The Future of Global Health Governance: Implications for Africa and a Continental Strategy Toward Agenda 2063

Patrick Kadama examines the recent geopolitical shifts, what it means for global health and the implications for Africa.

Abstract

Background:

Recent geopolitical shifts, including the withdrawal of a major power from the World Health Organization (WHO) and escalating armed conflict in the Middle East, have altered the institutional and political economy foundations of global health governance. The changes raise concerns regarding financing stability, supply chain resilience, and normative coherence, (i.e., the alignment, consistency, and harmonious integration of norms, rules, and values within a system to avoid contradictions and ensure effectiveness). These shifts have significant implications for African health systems.

Analysis:

Drawing on global health governance theory and contemporary policy developments, this paper examines the risks of fragmentation, conditional bilateralism, and data sovereignty tensions. It assesses how geopolitical conflict may amplify systemic vulnerabilities in multilateral cooperation.

Policy Implications:

A coordinated continental response anchored in African Union (AU) leadership, pooled financing mechanisms, regulatory harmonization, and strengthened primary health care infrastructure is necessary to mitigate risk and enhance "negotiating leverage".

Conclusion:

Geopolitical disruption creates both vulnerability and opportunity. Africa's strategic positioning within the evolving global health order will depend on institutional consolidation, fiscal credibility, and coherent continental governance frameworks aligned with Agenda 2063.

Introduction

The Canadian Prime Minister Mark Carney explicitly argued at the held 56th World Economic Forum in Davos, Switzerland, That the global geopolitical landscape is undergoing "a rupture, not a transition" which is manifesting as a massive shift from a rules-based world order, towards a fragmented, multipolar system defined by competition, bilateralism, and regional power blocks. This is a serious contradiction and challenge to the conventional core strength of Global Health Governance, which has "historically depended on inclusive" cross national (joint) multilateral coordination through the World Health Organization (WHO), supplemented by "major power" financing and "rules-based normative" leadership. Therefore, recent geopolitical developments have challenged this configuration and hence the conceived "rupture" now underway. Developments such as the withdrawal of a "major power" principal contributor to WHO alters funding predictability and symbolic legitimacy of that institution, while escalating conflict in the Middle East intensifies supply chain volatility and humanitarian financing pressures. For African states (many of which rely on external assistance for disease control, immunization, and surveillance), these dynamics warrant systematic evaluation to guide mitigating actions rather than scholarly concerns by the regional and country-based elite.

Global Health Governance (GHG) as Political Economy

Global health governance operates within a political economy shaped by sovereignty, power asymmetries, and institutional interdependence to ensure normative coherence, (i.e., the alignment, consistency, and harmonious integration of norms, rules, and values within systems to avoid contradictions and ensure effectiveness). In general, then, Health diplomacy as a subset of GHG is the use of foreign affairs for negotiations, and international cooperation to improve health outcomes, bridge political divides, and enhance global security.

The discourse however appears to be that while, on the one-hand, the trans-national nature of global health diplomacy inclusively aims to diffuses the authority of countries across state and non-state actors in global settings to produce global public goods for health and to ensure a rules-based and reliably financed global public health domain, it has also on the other hand, been argued that health diplomacy may reflects fragmenting strategic national interests which encourages the development of "Bilateral Health Agreement" as arrangements to foster innovation and efficiency yet, with the knowledge that it often increases transaction costs and weaken accountability, particularly for lower-income states "negotiating individually".

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Fragmentation and Conditional Bilateralism

The shift toward bilateral health arrangements can generate flexibility but risks normative inconsistency. Without harmonized standards however, surveillance systems may diverge, reducing interoperability and global comparability apart from increased transaction costs. Furthermore, conditional agreements concerning pathogen and genomic data sharing may reproduce sovereignty tensions and sustain structural inequities unless accompanied by "mutually enforceable benefit-sharing" mechanisms. These concerns are particularly salient for African states seeking equitable access to countermeasures developed from shared resources.

Geopolitical Conflict and Systemic Vulnerability

Escalating hostilities and armed conflict in strategically significant regions such as the Middle East have the potential to divert global political attention away from health governance reform; to affect global energy markets, shipping transport routes, and insurance costs. Health systems dependent on imported medical commodities, pharmaceuticals and cold-chain logistics are sensitive to such volatility. Humanitarian financing diversion to conflict areas may further constrain resources available for health system strengthening in sub-Saharan Africa. Such instability threatens the stability of supply chains for medical commodities and pharmaceuticals which may increase costs for African health systems. These dynamics illustrate the interconnectedness of geopolitical stability and health security.

A Continental Strategy Aligned with Agenda 2063

To enhance resilience, Africa requires coordinated continental mechanisms rather than isolated national responses. Strategic priorities include: (1) AU-facilitated negotiation platforms to reduce asymmetrical bargaining; (2) continental governance standards for data and pathogen sharing; (3) pooled financing instruments for emergency preparedness; (4) regulatory harmonization to support regional manufacturing; and (5) strengthened primary health care systems supported by interoperable digital infrastructure. These measures align with Agenda 2063's aspiration for healthy and prosperous societies.

Discussion

The evolving global health landscape underscores the need for empirical monitoring of financing flows, supply chain dependencies, and governance reforms. Future research should quantify the fiscal exposure of African health systems to funding shifts away from multilateral arrangements and assess the cost implications of geopolitical supply disruptions of these shifts. Policy reform must be evidence-informed and institutionally grounded.

Conclusion

Geopolitical realignment does not inevitably weaken global health cooperation, but it exposes structural vulnerabilities. Africa's response should prioritise institutional coordination, financing reform, and strategic autonomy within multilateral engagement. A disciplined, continent-wide strategy will determine whether Africa remains reactive or emerges as a credible actor in shaping global health governance reform.



Global Health Worker protesting against poor pay, courtesy of FREEPIK

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