

Positioning among International Organizations: Shifting Centers of Gravity in Global Health Governance

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In this paper, regime complexes are conceptualized as dynamic networks constituted by relations between international organizations (IOs). We introduce “IO positioning” as a conceptual lens for studying patterns and shifts in IO networks resulting from negotiations between IOs over their distinctiveness and social membership in complex organizational fields. We suggest that IO positioning has two constitutive effects. First, on the level of individual IOs, positioning affects IO identities within the field as these are (re)negotiated in relations with other organizations. Secondly, the positioning practices of IOs have constitutive effects on the contours of entire policy fields too; they form and shift the boundaries of regime complexes. Empirically, the paper examines the utility of our approach by analyzing the history, dynamics, and positioning effects of interorganizational relations between eight IOs in global health governance—an area of international cooperation that is commonly portrayed as exceptionally fragmented, complex, and densely populated. Examining relations between our eight IOs, we provide network analytical longitudinal data of in- and out-reporting by IOs derived from IOs’ annual reports between 1970 and 2017. We triangulate our network analysis with data derived from semi-structured interviews with health IO professionals.

En este artículo, conceptualizamos los complejos de regímenes como redes dinámicas constituidas por relaciones entre OOII. Presentamos el “posicionamiento de las OOII” como una lente conceptual que sirve para estudiar los patrones y cambios en las redes de OOII que se derivan de las negociaciones entre las OOII sobre su carácter distintivo y su membresía social en campos organizativos complejos. Sugerimos que el posicionamiento de las OOII tiene dos efectos constitutivos. En primer lugar, a nivel de las OOII individuales, el posicionamiento de las OOII afecta a las identidades de las OOII dentro de su ámbito, ya que estas identidades se (re)negocian en las relaciones con otras organizaciones. En segundo lugar, las prácticas de posicionamiento de las OOII también tienen efectos constitutivos sobre los contornos de campos políticos enteros: forman y desplazan los límites de los complejos de regímenes. Desde el punto de vista empírico, este artículo examina la utilidad de nuestro enfoque mediante el análisis de la historia, la dinámica y los efectos en materia de posicionamiento de las relaciones interorganizacionales entre ocho OOII en el campo de la gobernanza de la salud mundial, la cual es un área de cooperación internacional que, habitualmente, se describe como excepcionalmente fragmentada, compleja y densamente poblada. Proporcionamos, mediante el estudio de las relaciones entre ocho OOII en el campo de la gobernanza de la salud mundial, datos longitudinales analíticos de redes relativos a las evaluaciones periódicas llevadas a cabo por las OOII, tanto a nivel interno como externo, derivados de los informes anuales de las OOII entre 1970 y 2017. Triangulamos nuestro análisis de redes con datos derivados de entrevistas semiestructuradas llevadas a cabo con profesionales de OOII del campo de la salud.

Dans cet article, les complexes de régimes sont conceptualisés tels des réseaux dynamiques constitués de relations entre OI. Nous présentons le « positionnement des OI » comme un angle conceptuel pour étudier les schémas et les transformations des réseaux d’OI, découlant des négociations entre OI quant à leur caractère distinctif et leur appartenance sociale dans des domaines organisationnels complexes. Nous suggérons que le positionnement des OI provoque deux effets constitutifs. D’abord, au niveau de chaque OI, le positionnement a une incidence sur son identité dans le domaine, car elle est

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(re)négociée par rapport à d'autres organisations. Ensuite, les pratiques de positionnement des OI s'accompagnent aussi d'effets constitutifs sur les contours de domaines politiques dans leur ensemble : elles forment et déplacent les frontières entre complexes de régimes. Sur le plan empirique, l'article examine l'utilité de notre approche en analysant l'histoire, la dynamique et les effets du positionnement des relations interorganisationnelles entre huit OI du domaine de la gouvernance sanitaire mondiale. C'est un domaine de coopération internationale dont on souligne souvent la fragmentation particulièrement accrue, la complexité et la densité des acteurs. En examinant les relations entre huit OI dans la gouvernance de la santé mondiale, nous fournissons des données longitudinales analytiques des rapports entrants et sortants des OI dérivés de leurs rapports annuels entre 1970 et 2017. Nous situons notre analyse de réseau à l'aide de données issues d'entretiens semi-structurés avec des professionnels d'OI de la santé.

Introduction

The typical international organization (IO) of our times is confronted with multiple challenges.¹ Shifting power constellations, faltering popular support, dwindling legitimacy through the vocal opposition of authoritarian regimes, outdated recruitment policies, and shrinking regular budgets are only some of the most pressing troubles facing IOs in 2024. This article focuses on a particular, and well-documented, challenge for contemporary intergovernmental organizations: their positioning and navigation in ever more densely populated organizational fields in which IOs are embedded and the resulting necessity for demarcating their turf in supposedly complex landscapes of global governance. Building on and extending existing theories of regime complexity (Raustiala and Victor 2004; Alter and Meunier 2009; Betts 2010; Gómez-Mera 2015) and interorganizational relations (Biermann 2008; Greenhill and Lupu 2017), we conceptualize regime complexes as dynamic networks constituted by IO–IO relations. We introduce “IO positioning” as a conceptual lens for studying patterns and shifts in IO networks resulting from negotiations between IOs over their distinct identity and *raison d'être* vis-à-vis other IOs. Empirically, we study positioning as a relational practice between IOs by means of a longitudinal social network analysis (SNA), covering the relations between eight major IOs in the field of global health for a period of over forty years (1970–2017). To our knowledge, our study is the first to capture the dynamic evolution of international regime complexes, understood as networks of relations between IOs, over time. It makes an original contribution to ongoing scholarly debates on regime complexity by exposing the historical trajectory of dynamic, expanding, and diversifying networks between IOs. Such a longitudinal analysis of evolving IO–IO networks, we contend, not only opens up new horizons in the study of cooperation and competition between IOs. It also provides an alternative account of how the boundaries of organizational fields in international politics and the identities of IOs in these fields are both contested and shifting over an extended period of time.

We advance three core theoretical propositions as regards the interplay between IO–IO relations, their embeddedness in wider institutional landscapes, and the overall contours of organizational fields as the totality of interactions between IOs within a given domain of international politics. First, and most broadly, the article embraces a relational ontology—identities and roles of IOs are shaped by their social relations (Jackson and Nexon 1999, 2013). IOs are conceptualized as “actors-in-relations” (Qin 2016), whose identity—as both distinctiveness and social membership—is defined through their relationships with other IOs. From

this ontology follows an understanding of IOs as open systems, i.e., as being in constant interaction with the organizational “outside” in which they are embedded (Ness and Brechin 1988; Brechin and Ness 2013; Cho 2007; Dingwerth and Pattberg 2009; Gest and Grigorescu 2010; Vetterlein and Moschella 2014). With this perspective, we depart from existing classifications and “rankings” of IOs that are mainly deductive, formalistic, and legalistic in assigning specific identities, roles, and tasks to IOs, as well as from existing theories of regime complexes that assign international institutions to these complexes on the basis of the rule systems they represent.

Secondly, we see the distinctiveness of individual IOs in a larger organizational field as being negotiated through discursive and social practices. An IO's identity is not predefined or deduced, for instance, from the mandate and mission outlined in an IO's constitutive treaty, but rather malleable and dependent on the self- and foreign perceptions of IOs belonging to the same organizational field. We contend that the identity of an IO in its wider organizational environment and as part of a population of organizations, or “organizational ecology” (Abbott, Green, and Keohane 2016; Morin 2020; Green and Hadden 2021; Lake 2021), is as much an effect of how that IO itself articulates its role, resources, expertise, and legitimacy in the field (Ecker-Ehrhardt 2018; Rauh, Bes, and Schoonvelde 2020) as it results from the ways in which it is portrayed by the IOs surrounding it. Such a perspective permits identifying overlap as well as discrepancies between perceptions, i.e., self- and foreign representation, of an IO's position, centrality, and status within a wider organizational environment. Discrepancies between self-representation and foreign representation in particular, we contend, point to ongoing struggles between IOs over their specific role and mandate in the organizational field. Finally, our article builds on the proposition that the positioning practices of IOs vis-à-vis other IOs that are acknowledged as being part of their organizational field have constitutive effects on the contours of entire policy fields too: They form and shift the boundaries of regime complexes. Altogether, the theory of IO positioning developed in this article is motivated by the desire to provide a nuanced and dynamic theory of how IOs interact with each other and embed themselves in the institutional landscapes that surround them.

We examine the utility of our approach by analyzing the history, dynamics, and positioning effects of interorganizational relations between eight IOs working on matters of global health². Global health governance is com-

¹The dataset that we created and used for the purpose of this article has been made freely available on Github, <https://github.com/global-health/data>; see Holzschleiter et al. (2024).

²Gavi, the Vaccine Alliance (Gavi); Global Fund to Fight AIDS, Malaria, and Tuberculosis (Global Fund); Joint United Nations Program on HIV/AIDS (UNAIDS); United Nations Development Program (UNDP); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); World Health Organization (WHO); and the World Bank.

monly portrayed as an exceptionally fragmented, pluralist, and complex institutional landscape. As such, it promises to be a particularly rewarding terrain for the study of IO positioning and its effects on the dynamics of IO-networks. There is broad agreement that global health constitutes a regime complex (Raustiala and Victor 2004; Gómez-Mera 2015; Pratt 2018) as it meets the common characteristics of such complexes: The authority of WHO as a lead organization has declined; legal rules in health governance have multiplied; and the number of public and private actors that steer and govern global health has risen (Fidler, 2001, 2007; Brown, Cueto, and Fee 2006; Gostin 2009; Frenk 2013; McInnes et al. 2014, cf. Lee et al. 2009; Youde 2012; Frenk 2013, 937; Leon 2015). Amidst this uncertainty and change, competitive and cooperative interorganizational relations among IOs in global health are especially likely. While engaging with IO positioning in a very dynamic policy field such as global health may thus throw its effects into particularly sharp relief, we assume that IO positioning is a common occurrence across any policy field characterized by the coexistence of multiple IOs and rule systems. We are thus confident that our theoretical propositions and empirical findings will be of interest and value to scholars studying institutional interactions in other regime complexes such as environmental governance (Biermann et al. 2009), refugees (Betts 2010), biodiversity (Morin et al. 2017), fisheries (Young 2011), water governance (Gupta and Pahl-Wostl 2013), or food security (Margulis 2013).

We use SNA as a tool for studying the dynamic sets of relations between IOs that constitute the organizational field of global health. By expanding network analysis toward sets of relations in which IOs constitute nodes and their cooperative practices constitute edges, we seek to demonstrate the potential of SNA for the study of interactions between intergovernmental institutions (Hafner-Burton and Montgomery 2006; Green 2022) and the dynamic nature of the interorganizational relations out of which regime complexes emerge and evolve. Using SNA, we expose the diachronic dynamics of IO positioning and their aggregate effects on the contours of the complex IO-network that surrounds global health. To this end, we trace the interorganizational network of health IOs by identifying and classifying cooperative practices between IOs for a period of over forty years (1970–2017). Comparing how IOs’ portray themselves and their counterparts in interorganizational practices, our SNA methodology also captures how IOs’ perceptions of their own and others’ centrality and position in the field overall, as well as in terms of specific mandates and tasks, can vary greatly. Our study, thus, evidences discrepancies between self-perception and foreign perception in how important an IO is to a distinct area of activity. These discrepancies, we argue, are indicative of overlaps and tensions between the role and mission of individual IOs in their wider peer environment, reflecting ongoing contestation of institutional orders in global health. Finally, by combining longitudinal data on IOs’ interorganizational practices processed through software-based SNA with qualitative interviews, we demonstrate that health IOs continuously renegotiate their positions in the field. They do so by demonstrating cooperation while at the same time demarcating their own turf in relation to peer organizations. Our analytical framework thus aims to expose not only variation among IOs but also variation across time.

Studying the Identity of IOs in Pluralist Governance Landscapes

The identity of IOs has always been conceptualized as intimately connected to what they actually do or are authorized to do. For a long time, the study of IOs has been rather inward-oriented, with prominent theories explaining the particular institutional design of individual IOs (Koremenos, Lipson, and Snidal 2001; Martin and Simmons 2001; Rosendorff and Milner 2001) or how states—as their principals—influence IO action (Hawkins and Tierney 2006). Scholarly interest lay in explaining why states choose to establish international institutions from a rational choice perspective, understanding the relevance of IOs primarily by means of their functions and the properties that permit them to perform these functions vis-à-vis the states that created them in the first place (Koremenos, Lipson, and Snidal 2001). In these functionalist-rationalist accounts of the creation and relevance of IOs, questions of what IOs *are* have always been related to the tasks they perform and how they are positioned primarily vis-à-vis their Member States. The focus has been on individual formal IOs as constituting the (administrative) core of international regimes.

More recently, scholarly engagement with IOs has become outward-oriented, following a general shift from studying regimes to studying “regime complexes” and “regime complexity” (Alter and Meunier 2009; Alter and Raustiala 2018). Starting from the default proposition that, as rule-systems in IOs have multiplied and international cooperation is increasingly marked by intersecting rule systems and complex constellations of actors, norms, and decision-making procedures, the study of the identity and authority of IOs has shifted to their embeddedness within a wider organizational environment or organizational ecology as a core explanatory variable (Ness and Brechin 1988; Gest and Grigorescu 2010; Abbott, Green, and Keohane 2016; Scott 2004). The question of who IOs are and why they are authoritative, thus, has become a decidedly relational one, even though an understanding of singular IOs as being “focal” to specific issue areas persists (Abbott et al. 2015).

The shift from inward-to-outward orientation can also be observed in theories that have moved away from (member) states as being the only principals of IOs. Here, groundbreaking studies explain institutional proliferation and regime complexity as an outcome of IO bureaucrats’ interest in dispersing their principals’ authority (Johnson 2014) or as a result of bureaucratic entrepreneurship (Littoz-Monnet 2017) that exists independently from member states’ preferences. Perspectives on organizations being embedded in and interacting with their extra-organizational environment have developed into a popular branch of organizational sociology starting in the 1960s (Evan 1966; Ness and Brechin 1988; Blau 2003 [1962]), with some early theory-building on IOs in the late 1980s (Jönsson 1986; Mingst 1987; Ness and Brechin 1988). It was, however, only in the early 2000s that outward-oriented research on IOs became a consolidated field of theory-building on the embeddedness of IOs in their organizational fields and their quality as open systems. Sociological scholarship on international institutions has set out to explore how organizational fields, field-specific norms, and different kinds of material and immaterial resources (“capital”) circulating in these fields shape the actions and identity of IOs (Dingwerth and Pattberg 2009; Vetterlein and Moschella 2014; Sommerer and Tallberg 2019). Notwithstanding ontological and

epistemological differences between rationalist-functionalist and social constructivist IO studies, the field is now marked by a predominant interest in the interorganizational constellations and dynamics between IOs that shape them (Green and Hadden 2021), with the shared understanding that these constellations and relations are a powerful factor in explaining why IOs do what they do, including their (changing) authority, institutional reforms, success, and failure.

Our article engages with constructivist scholarship on regime complexity and interorganizational dynamics by proposing a relational approach toward the identity of IOs, understood as distinctiveness and social membership, in complex institutional landscapes (Pantzerhielm, Holzscheiter, and Bahr 2020; Bahr et al. 2021; Holzscheiter, Bahr, and Pantzerhielm 2016). At a most basic level, our theoretical approach builds on the core claim that the relations and interorganizational networks between IOs are constitutive of the identity and distinctiveness of individual IOs and, consequently, also of the contours of the organizational field in which they operate. Such a relational approach studies “identifications in action” rather than “identity as substance” (Bucher and Jasper 2016, 396–7). It seeks to generate knowledge on how actors position themselves vis-à-vis each other in complex networks of social relations (agency). At the same time, it emphasizes the critical significance of the environment in explaining organizational identity (social structure) (Cho 2009, 13). The study of IO identity thus shifts from treating a predefined identity as an explanatory factor for organizational behavior to studying the organizational practices that shape identification processes (Cho 2009; McCourt 2016; Nexon et al. 2017). Drawing on these fundamental propositions, the following section will outline our own approach to “positioning” as an interorganizational practice in international politics. This approach builds on discourse as the space where positioning takes place and in which IOs construct the storylines that locate themselves and others in a wider social environment (James 2014, 34).

Positioning, Relational Identity, and the (Re)Shaping of Governance Fields

In theories on identity, the concept of positioning has opened up new avenues for studying identity as a practice shaping and being shaped by social structures rather than as a prefigured, essentialist ascription of character. The term positioning originates in linguistic theory but has traveled to other disciplines, particularly scholarship on the cognitive psychology of social action (Moghaddam et al. 2009). It refers to how “people are positioned or position themselves with respect to rights and duties to act within evolving *storylines*, and on the basis of claims about relevant personal attributes, via speech acts” (Harré et al. 2009, 5). As a mid-range theory on the dynamics and malleability of roles and responsibilities, positioning theory departs from the “static, formal and ritualistic” understanding of identity underlying role theory (Davies and Harré 1990, 1). For the purpose of this article, we adopt the notion of positioning as a useful analytical lens to study the dynamic, relational, and potentially contested nature of IOs’ identities within their organizational environment. Positioning is, before all, an activity—the practice of assigning rights and responsibilities to oneself and others in a relationship. As our units of analysis are IOs, we thus study positioning as an *organizational practice*, drawing on Slocum and Van Langehove (2003). Actors construct and interpret their own position as well as

the position of others in relation to specific normative pre-suppositions of their respective rights and duties (Slocum and Van Langehove 2003, 9). By means of positioning speech-acts, individual or collective actors attribute “actorness” to each other (Slocum and Van Langehove 2003, 234), linking this actorness to patterns of practices with which they recognize each other as being the “members of a culture” and give expression to intersubjectively shared meaning (Slocum and Van Langehove 2003, 240).

We understand “IO positioning” as the process by which an IO situates itself and others in an organizational field. The conceptual benefit of positioning lies in capturing both temporality and practice in the study of the dynamics of organizational fields. Positioning unfolds through the continuous (re)negotiation of the mission and rationale of individual IOs, through which they are identified both as distinct, organic entities and as members of a social community of IOs. Following our open-systems perspective on IOs, the concept of positioning, thus, helps to understand the processes of formation and transformation of IOs’ identities, i.e., their distinct organizational personalities, within a broader environment. IO positioning essentially happens in the interaction between IOs. It has a dual quality—being both agentic, i.e., an organizational practice and strategy reflecting the preferences of IOs and their member states, and giving expression to the social structures, shared norms, and practices among IOs (i.e., relations and interactions) that give meaning to the organizational field (e.g. “global health”). Practices circumscribe the repertoire of “normal” activity within a social field (Bahr, Holzscheiter, and Pantzerhielm 2021) and therefore inform the semiotic web through which positions can be negotiated. Against conventional accounts of identity marked by conflictual or exclusionary antinomies such as self/other, inside/outside, and friend/enemy (Mattern 2005; Hansen 2013) positioning encapsulates the dynamic, relational practice of identity-construction among IOs who belong to the same organizational field. It presupposes a shared frame of reference (e.g., “global health IO”) in which IOs’ construct their own and others’ identities in an organizational field. The notion of positioning thus highlights the strategic, performative action of identity construction within a social field, while at the same time seeing that action as being both prefigured by that social field and shaping it (co-constitution).

Focusing on positioning as identification-in-practice, we argue, extends our understanding of the interplay between interorganizational relations and the dynamics of regime complexes in two significant ways: First of all, it allows to expose the potentially contested place and status of individual IOs in the organizational field, as IOs’ positioning practices may reveal strong discrepancies between self-representation and foreign representation. And secondly, it provides a novel perspective on the origins and dynamics of institutional fragmentation as emerging from the momentum of interorganizational relations and IOs’ struggles over material resources, uniqueness, and legitimacy, rather than merely a structural-material given in which IOs have to operate. The study of positioning, thus, exposes the concomitance of cooperative and competitive practices between IOs that shape the history and dynamics of organizational fields. As we will show in the empirical section of this article, using our network analytical findings, new organizations entering the organizational field of global health disproportionately emphasize their embeddedness in the organizational universe that constitutes “global health governance”. Their positioning practices give expression to a strong “cooperation norm” which, in the first place,

explains why IOs emphasize cooperative relations to be identified as legitimate actors and sought-for collaborators in the organizational field. As we have explored elsewhere, the diffusion and strength of the cooperation norm in part explain the widely noted diagnosis of intensifying institution-building and regime complexity in global health and beyond (Pantzerhielm et al. 2020a). At the same time, studying positioning as practice permits to expose at times major discrepancies between the self-representation and foreign representation of IOs as regards their competencies and tasks in the wider organizational field—thereby pointing to contestation and overlap of individual IOs' mandates and missions as well as a growing competition of IOs in the global (health) governance marketplace.

Positioning among IOs—as the negotiation of both uniqueness and belonging to a governance field—we argue, has two constitutive effects. First, on the level of individual IOs, positioning affects IO identities within the field as these are (re)negotiated in relations with other organizations. More specifically, IOs' positions are constituted in interorganizational relations through continuous negotiations about who is perceived to be a competent and legitimate actor to take a “leading role” and “assume responsibility” in relation to a specific health issue and related thematic sub-areas of health governance (such as for instance, health financing, water and sanitation, maternal and child health, etc.). This affects how IOs carve out their identity and relate it to others in the field, as certain kinds of organizations are perceived to legitimately “own” different kinds of tasks and topics. Secondly, for the organizational field at large, IO positioning has constitutive effects inasmuch as it shapes how specific problems are defined as pertaining to a specific governance domain (such as health, development, security, human rights, etc.). Linking problem definitions with the roles and responsibilities of specific organizations in addressing these problems affects the contours of the field as it redefines the boundaries of who and what belongs to the latter (Kranke 2020). Hence, interorganizational cooperation and networking, as an ever-growing field of activity for IOs, is far from a mere “technical,” managerial aspect in the daily work of IOs. When we interviewed IO staff tasked with managing the daily interactions with other IOs in global health, most of our interviewees chose to remain anonymous for the purpose of publishing our research results. As our interview data shows, interorganizational networking is a delicate, potentially politicized organizational activity that at once reflects back on IOs' *raison d'être*.

Interorganizational Networks and Positioning in Global Health: Nodes, Edges, and Practices

The study of IO positioning necessitates an analytical framework and procedure that can capture the dynamic nature of interorganizational relations, as well as the complex interorganizational constellations and shifting centers of gravity that result from these dynamic relations. We therefore chose to study IO positioning by means of a mixed-methods research design, combining software-based longitudinal SNA with a qualitative analysis of semi-structured interviews with IO staff. While the qualitative processing of our interviews gives insights into the perception of IO staffers at the micro-level of how everyday IO relations are negotiated, our quantitative SNA allows us to identify aggregate structures and patterns in relations among IOs over time. This innovative mixed-methods design places our study at the methodological cutting-edge of current research on IOs. SNA methodol-

ogy has been adapted to the study of international politics in various seminal studies on the relations between states and nonstate actors (Hafner-Burton, Kahler, and Montgomerly 2009; Carpenter et al. 2014; Kacziba 2021). In the study of the complex, fragmented, or polycentric relationships and structures that emerge from the interactions between IOs and the dynamics of these networks, though, network science and methodology are an emergent field of research (Grandjean 2017; Kim 2020). The study that we present in this article contributes to this emergent research program by exposing the dynamics of IO-networks in a particularly lively area of global governance—an area that is populated by a diverse array of intergovernmental, public-private and purely private institutions. Going beyond existing accounts of regime complexes that provide descriptive, synchronic snapshots of convoluted institutional structures (Pattberg and Widerberg 2021), our study exposes the diachronic evolution of interorganizational networks, as reflected in shifting positions and varying centrality of individual IOs within these networks.

Our sample of health IOs consists of eight organizations: Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the World Health Organization (WHO); and the World Bank. These eight organizations are not only commonly referred to as the most relevant IOs working on global health issues (Burci and Cassels 2016), but their selection also reflects long-term developments in global health: It encompasses intergovernmental UN organizations with broad mandates, as well as younger hybrid³ organizations with more limited, often issue-specific mandates. With our sample, we also seek to ensure maximum diversity as regards types of organizations (standard-setting versus operational versus financing institutions; health-specific versus broader mandate). We characterize Gavi and the Global Fund as IOs for two reasons: (i) the majority of their board consists of government representatives and (ii) our interviews revealed that those organizations and health IOs in Geneva recognize each other as peers. Our sample excludes purely private organizations such as the Gates Foundation, despite their undisputed prominence in global health governance (Youde 2013; Harman 2016). As a core donor and governing board member of Gavi and the Global Fund, the Gates Foundation is integrated into our sample; however, we treat philanthropies (including the Rockefeller Foundation and the Wellcome Trust) as actors comparable to IO Member States, as they are funding a great variety of global health institutions and initiatives, channeling most of their funding for global health through multilateral institutions.

In the following sections, we will provide further detail on methodology, including specific guidance on how to read the data-derived SNA visualizations. We will then present findings from our macro-analysis of relational patterns and shifts in our network of global health IOs before comparing and contrasting these findings with our micro-analysis of IO positioning on the basis of our qualitative interviews.

³For example, Gavi and the Global Fund can be characterized as “hybrid” institutions due to the combination of public and private founders and partners as members of their governing boards.

IO Positioning from a Macro-Perspective: Capturing IO Networks through SNA

The social network analysis we present in this article is based on relational data derived from a full set of annual reports issued by the eight health IOs in our sample over more than forty years (1970–2017). We therefore cover a period of well-documented transformations in global health (Fidler, 2001, 2007; Brown, Cueto, and Fee 2006; Gostin 2009; Frenk 2013; McInnes et al. 2014, cf. also Lee et al. 2009; Frenk 2013; Leon 2015; Alter and Raustiala 2018; Pantzerhielm, Holzscheiter, and Bahr 2020b), and we provide a unique data set that captures aggregate patterns in IO–IO relations during the recent past. As a long-established text genre and IO artifact, IO reports lend themselves to comparison over time. More importantly, they constitute suitable and fruitful material for an analysis of IO relations and positioning practices, as they provide unique insights into shared social meanings and interorganizational practices among IOs. The primary purpose of annual reports is to provide other actors—be they donors, the interested general public, states, or other IOs—with information on an IO’s activities, its role, and its importance at a particular point in time. IO reports therefore constitute authoritative self-representations of the issuing organizations, and they reflect the value and meanings that IOs attach to interactions with their peers.

To derive and analyze data on IO–IO relations in global health from this extensive archive of annual reports, we proceeded in several consecutive steps. First, we used qualitative coding to identify interorganizational practices among IOs, which we have defined elsewhere as “patterned things that form discernible categories of shared activity” (Bahr, Holzscheiter, and Pantzerhielm 2021, 76). We found reason to speak of interorganizational practices as IOs used vocabulary to report on their shared activities that was relatively consistent across IOs and over time. Using an inductive coding procedure (see footnote)⁴, we were able to aggregate seventy-one distinct joint activities into eight large categories of shared practices: funding, knowledge production, legal practices, management, monitoring and evaluation, operative activities, policymaking, and standard-setting. In the next step, we proceeded to a quantitative coding that captured all mentions of said practices, yielding an original, diachronic dataset with 13,601 observations (IO-practice-year). Finally, we analyzed our data using the SNA software Gephi (Bastian, Heymann, and Jacomy 2009). This analysis yielded insights into long-term trends and aggregate patterns in the perceived positions of IOs within the organizational field and the subfields of interorganizational practices that constitute global health governance. We also compared data on inward and outward reporting (who is reporting on collaborating with whom at what point in time) in order to expose health IOs’ changing perceptions of their own and others’ mandate and position in the field, as well as potential discrepancies between self-representation and foreign representation among IOs. Our aggregate network, based on

⁴In our data corpus (a complete set of annual reports from our eight global health IOs for the period 1970–2017), we identified all instances in which the reporting IO referred to another IO in our sample. We then checked every single one of these instances in order to ascertain that the reference in the document related to a shared practice, i.e., a joint program, a meeting, a joint funding structure, etc. It was only these instances that we coded in the text corpus, identifying seventy-one distinct cooperative practices. In order to simplify our data and capture broader trends in IO–IO relations, we aggregated our seventy-one distinct practices into eight larger, more abstract fields of practice in global (health) governance. The fields of practice we identified are not specific to global health. Our research design should thus be easily transferable to other areas of global governance.

data from all years in our data sample, is visualized in figure 1.

Like any network, our data-derived network of global health IOs is composed of nodes linked by ties (edges). For the purpose of this article, we use a directed two-mode network, i.e. one that consists of two types of nodes plus ties. The two types of nodes are, first, the eight organizations in the sample as corporate actors (white nodes, figure 1), and second, interorganizational practices (black nodes, figure 1). The ties are mentions of interorganizational practices in IO annual reports. The size of black practice nodes is relative to the frequency of reporting on that node in a particular IO’s annual reports, just like the size of IO nodes is relative to the overall frequency of reporting by and on that IO. We used Gephi’s algorithm ForceAtlas2 (Jacomy et al. 2014) to assign a spatial layout to the resulting two-mode network, which we subsequently froze across all time intervals. As a result, nodes that share more edges are grouped more closely together, and nodes that share fewer edges are moved further away. IOs that share more practices with each other across all aggregated years will be closer together, and those that share fewer edges or no edges will be further apart. Finally, the network is directed, meaning that it shows which IO is reporting on another and which is being reported on. In figure 1, a blue edge emanating from an IO node represents that IO reporting a practice. We can see which IO is being reported on by tracing the black second half of that edge to its final IO edge.

Overall, the network is composed of unique observations comprising an IO, a specific practice, and the frequency of that practice reported by said IO per year. To be clear, we are not aiming to recreate what relations “actually” looked like or what interactions “really” took place among organizations, but rather to understand which relations IOs considered important and thus decided to report on. Our network analysis reconstructs social representations of IO relations in our corpus of annual reports, as seen through the “eyes” of the authoring IOs. It combines the different representations given by IOs through their annual reports at a given point in time.

IO Positioning over Time: Patterns and Shifts in IO Networks

In the negotiation of IO positions in an organizational field, our network analytical data provides a macro-perspective on how IOs evaluate each other’s status in the organizational field as represented in annual reports. Figure 2 builds on this data to visualize how IOs’ positions change over time and provides a longitudinal perspective on the organizational field for nine five-year intervals between 1970 and 2014.⁵

Figure 2 traces the evolution of global health as an organizational field as a function of changes in IOs’ statuses over time. In the first place, it visualizes institutional fragmentation and growing regime complexity in global health. With our diachronic analysis of IO–IO relations over time, we can observe that WHO is positioned as a central IO in the organizational field until 1994 based on the size of its node and the size of the practice nodes grouped around it. Our analysis also shows that WHO is perceived as a high-status organization by its peers, with whom it is desirable to demonstrate cooperation: The black edges show that a lot of other IOs report on their interorganizational practices with WHO. At the same time, though, the WHO node is continuously

⁵Since we broke down our study period into five-year intervals and our data ends in 2017, we did not include 2015–2017 in this visualization.

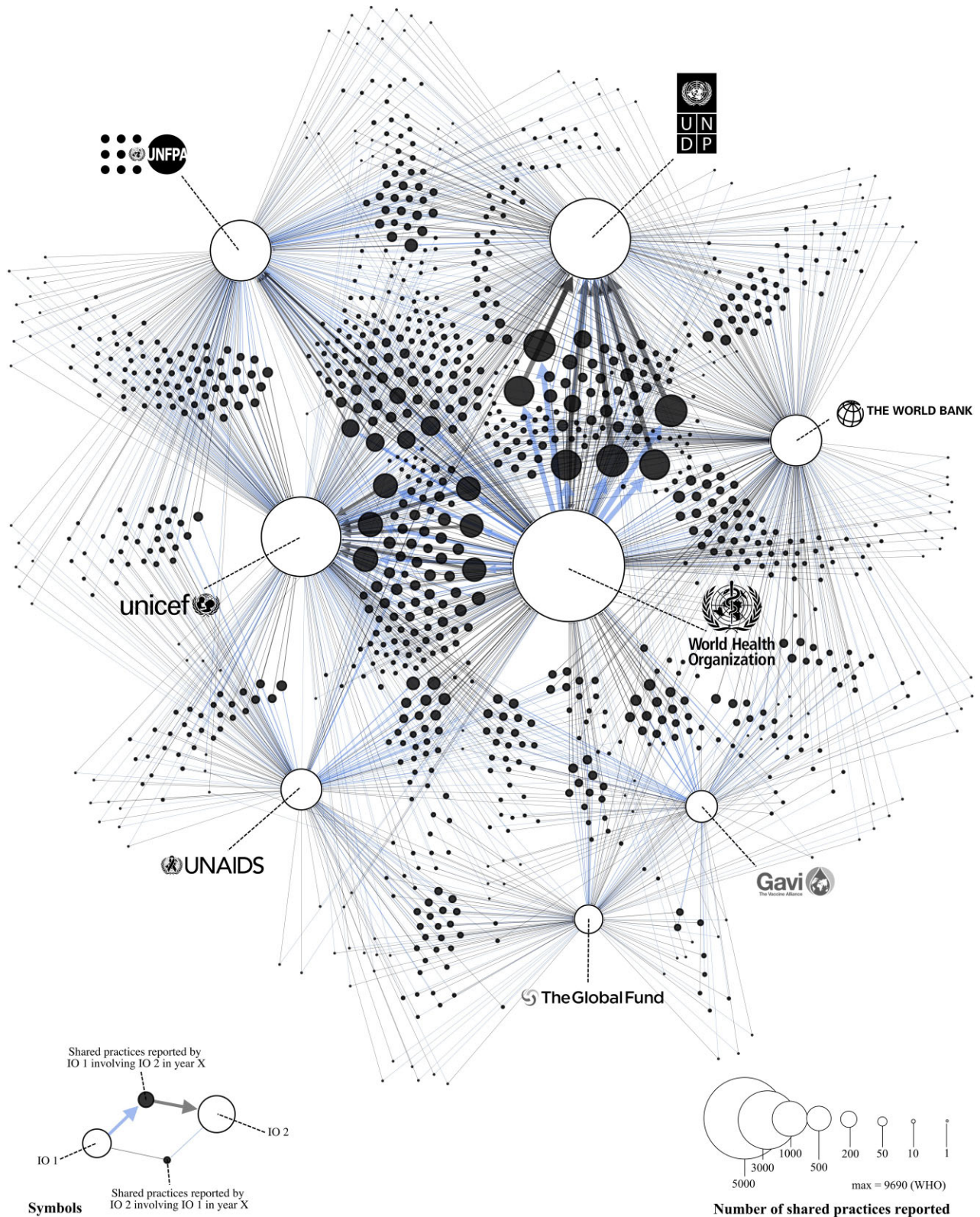


Figure 1. Network of global health IOs for the entire period 1970–2017

shrinking over our period of investigation, which reflects not only the multiplication of IO–IO relationships but also the diversification and intensification of their relationships with IOs other than WHO. The World Bank is accorded with

an increasingly central position over those same intervals, and we see this reflected in the growth of its node. It is increasingly positioned as a relevant counterpart to the other health IOs in the organizational field, not so much through

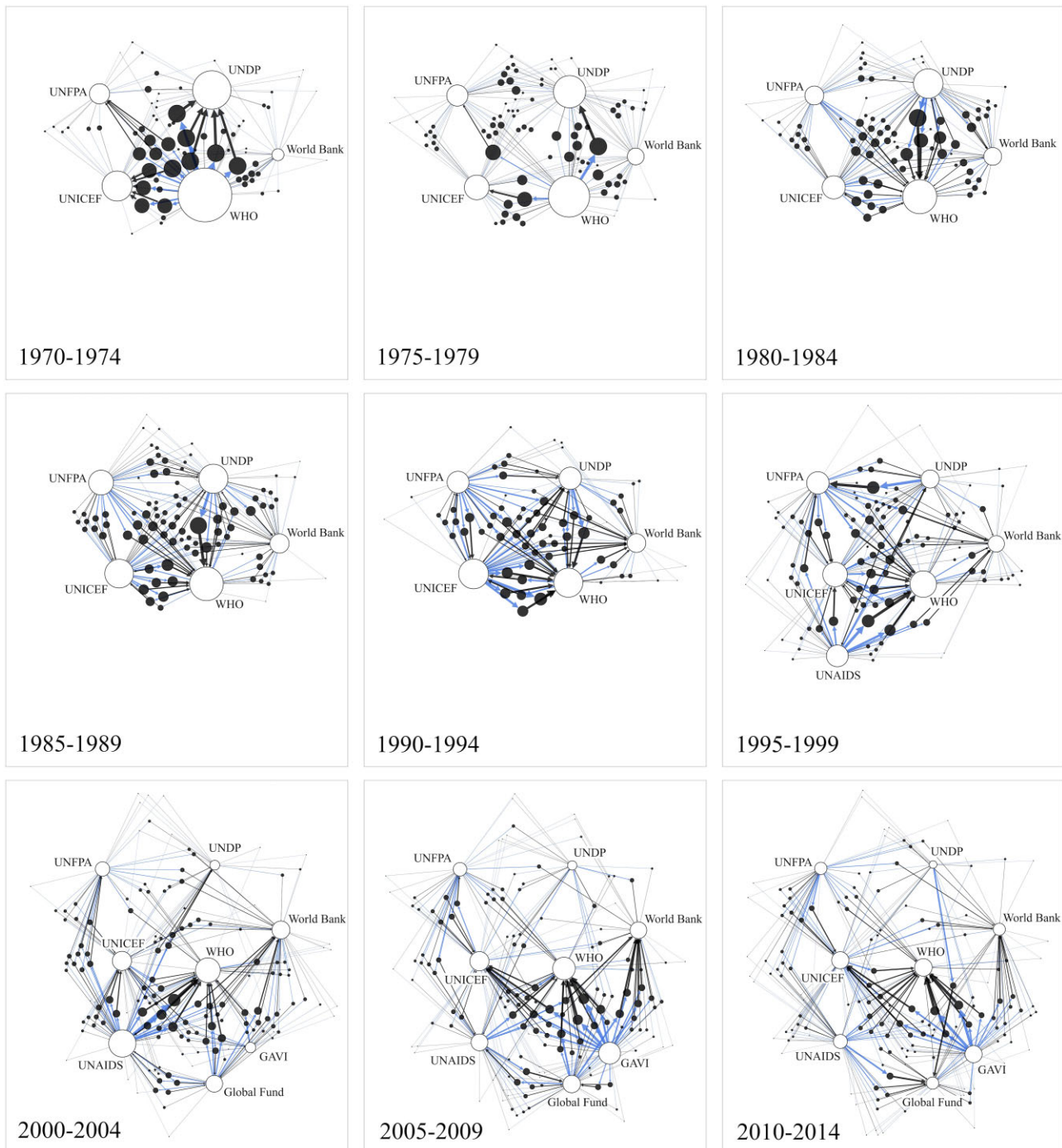


Figure 2. Bipartite network in five-year intervals (1970–2014)

its own reporting, as it does little of that on the organizations in our sample, but by being reported on frequently. In that sense, its identity is being changed to more of a health IO through the attribution of other IOs, rather than by its own volition. What our network visualization also brings to light is the diminishing role of UNDP and UNICEF as operational IOs and traditional WHO partners since the early 2000s. At the same time, we note the comparatively large size of the nodes of the two hybrid IOs in our sample that were only established in the early 2000s (Global Fund and Gavi). Overall, our positioning analysis provides systematic empirical evidence for the historical reconfiguration of cen-

ters of gravity in global health governance. It corroborates existing qualitative studies on global health governance that observe a governance shift from purely intergovernmental to hybrid IOs, particularly after the 2000s (Williams and Rushton 2011; McInnes et al. 2014). Our network analysis captures the growing marketplace of global health and the intensifying competition between traditional health IOs (WHO, UNICEF, UNDP, and UNFPA) and newer health institutions (World Bank, Gavi, and Global Fund).

In the period 1995–1999, UNAIDS entered the scene as a new organization tasked with interagency coordination on HIV/AIDS. Our analysis evidences how UNAIDS seeks to

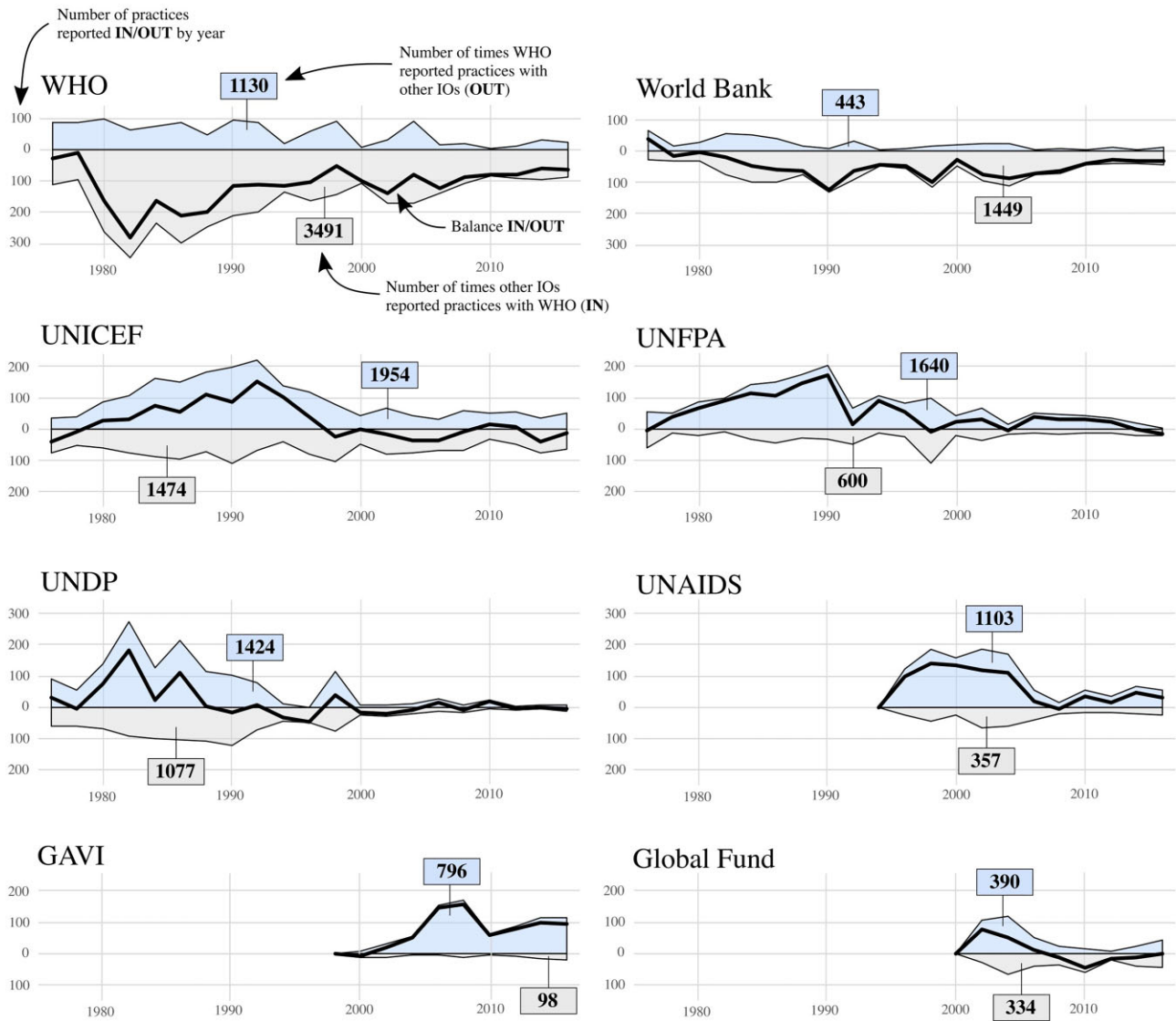


Figure 3. In-out reporting by selected global health IOs (1976–2017)

position itself within the organizational field by reporting on its peers and hardly being reported on, a mechanism that we see repeated in the next interval with the founding of Gavi and the Global Fund. Gavi’s edge grows a lot in the next interval, and it appears to be about as large as WHO. However, it likely has a lower status than WHO in the organizational field, as we see a lot more out-reporting from Gavi than in-reporting (compare the amount of blue edges emanating from the Gavi node to the amount of black edges feeding into the Gavi node). In addition, UNDP seems to have lost a lot of relevance in global health governance compared to earlier years, as the node has shrunk significantly in size.

We explained above that the spatial layout of the network reflects the extent to which nodes share many or few ties, meaning that IO nodes that are closer together report more frequently on their shared practices. Since we recorded not just reporting on practices but also what kinds of practices IOs shared, we can also see that the spatial layout partially reflects functional subgroups within global health. For example, Gavi, the World Bank, and the Global Fund are grouped together in the bottom

left quadrant of the network since they frequently report on shared funding practices. UNICEF, by contrast, is located next to Gavi, as it often procures vaccines for that organization.

Our longitudinal analysis not only evidences the dynamics of the interorganizational network that constitutes global health governance over time, but it also exposes discrepancies between the self-representation and foreign representation of IOs as regards their competencies and tasks—pointing to the contestation of individual IOs’ mandates and missions in global health. Since all IOs report on each other, one IO’s representation of how it interacts with other IOs can be contrasted with how those others represent their interaction with said organization. This discrepancy between reporting (self-representation) and being reported on (foreign representation) is depicted in figures 3 and 4.⁶ It can be considered a mea-

⁶For the visualization of in- and out-reporting in figure 3 (over time) and figure 4 (types of practices), we decided to include only the period 1976–2017 since WHO changed its reporting style significantly in 1975. Including the

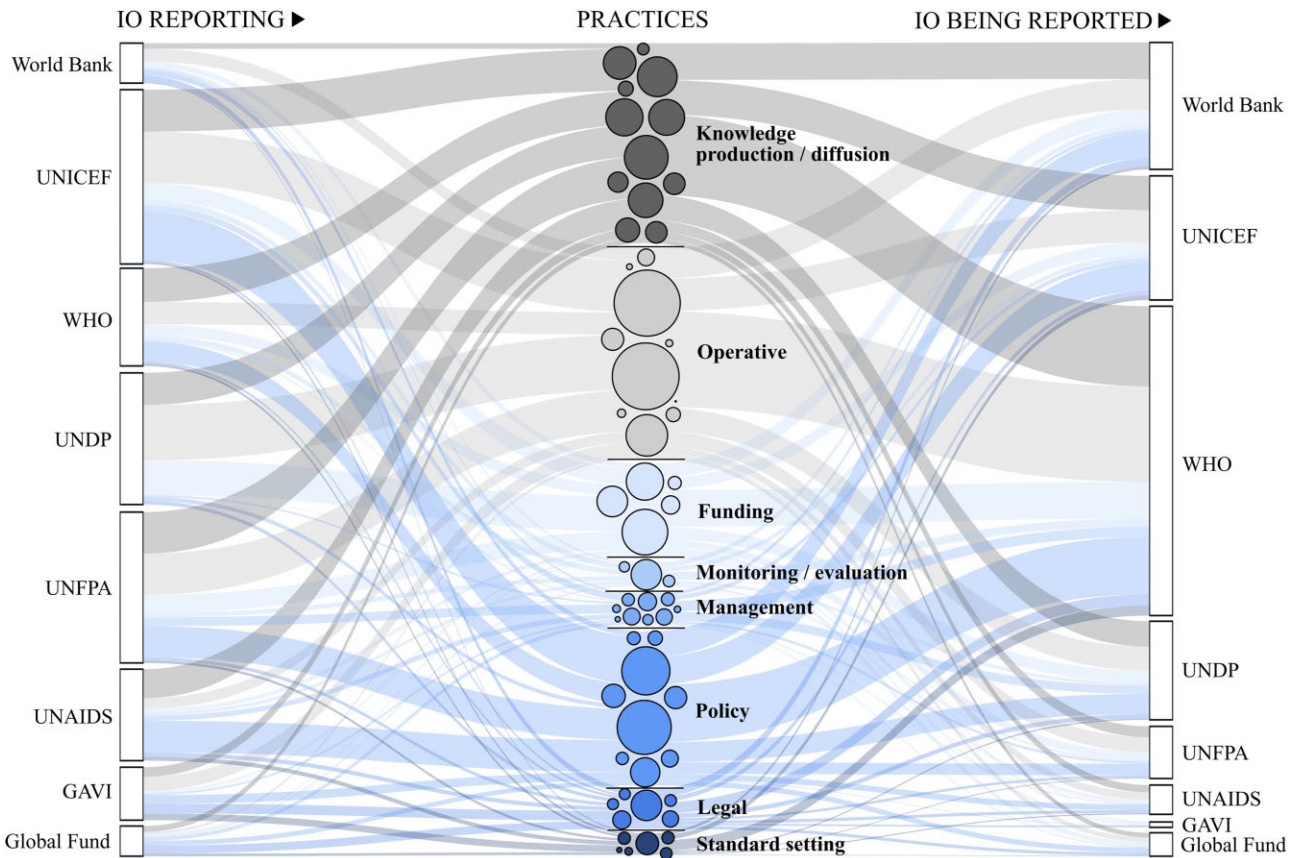


Figure 4. Sankey diagram with details about the type of practices, all years (1970–2017)

sure of an IO's contested identity⁷ in the organizational field.

In [figure 3](#), the blue area shows the number of collaborative practices reported with other IOs each year, whereas the gray line shows the number of times this IO is mentioned by others in their own collaborative practices. Here, we can see that Gavi and the Global Fund are not being reported on a lot by other IOs. This is partially due to their being founded much later than most other IOs, with less data available on their interorganizational cooperation. On the other hand, our data suggests that Gavi and the Global Fund are considered outside of the core group by other IOs, meaning older IOs do not report on them as much because they are “new kids on the block” and because they perceive them as not being part of the “UN family.” Simply put, they do not get to play along because they are not considered like the others by their peers. In contrast, Gavi and the Global Fund report on almost all other IOs more than they are being reported on, which supports our expectation that they follow the “cooperation norm” and seek social membership in an organizational field that had, for considerable time, been shaped by long-standing inter-governmental IOs. Looking across the board at all IOs, we

early reporting years of WHO would have disproportionately inflated WHO in the overall picture.

⁷IO status also has potential links to the concept of positioning, where status may be a source of authority and power could be relationally constituted among IOs in the organizational field. For now, however, we have focused on the practice of IO positioning in this article and its effects on IOs in the organizational field regarding identity, distinctiveness, contours of the organizational field and relevant issues.

do note that most IOs report on each other, underscoring the notion that it is relevant for IOs to demonstrate connectedness to other IOs and show their cooperative relations.

The Sankey diagram ([figure 4](#)) allows a direct comparison of an IO's reporting with how it is being reported on by other IOs and in relation to which practices. In contrast to [figure 3](#), it disaggregates on the level of categories of practices (and their subcategories). The chart reflects discrepancies with regard to the type of cooperative practices global health IOs highlight in their own reports (“reporting”) versus the types of cooperative practices in which the same IO appears in other IOs reports (“being reported on”). The Sankey chart shows that all of our eight IOs report collaboration with other IOs quite evenly across all interorganizational practices that we had identified, while WHO clearly emerges as the IO that is most frequently being reported upon, particularly in IO–IO cooperation in the field (“operative”), in knowledge production and in funding.

The Sankey diagram above visualizes conflict and cooperation among our eight health IOs at once. Discrepancies between in- and out-reporting point to mission overlap and contestation of who should do what in global health governance. At the same time, the diagram exposes the relative importance of specific areas of cooperation. Knowledge production and operative cooperation are the most prominent areas of interorganizational cooperation, whereas monitoring and evaluation, as well as joint standard-setting, feature as the least frequent fields of practice. This leads us to conclude that, by and large, IO–IO cooperation happens mostly

in areas in which IOs are able to safeguard their distinctiveness and “turf,” while those requiring a high level of integration and, thus, organizational coalescence are much less prominent.

IO Positioning from a Micro-Perspective: Positioning, Repositioning, and Identity-Building in Global Health

The theoretical framework for our study of the evolution of regime complexes rests on an understanding of positioning as having both structural (dynamics of networks; evolution of organizational fields) and agentic (positioning as practice) dimensions that are co-constitutive of each other. Following this understanding, we have triangulated our SNA findings on the changing structures of IO–IO networks with data gained through twenty semi-structured personal interviews with current and former staff members of the eight IOs in our sample. The interviews were meant to capture positioning as a practice and to shed light on how IOs and their employees engage in and perceive interorganizational relations in the field of global health. Our interviews lasted between 60 and 90 minutes. In most cases, interviewees’ job descriptions included interactions with other IOs in our sample. Some of our interviewees had worked at more than one of our eight organizations. During the interviews, questions and discussion focused on how staff interact with other IOs in their daily work, why and when this is considered necessary and useful, and what tensions may arise during such quotidian interactions. We also asked interviewees to describe which IOs they considered to be central and peripheral in global health, to characterize IOs different roles, and to describe how they perceive the overall organizational environment in global health. Our interview guide, thus, translated our central concept of “positioning” into questions concerning the practical management of relations and interactions with other IOs identified as belonging to the global health landscape. None of our interviewees consented to being mentioned with her or his full name, position, and affiliation in any publication emerging from our study—which points to the sensitivity and power politics surrounding the organizational practices we studied, in itself an important finding of our analysis.

Interviews were coded using MaxQDA, with the final code book centering on three broad themes: (i) how interviewees recognize “good” and “bad” health IOs, as well as how they rank or stratify existing health IOs in their environment; (ii) what kinds of problem constructions and solutions interviewees see in global health, how these impact interorganizational relations, and the roles of individual IOs; and (iii) how interviewees describe global health as a space, how they divide it into subsections and issues, as well as which IOs they assign to legitimately operate in particular subsections and issues, and which IOs are excluded or seen as intruding. Following this research design, the interview data we present in this article is fine-grained and empirically rich, and hence conducive to theory development. Yet, compared to our longitudinal network analysis, it necessarily has a limited scope in time and space.

NAVIGATING COMPLEX ORGANIZATIONAL FIELDS—IO POSITIONING BETWEEN COMPETITION AND COOPERATION

Our interviews first of all attested to the importance that IO staff attach to demonstrating cooperation with peer organizations. Engaging in interorganizational practices was described by most interviewees as a routine activity and seen as necessary to situate an IO as a legitimate and recognized

actor.^{8,9} While demonstrating cooperation with peer organizations was therefore understood as part and parcel of the everyday business of being a “good” and “relevant” organization, it also involved seeking to strengthen and/or safeguard a given IO’s position in the larger field. Interviewees often described the field as a competitive, crowded environment where proving an organization’s “added value” and demarcating its “unique” role was a regrettable, yet inevitable necessity.¹⁰ While some interviewees thought that “creat[ing] partnerships based on common interest [eases tensions]” and made it “clear that we have to work together,”¹¹ others described tensions and conflicts as a more deep-seated problem. For instance, an UNAIDS employee stated that:

there is always turf wars in terms of mandates and who is going to be more visible [...] to survive you need to be visible, you need to have money, you need to have presence. We [the UN] do not reward making yourself redundant.¹²

Similarly, another interviewee assured that:

everybody is in it for themselves and you should not [...] be under any illusion that that is not the case. Because organizations believe in their mandate, they believe in their comparative advantage and they want to keep going and deliver.¹³

While assessments of the feasibility of deep cross-organizational cooperation diverged across interviews, they nonetheless shared a consensus about the latter’s desirability. At the same time, our interviewees expressed their uneasiness about the incompatibility between implementing the “cooperation norm” on the one hand and giving in to the pressure to keep others off their patch on the other. They were alarmed by the friction (perhaps even contradiction) between two competing requirements to succeed in the global health marketplace—feeling that the social pressure to forge all sorts of cooperative relationships with their peers contradicted the imperative to guard their mandate, stake out what their “comparative advantage” is and secure visibility in order to be recognized as relevant, competent actors and (thereby) attract donor funds. Our interview results therefore expose the practice of positioning whereby health IOs continuously (re)define themselves in the field through a mix of demonstrating cooperation and proving their own indispensability in relation to other organizations.

POSITIONING AND ITS EFFECTS ON INDIVIDUAL IO’S IDENTITIES

As our interviews evidenced, positioning among IOs affects individual IOs’ identities, firstly through the question of which IOs are considered to be health IOs, and secondly, partially as a function of this, whether they may thus legitimately deal with a particular task or issue.¹⁴ Some interviewees spoke about how their employing organizations or other IOs were not always considered health IOs in the strict sense, thus putting into question the organization’s legitimacy to perform certain tasks, secure future funding, or assume new responsibilities in the field of global health.¹⁵

⁸Information concerning the dates, places, and affiliations of our interviewees is provided in the reference section of this article. All interviews were transcribed and are available on request.

⁹Interviews 9, 13, and 15.

¹⁰Interviews 8, 9, 13, 15, and 17.

¹¹Interview 17.

¹²Interview 6.

¹³Interview 15.

¹⁴Interview 18.

¹⁵Interview 10.

Several interviewees defined the roles or identities of IOs on the basis of their “comparative advantage,” which was not directly tied to whether they were considered a health IO or not.¹⁶ Simply put, interviewees argued that an organization should appear in the organizational field only in relation to those tasks that it was seen to be uniquely qualified for. This argument was especially used when staff expressed concern about other organizations expanding their “task list” beyond what they *ought* to be engaging in and were seeking to discipline this. Accounts of how peer organizations had sought to actively change their roles also attested to the risk that interviewees attached to such deviations. Seeking to alter a role that was perceived to be legitimately “theirs” was seen to endanger the organization’s position in the field: The next time it entered into negotiations with other organizations, its standing would be affected by how successfully it managed its identity change, including how well this change was accepted by its peers.¹⁷ The relational component of IO identity change also becomes apparent in this scenario: When an organization deviated from its established role, this was perceived as creating uncertainty for its peers, who would no longer know how to assess that organization’s unique competency, thus increasing the potential for conflict among IOs.¹⁸ IO staff even reported that they regularly expected push-back from other organizations if they moved beyond their organization’s established territory.¹⁹

The classification of global health “tasks” was a further recurring component in interviewees’ accounts of IO identities. IOs define legitimate roles on the basis of different tasks available in global health governance. Interviewees typically classified IOs accordingly as being a particular “type” of global health organization,²⁰ for example normative organizations, technical organizations, operational organizations, funding organizations, and those that are “strong” on advocacy and accountability.²¹ These distinctions served to demarcate organizational distinctiveness and were also employed to clarify how several organizations would work together on shared tasks. They therefore tended to intersect with arguments about IOs “comparative advantage” and “added value.” To illustrate, such statements included negative assessments of how peer organizations encroached on the own IO’s task list, area of competence, and added value, and/or how they pushed the own IO to engage in activities that were seen as incompatible with the latter.

For instance, in describing WHO’s “added value,” a WHO employee told us that it could play “a very, very important role [as a] neutral technical advisor.”²² Related to this, they expressed concern over Gavi’s extending “monetary and technical role” and noted that rather than remaining “just a financing mechanism” it was “becoming a new agency and organization, which was never the intention.”²³ Moreover, the same interviewee described how Gavi “pushed” WHO into performing more operational activities in the context of immunization campaigns and into managing donor funds in a way that “compromise[d] th[e] neutral technical role” of WHO and did not correspond with its “added value.”²⁴ In describing the daily relations between the organizations, Gavi staff corroborated the view of WHO’s role as

a “technical partner,” emphasizing that that was “their mandate” and that Gavi “rel[ies] on them, on the technical expertise.”²⁵ While painting a less conflictive picture, they confirmed that taking on “too much” of a technical role would encroach on WHO’s role and area of competence:

our [Gavi’s] technical expertise is enough to have a good dialogue with them [WHO], but if not that, there is an epidemiologist that is required to help a country - it is not that we would get someone from Gavi to go.²⁶

Finally, formal mandates are sometimes used as an argument to discipline what is perceived to be IO mission creep, either when non-health IOs push into the field or when health IOs move beyond “their turf.”²⁷ Formal mandates were also referred to in order to differentiate between organizations based on their different normative commitments and obligations. For instance, a current UNAIDS and former WHO employee, reflecting on the creation of the Global Fund and its impact on the health field, told us that it was “somewhat sad that it is outside of” and “does not have the human rights mandate of the UN, or the development mandate.”²⁸ In contrast to agencies with such a mandate, the Fund was “a funding agency, sort of without a heart” that came in “during a fairly strong time of a human rights focus” and which had therefore “embraced” it. Yet this situation was “very fragile,” and with “the new leader,” it was “just up for grabs if he [would] do the same.”²⁹

POSITIONING AS NEGOTIATION OF THE CONTOURS OF THE ORGANIZATIONAL FIELD

Our interviews showed that positioning practices between IOs do not only reflect back on the status of individual IOs but also serve to negotiate the boundaries of the organizational field of global health overall. Boundaries are drawn by exclusion, meaning that arguments revolve around separating “global health” from other realms, such as humanitarianism, development, or human rights, and defining which IOs are considered competent to address health issues and problems and which IOs are perceived to legitimately populate and act within the wider field of global health. Conversely, the contours of the field can also be expanded by including new topics, which empowers new or previously marginal actors. For instance, some interviewees shared how, over time, new topics have been added to the agenda of global health and others have been sidelined, noting the recent advent of noncommunicable diseases to the detriment of infectious diseases or the increasing connection being made between health and the environment.³⁰

Reframing an existing health issue in a manner that (more explicitly) connects it to development, human rights, or humanitarian concerns likewise has the effect of empowering new actors or even creating the conditions that make the founding of new IOs possible. Several interviewees mentioned that redefining HIV/AIDS as more than a “technical,” “medical” issue meant that it was taken out of the hands of WHO, and the need for an organization that took a broader, more comprehensive approach to health became apparent, resulting in the creation of UNAIDS.³¹ IO staff

¹⁶Interviews 7 and 13.

¹⁷Interview 2.

¹⁸Interview 2.

¹⁹Interview 10.

²⁰Interview 13.

²¹Interviews 6, 15, and 20.

²²Interview 5.

²³Interview 5.

²⁴Interview 5.

²⁵Interview 13.

²⁶Interview 13.

²⁷Interviews 7 and 10.

²⁸Interview 3.

²⁹Interview 3.

³⁰Interview 10.

³¹Interviews 3 and 6.

reported to go to quite some lengths to ensure their organization remained relevant by attending interagency meetings and claiming issues under discussion at those meetings for their IO by highlighting their organization's comparative advantage in handling the issue (they would, for example, use the verb “owning” when discussing a particular constituency, such as young women).³² During technical discussions, IOs would similarly seek to shape guidelines or operating procedures under discussion to best fit the way their organization was already handling an issue.³³

What emerges from these portrayals is a deeply relational process of self- and foreign identification whereby an IO's position, status, and uniqueness result from the ways in which it defines and markets itself as belonging to a specific field of global governance, as embedded in a web of interorganizational relations, and, at the same time, as distinct from other organizations in that universe.³⁴ All in all, thus, our qualitative analysis of interviews with health IO staff exposed three things: first, the strength of the “cooperation norm,” i.e., the perceived desirability for IOs to cooperate with each other (Pantzerhielm, Holzscheiter, and Bahr 2020b); secondly, the contested nature of individual IO's positions as well as the tasks they “own” in the field of global health; and thirdly, the far-reaching implications of positioning practices of IOs. Not only do they draw the contours of the organizational field “global health” in terms of the actors that are naturally seen as belonging to global health, but they also extend to issues and problems that these actors should address as genuinely being about health. Our interviews also corroborated the findings from our macro-analysis in which we perceived a noticeable shift away from long-standing intergovernmental agencies focusing on knowledge production and operative tasks toward health funding institutions (the World Bank) and institutions with a hybrid character (Gavi and Global Fund).

Overall, our study of interorganizational relations in global health underlines the indeterminacy of the roles and functions of IOs. It substantiates the argument that IO positioning has constitutive effects on the identity and position of IOs in the organizational field of global health. The analysis also brings to light how relations between IOs define the boundaries of organizational fields and how their reorientation shifts the center of gravity in the organizational universe that constitutes global health governance. Ultimately, our positioning analysis furnishes existing studies on the broad historical transformation of international cooperation on health matters with concrete evidence on IO–IO interactions. Both our macro- and our micro-analyses expose the growing pressure on global health IOs to retain their distinctive identity and mandate in an excessively crowded organizational field. Our analysis also documents the strong shift from standard-setting and operational IOs (WHO, UNICEF, and UNDP) toward funding institutions—a finding that underscores scholarship on the accelerating privatization of global health after 2000 and intensifying struggles over authority and power between older, intergovernmental, and newer, hybrid global health institutions (Youde 2012).

Conclusion

With this article, we have sought to contribute to contemporary scholarship that opens up new avenues in research on IOs and how they interact with—and are shaped by—their

complex organizational environment (Bush and Hadden 2019; Green and Hadden 2021). The relational perspective on IO–IO interaction we have proposed in this article builds on the central assumption that relations and interorganizational networks between IOs are constitutive of their identity and status in complex institutional landscapes. We introduced “positioning” as the central concept to study IO–IO relations, understood as the continuous (re)negotiation of IOs' positions in an organizational field that is reflected in collaborative practices between IOs. This negotiation is crucial to understanding interorganizational relations in densely institutionalized organizational fields.

We developed our arguments regarding the effects of IO positioning at the micro- and macro-levels. At the macro-level, we showed how IO positioning affects IO status. We built those insights on the frequency of in- and out-reporting as a measure of how IOs evaluate each other's relevance in an organizational field over time. The network analysis also underscored that identity formation among IOs is a relational process. We were able to observe in our data that, for example, the World Bank was drawn into the global health field largely by already established health IOs rather than presenting itself as a global health IO. We also noticed how WHO's role as a central IO was evidenced in the data by virtue of it being reported on very frequently across all years combined. And yet, we were able to trace, with our data, WHO's relative decline over time as some of the attention in the organizational field shifted when its peers began reporting increasingly on other IOs. At the micro-level, we showed through our interviews that IO positioning involves both demonstrating cooperation and competing with peers. By positioning themselves in a complex organizational field, IOs negotiate which organization is deemed competent, in which organizational field it may legitimately act, and which issues and tasks it is allowed to own. Overall, the interview results also strongly underscored that IO staffers perceive themselves to be embedded in a large organizational environment that affects how they can carry out their daily work. Positioning vis-à-vis other IOs constitutes a pervasive practice in the daily activities of IO staff, and the management of interorganizational relations has evolved into a free-standing policy domain, as evidenced by efforts at the international level to reform and govern entire multi-IO “governance architectures.” Complex organizational fields like global health, thus, confront IOs with gravitational forces that, over time, lead to the multiplication of their interorganizational ties. At the same time, their own actorness as individual organizations demands that they draw boundaries, resist these gravitational forces, and demonstrate their supremacy and comparative advantage. As we have shown elsewhere, IO–IO relations reveal that interorganizational cooperation has become a value *sui generis* in global health governance (Bahr, Holzscheiter, and Pantzerhielm 2021). However, our analysis clearly shows that IOs must cope with very conflicting demands: They must follow the imperative to “cooperate, yet show your unique selling point.”

In light of the findings of our positioning analysis, the continued debate on a dysfunctional or missing global health architecture—especially by those actors who wish to see WHO at the heart of global health—appears unsurprising (Gostin et al. 2020). Our article presents systematic evidence of the cooperative and competitive pressure that IOs confront as a consequence of being embedded in ever more fragmented institutional landscapes. The discrepancies between self-perception and foreign perception that our study has brought to light suggest that mandate overlap and

³²Interview 20.

³³Interview 2.

³⁴Interviews 2 and 8.

duplication may be a logical corollary of organizational fields rather than a result of irrational institutional design. From our relational perspective, even the existence of only two IOs within a given issue area suffices to activate competitive and cooperative positioning practices among IOs. In fact, when the World Bank entered global health as a resourceful contender to WHO in the late 1970s, the centrality of WHO began to diminish in our networks, with interorganizational relations shifting toward the World Bank. The longitudinal SNA study exposes intensifying and multiplying interorganizational ties in the late 1990s, the period that is commonly associated with excessive privatization in global health governance and a growing competition among the many global health players for limited government and private funding [Ruckert and Labonté 2014](#). Our qualitative study corroborates the continuous contradiction between the competitive dynamics in a global health funding market on the one hand and compliance with norms stipulating interorganizational harmonization and cooperation on the other. We conclude from our study that, as long as these market logics continue to shape the organizational field, with powerful funders' interest in competition and institutional experimentation, policy debates on effective global health architectures or "ecosystems" may remain futile. Future research will need to extend both our SNA study and interviews toward power and resourceful individual state and nonstate actors with multiple institutional memberships whose preferences and institution-building strategies may hold strong explanatory power for the network dynamics, patterns, and shifts observed in health governance and beyond ([Andonova 2017](#)).

Interviews

- I2: Interview with UNICEF employee, Geneva, May 23, 2018.
- I3: Interview with former UNAIDS employee, Geneva, May 23, 2018.
- I4: Interview with UNDP employee, Geneva, May 24, 2018.
- I5: Interview with WHO employee, Geneva, May 24, 2018.
- I6: Interview with UNAIDS/former WHO employee, Geneva, May 25, 2018.
- I7: Interview with Global Fund employee, Geneva, May 28, 2018.
- I8: Interview with IFRC, former Global Fund/World Bank/UNICEF/WHO employee, Geneva, May 28, 2018.
- I9: Interview with health IO employee, Geneva, May 29, 2018.
- I10: Interview with health IO employee, Geneva, May 29, 2018.
- I11: Interview with WHO/former UNAIDS employee, Geneva, May 30, 2018.
- I12: Interview with IFRC, former WHO/Global Fund/Gavi employee, Geneva, May 30, 2018.
- I13: Interview with Gavi employee, Geneva, May 30, 2018.
- I15: Interview with UNAIDS/former WHO employee, Geneva, May 31, 2018.
- I16: Interview with health IO employee, Geneva, May 31, 2018.
- I17: Interview with Global Fund employee, Geneva, May 31, 2018.
- I18: Interview with health IO employee, Geneva, May 31, 2018.
- I19: Interview with UNAIDS employee, Geneva, June 1, 2018.
- I20: Interview with health IO employee, Geneva, June 1, 2018.

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