the following three characteristics:

First, governance innovation among traditional global health actors and networks will not, in itself, be able to deal with the increasingly complex multi-sectoral health challenges, such as AMR, NCDs, or climate change. Systemic and mindset changes are needed to span beyond the health sector and beyond health venues. In this regard, political venues, such as G7, G20, UN Security Council or the UN General Assembly will gain in importance as platforms for health.

Second, if the global health system is to exercise a stewardship function on emerging health issues, efforts to generate international buy-in will have to be complemented by a stronger emphasis on using political leadership to create ownership at the domestic level to fill the persistent implementation and capacity gap that many countries still face.

Third, with the adoption of the 2030 Agenda for Sustainable Development, the multilateral context has dramatically changed, requiring adaptation and integration. This opens up a space for inclusive governance processes in health and the notion of shared responsibilities within a political context which sees the rise of nationalist tendencies and retreat of liberalism.