



Governance for Resilient Health Systems

Hosted by the Pearl Initiative

17 September 2025 | The H Hotel, Dubai

On 17 September 2025, the Pearl Initiative hosted *Governance for Resilient Health Systems*, a convening that brought together leaders from philanthropy, healthcare, and humanitarian organisations to explore how governance can strengthen health systems in times of crisis and beyond.

The event featured three panels designed as a progression: from health response in crisis and conflict zones, to the long-term role of research, to embedding equity in healthcare as pillars of resilience. A consistent theme emerged: governance is the connective tissue that enables building systems that support long term impact and the role of philanthropy in building these systems.

Speakers

Panel 1: Navigating Chaos: Philanthropy in Conflict Zones

- Maryam Farooqi, International Rescue Committee (IRC) (*Moderator*)
- Ons Alkhadra, International Medical Corps (IMC)
- Madiha Raza, International Rescue Committee (IRC)
- Bisan Salameh, United Nations High Commissioner for Refugees (UNHCR)

Panel 2: Beyond the Emergency: Investing in Health Research & Infrastructure

- Nadeen Alalami, Pearl Initiative (*Moderator*)
- Catherine Paul-Fijten, ZC4H2 Foundation
- Muthana Tarawneh, National Multiple Sclerosis Society

Panel 3: Health Equity for All: Bridging Gaps in Access & Quality

- Noor Zuberi, Pearl Initiative (*Moderator*)
- Reem Abdelhamid-Gazzaz, WHO Foundation
- Sophie Smith, Nabta Health
- Dr. Junaid Bin Ahmed, Aster Hospitals
- Dr. Muhammad Nasim Sabir, Pakistan Medical Center

Key Takeaways from the Convening

Panel 1: Navigating Chaos: Philanthropy in Crisis and Conflict Zones

- **Crisis Communications & Accountability:** Crisis communications require a constant balance between speed and accuracy. Missteps can place staff, programs, and even whole country operations at risk, particularly in crisis and conflict zones. Messaging in one geography can



have global ripple effects; for example, a public statement on Ukraine may affect an organisation's ability to operate in West Africa. Maintaining credibility, therefore, depends on transparent communication, clearly stating what is known and what is not, and avoiding decontextualised statistics that could undermine trust.

- **Access & Flexibility:** Access remains the greatest barrier in humanitarian health responses. While funding is necessary, it is not sufficient without negotiations, permissions, and networks that allow staff to reach communities, especially women and girls in contexts such as Afghanistan. Donors often underestimate how fluid crises are, with conditions shifting from hour to hour. In such situations, trust in local staff and flexibility in funding become as important as resources themselves, enabling organisations to adapt quickly to changing realities.
- **Funding & Overhead:** Philanthropists frequently prefer to fund direct program activities rather than overheads, yet systems, logistics, and compliance structures are what make those activities safe and scalable. Without investment in these backbone costs, planes do not fly, and clinics cannot operate. Flexible and unrestricted funding allows organisations to tailor responses to local contexts, while multi-year commitments are especially critical in protracted crises. Short funding cycles risk focusing only on outputs, whereas sustained investment rebuilds health infrastructure and ensures long-term outcomes.
- **Trust & Local Partnerships:** Building trust with local partners and communities is a fundamental governance principle. International NGOs are, in essence, guests and must earn acceptance from governments, tribal leaders, and affected populations. Co-designing programs with local actors, rather than treating them as subcontractors, fosters legitimacy and resilience. Examples such as donor-backed awards for grassroots organisations that later evolve into implementing partnerships show how recognition, accountability, and collaboration strengthen the overall response.
- **Innovation & Adaptation:** Humanitarian health delivery often depends on creative, field-driven solutions. From camel libraries and chairlifts in remote areas, to refrigerated backpacks and saddlebags for vaccine transport, innovation ensures continuity of care under extraordinary conditions. Simplified emergency protocols allow faster action without compromising safeguarding or accountability, ensuring that critical services reach communities in the crucial first hours and days of a crisis.
- **Donor Systems & Reporting:** Traditional donor requirements can become burdensome in emergencies, with hyper-detailed reporting competing against lifesaving work. Alternative approaches such as storytelling, short beneficiary videos, and direct community voices demonstrate impact without overwhelming field staff. Governance in donor relations is also about mindset: philanthropy should be treated as an investment portfolio, diversified across immediate and longer-term needs, and designed with preparedness in mind.
- **Collaboration & Partnerships:** Collaboration is key to avoiding duplication and maximising resources. Consortia and joint statements carry more weight than fragmented efforts, especially in under-covered crises. Effective partnerships require negotiators willing to put ego aside, respect each actor's mandate, and adopt a spirit of reciprocity where success is shared. Empowering local actors from the outset is essential, as they are the ones who remain when international agencies must leave.
- **Resilience & Hope:** Finally, resilience on the ground is a reminder of why these efforts matter. Stories such as a single obstetrician delivering over fifty babies a day in Gaza illustrate the extraordinary dedication of health workers under impossible conditions. The humanitarian mandate is not only to provide emergency relief but to keep people alive long



enough for them to determine their own future. This perspective anchors hope, even in the most protracted and devastating crises.

Panel 2: Beyond the Emergency: Investing in Health Research & Infrastructure

- **Research as Preparedness:** Health research is the invisible backbone of resilient health systems. Without it, families and societies remain unprepared, facing crises in the dark with no roadmap forward. Rare disease examples show how even small investments in research can transform despair into pathways for treatment and hope, while underfunding risks leaving entire communities off the health agenda.
- **Coalitions Over Silos:** Progress depends not just on how much is invested, but how it is invested. Philanthropy's role is to fund research in ways that encourage collaboration, data-sharing, and long-term strategy. Past lessons from cancer, HIV/AIDS, and rare disease research underline that coordinated coalitions accelerate impact, whereas siloed efforts slow it down.
- **Philanthropy as Risk Capital:** Governments and markets often avoid areas that are too small, complex, or uncertain. Philanthropy has the unique ability to step into neglected spaces such as rare diseases, untested fields, underfunded infrastructure and seed breakthroughs that later benefit broader populations. Governance mechanisms such as independent review, milestone funding, and transparent data help donors take bold risks responsibly.
- **Data Sharing and Transparency:** Research only becomes resilience when findings are accessible and usable. Open registries, shared biobanks, and transparent publication of results, including negative ones, prevent duplication and allow others to build on what exists. Patient communities and organisations are often the most effective bridges, turning raw science into usable knowledge and policy change.
- **Ecosystem Building:** Philanthropic investment catalyses larger systems of support by convening stakeholders, seeding infrastructure, and demonstrating proof of concept. From supply chains and health data systems to regulatory capacity, early philanthropic capital attracts corporate and government partners. This multiplier effect ensures discoveries translate into guidelines, infrastructure, and policy that sustain impact over time.
- **GCC Relevance:** By funding rare disease research and infrastructure, Gulf-based philanthropists are not only addressing a pressing local health need but also accelerating breakthroughs such as gene therapies and genomic research that will shape the treatment of cancer, neurological disease, and even future pandemics and add representation to global health research. This positions the GCC as a potential global leader in translating research into resilience.

Panel 3: Health Equity for All: Bridging Gaps in Access & Quality

- **Equity by Design & Governance:** Equity is not automatic; it must be intentionally designed into health systems. Governance frameworks must measure how gender, race, income, and disability affect whether people know when to seek help, can access care, and receive proper treatment.
- **Accountability for Outcomes:** Families in low-resource settings need assurance that services reach them. Disaggregated data and equity scorecards make marginalised voices visible rather than lost in averages.



- **Inclusive Research & Standards:** Health standards and trials remain biased toward white male bodies. With less than 1% of trial participants being women from MENA or South Asia, philanthropy can catalyse more inclusive research that reflects diverse populations.
- **Philanthropy & Governance:** Philanthropic capital, with its appetite for disruption, can strengthen governance reforms, build trust through due diligence and independent oversight, and ensure that local giving evolves into wider regional and global impact.
- **Ecosystem-Level Collaboration:** Systemic health change requires corporates, governments, NGOs, researchers, and communities to work as one ecosystem. Philanthropy should act as connective tissue, not a standalone organ.
- **Financing Innovation & Affordability:** Affordability is a major barrier. Innovative models from blended finance and pooled funds to universal risk-pooling and Sharia-compliant mechanisms can make care more sustainable and scalable.
- **Regulation & Enabling Frameworks:** Restrictive legal environments often limit innovation. Adaptive regulation, paired with strong accountability, is key to unlocking effective public-private-philanthropy partnerships.
- **Prevention & Donor Behaviour:** While donors often prefer visible downstream assets like hospitals, greater impact lies in upstream investment prevention, early detection, and awareness supported by transparent data and clear messaging.
- **Policy & Insurance Gaps:** Widespread underinsurance requires targeted policy fixes: aligning visa and insurance terms, expanding preventive coverage, and incentivising healthy behaviours. These small shifts can deliver outsized improvements in public health outcomes.

Governance Challenges and Solutions

Challenge Identified	Governance Response	Implication for Donors & Philanthropists
Speed vs. accuracy in crisis communications	Protocols balancing rapid response with transparent “what we know/what we don’t know.”	Fund communications as a governance function; enable risk-sensitive messaging.
Access barriers (political, legal, community)	Embedding negotiation and grassroots partnerships into programme governance.	Support acceptance-building, negotiation teams, and local NGOs.
Donor aversion to operational costs	Positioning compliance, logistics, and safeguarding as governance enablers.	Fund overhead as stewardship, not inefficiency.
Short-term, rigid funding cycles	Adaptive governance (flexible allocations, iterative reporting).	Move to multi-year, flexible models reflecting protracted crises.
Fragmented, duplicative research	Coalition governance to align agendas and pool resources.	Support pooled funding and multi-stakeholder platforms.
Data hoarding & silos	Mandating publication of results; open repositories for data.	Require open access and data sharing in grants.



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Donor risk aversion in research	Milestone reviews, adaptive funding, and acceptance of failure as learning.	Treat failure as progress; fund translational and early-stage research.
Weak patient/community voice	Patient organisations integrated into governance structures and boards.	Co-design funding strategies with patient/community advocates.
Health inequities in access	Equity-centred governance with underserved voices represented.	Direct funding to equity-driven initiatives and grassroots implementers.
Lack of accountability for equity	Disaggregated data, scorecards, transparent reporting.	Require equity outcomes, not just outputs.

Closing Reflection

Across all three panels, the convening reinforced that every stage of resilience is a governance challenge:

- In crises, governance protects frontline responders and ensures communities receive aid with dignity.
- Between crises, governance turns uncertain research into pathways for families facing rare and neglected diseases.
- In long-term systems, governance embeds equity, ensuring no community is left behind.

For philanthropists, the discussion highlighted that meaningful impact requires looking beyond frontline delivery. Lasting resilience comes from investing in the governance structures the people, processes, and partnerships that move giving from short-term charity toward systemic, long-term change.