



## **Health, Multilateralism and Norm-Based Leadership in Times of Turbulence**

### **Roundtable summary report**

#### **Introduction**

On November 28, the Dag Hammarskjöld Foundation hosted a roundtable in connection with the 2025 Dag Hammarskjöld Lecture delivered by Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO). Participants included senior representatives from Swedish government offices, health institutions, civil society organisations and research institutes. The session followed the Chatham House Rule.

The discussion explored the challenges and opportunities for principled and norm-based multilateral health leadership in the current global environment. Participants reflected on how geopolitical tensions, normative push-back, donor-driven demands and funding constraints are affecting the ability of the WHO to uphold and advance its normative role. They exchanged ideas on how the organisation can adapt while preserving its core mandate and considered the responsibilities of Member States, academia and civil society in reinforcing multilateral health governance.

Five interlinked themes were covered in the discussion: (a) challenges and opportunities for principled and norm-based leadership; (b) the role of evidence and scientific integrity; (c) the impact of geopolitical tension; (d) the dynamics of funding and resource dependency and (e) the potential role of Swedish actors.

#### **(a) Challenges and opportunities for principled and norm-based leadership**

Participants raised concerns about the broader erosion of multilateralism and sharp decline in public trust, highlighting that principled, norm-based leadership is the foundation of the credibility and legitimacy of the multilateral system. In a context of normative erosion, rising geopolitical tensions and financial pressures, they saw an urgent need for leaders to speak out and firmly uphold the core values of the UN.

It was pointed out that parts of the system have become more cautious, with staff feeling less confident and supported when taking principled positions. This shift was seen as potentially undermining the UN's ability to uphold norm-based leadership in politically sensitive environments.

Some participants also emphasised the need for a clear long-term vision for the UN, noting that the convergence of geopolitical, political, financial, and normative pressures

requires a more strategic, forward-looking approach that anticipates challenges and strengthens the organisation's capacity to act consistently with its core values.

#### **(b) The role of evidence and scientific integrity**

Participants reaffirmed that scientific evidence is at the core of the WHO's mandate. The organisation's evidence-based position on vaccines, maternal health, and other sensitive issues was described as vital to sustaining credibility. Safeguarding scientific integrity across the global health ecosystem was viewed as essential to reinforcing public trust and strengthening preparedness for future health crises, including pandemics and antimicrobial resistance.

At the same time, these positions increasingly attract political attacks from actors seeking to challenge scientific findings to advance other agendas. Misinformation was identified as a growing and multidimensional threat. Anti-vaccine narratives, politically motivated disinformation, and rapidly proliferating AI-generated pseudo-scientific material were all cited as forces undermining trust and complicating global health responses. These developments were seen as part of a wider erosion of confidence in multilateral institutions.

#### **(c) The impact of geopolitical tension**

Roundtable participants observed that health has become increasingly politicised within multilateral forums and that geopolitical competition is now a defining force shaping global health governance – manifesting particularly clearly within the WHO.

The discussion explored how to navigate the tension between moral responsibility and scientific clarity and integrity on one side and geopolitical pressure on the other. It was noted that international organisations are increasingly drawn into political battles making it ever more necessary to anchor global health governance in evidence, equity, and cooperation. Reinforcing this, leaders need to defend evidence publicly and communicate it clearly, even when doing so may provoke political or financial backlash.

Despite the contested geopolitical environment, the adoption of the Pandemic Agreement at the World Health Assembly in May this year demonstrated that countries can still find common ground and act for a shared purpose in an increasingly fragmented and polarised world.

#### **(d) The dynamics of funding and resource dependency**

A recurrent theme was the impact of the drastic cuts to international development assistance that has also affected the level of funding that WHO has received in the recent period. Financial autonomy is an essential factor for the organisation's sustainability and independence. Since the 1980s, WHO's growing dependence on voluntary and earmarked funds has in some ways made the organisation a contractor for the most influential donors, creating vulnerability and uncertainty. Participants agreed that this trend needs to

be reversed by trying to attract more high quality, unearmarked funding. At the same time, it was acknowledged that this crisis poses an opportunity for WHO to become sharper in its focus on its core mandate.

While steps have been taken to restore stability, including an intentional effort to raise the proportion of assessed contributions as well as the creation of the WHO Foundation (an independent organisation established to raise new funding to support the WHO), it will take time for these measures to take hold and meaningfully safeguard the autonomy of global health institutions.

#### **(e) The potential role of Swedish actors**

Participants reaffirmed that Sweden - through its government, institutions, civil society, and academia – remains committed to multilateral cooperation and to reinforcing the WHO's normative leadership. They identified that financially, Member States can support WHO's normative work by providing unearmarked, flexible, voluntary contributions and by agreeing to gradually increase the proportion of assessed contributions.

At the technical level, Swedish academia and research institutions can increasingly support WHO's operational and normative capacities. This includes deepening engagement through the network of WHO collaborating centres, which spans more than 80 Member States, including seven in Sweden and two in Uppsala. Simultaneously, academic institutions play a broader systemic role by training future leaders, fostering informed public debate, and strengthening societal understanding of global health governance. These contributions collectively reinforce the foundations on which multilateral norms rest.

#### **Looking ahead**

Participants concluded that although the path forward is complex, meaningful progress remains achievable. They acknowledged that this crisis also creates opportunities for reform and renewal and pointed to encouraging signs including the gradual increase in the percentage of funding coming from assessed contributions, growing regional initiatives, heightened engagement from civil society and academic institutions and recent successful multilateral achievements such as the Pandemic Agreement. Together, these developments suggest that there is momentum for strengthening global health governance and further progress is possible.