Paradigm Shifts for Global Health
Supporting Diplomacy and Policy Pathways

A summary of ongoing reform discussions, trends and perspectives

(November 2025)

Many initiatives regarding reforms of the global health ecosystems are currently on-going. The purpose of this paper is to provide an overview of processes and voices shaping the current reform discourse and synthesise the key discussions. While the reform proposals overlap in substance and in the organisations and individuals involved, in this paper we categorised them into regional and state-led initiatives; academic, think-tank and other contributions; and proposals concerning multilateral institutions.

Regional and state-led initiatives

Discussions originating from the African continent have centred on health financing, power, and equity, with a strong emphasis on co-design of the new global health architecture.

In August, the President of Ghana convened ***the Accra Summit***, a landmark gathering where African Heads of State, policymakers and global health stakeholders formally endorsed the Accra Initiative, which aims to transform the global health architecture into one that supports Africa's health sovereignty. At the UN General Assembly in September, senior political leaders convened again for the 'Accra Reset', to underscore that health reforms are part of a fundamental reset of the global development agenda. The Accra Reset also repositioned this from a regional to an African-led global initiative. It was announced that a global Presidential Council (at Head of State and Government level) covering different continents (including Africa, Asia and Latin America), would be established to steer the next stage of this agenda.

In April 2025, ***Africa CDC*** published a concept paper for health financing in the new era, with key pillars including domestic resource mobilisation, innovative financing mechanisms, and investment in African manufacturing. During a Devex event on the sidelines of the IMF and World Bank annual meetings this October, Africa CDC chief Jean Kaseya stated that African countries did not require additional donor funding, but greater donor coordination and more efficient resource utilisation. In November, Ngashi Ngongo et al (Africa CDC) published a correspondence piece in The Lancet, reaffirming the need for African-led reform efforts and warning that multilateral organisations which fail to empower African leadership risk becoming obsolete.

With lingering debt seen as one of the major impediments to health sovereignty, African Union held its first Debt Conference in May 2025, aiming to establish more effective mechanisms for debt management. South Africa has also made debt a central theme of its G20 presidency. This October, ***Finance Ministers of the G20*** issued a declaration on debt sustainability, reiterating their support for the Common Framework for Debt Treatments. In November, Hatice Beton, the Executive Director of The G20 Health and Development Partnership, and colleagues published a

policy brief which argues that addressing debt sustainability issues requires a joint definition of sustainable finance for health. Focusing specifically on financing for pandemic preparedness and response, the G20 High Level Independent Panel issued a report presenting five recommendations which span domestic resource mobilisation, geographically diversified access to medical countermeasures, development bank financing, operationalised financing for tests, treatments and PPE, and stronger Pandemic Fund. Authors published a corresponding Comment in The Lancet.

South Africa also proposed a Cost of Capital Commission during its G20 presidency, which does not seem to have materialised.

This year's International Conference on Public Health in Africa, held in Durban in October, yielded an outcome document titled ***'The Durban Promise'***, mirroring the ambitions of the Accra Reset. The document, designed to feed into this month's G20 summit , was referred to as the origin of 'Africa's Health Sovereignty Movement', with key priorities being local manufacturing, data ownership, innovative health financing, and stronger primary healthcare.

The European Commission initiated a reflection process on the future of global health, bringing together a group of like-minded donors, such as Japan, Canada and Australia, to explore how they can advance global health architecture reform based on a joint vision and priorities. This process intends to build on principles of the Lusaka Agenda and yield an options paper of collective actions for EU and likeminded donors to consider. The process will conclude in January 2026.

In her State of the Union address in September, EC President Ursula von der Leyen announced a new Global Health Resilience Initiative, emphasising Europe's readiness to take on leadership in global health. The details of the initiative have not yet been shared publicly.

The United States have set out their renewed vision in the 'America First' Global Health Strategy, published in September. This explicitly mentions outbreak containment and opportunities to capitalise on emerging markets as motivations for US engagement in global health. It also cites inefficiencies and culture of dependency associated with US foreign assistance. The major policy change is the announcement of a shift towards time-bound bilateral agreements with recipient countries. The US aims to finalise around 70 of these 'global health compact agreements' by the end of 2025 (timed to align with future budget cycles). The new approach marks a major overhaul of US global health policy away from multilateralism, the implications of which will need to be followed closely. Drafts of the bilateral Memorandums of Understanding with the United States, made public in November, sparked concerns due to the requirement for countries to share pathogen information in exchange for aid, which could have implications on the Pathogen Access and Benefit Sharing (PABS) system, currently under negotiations in multilateral fora. The agreement's annexes – which will contain important details on the partnership obligations – are not yet public.

Academic, think-tanks and other contributions

In mid-2025, The Wellcome Trust commissioned bold proposals for a new global health architecture, put forward by thought leaders from Africa; Asia and Pacific; Latin America and Caribbean; Europe and North America; and Middle East and Central Asia regions. The authors also published a joint Comment in the Lancet, highlighting where their proposals aligned and diverged. All papers noted a power shift towards regions and countries, describing decentralisation as inevitable. The proposals have helped to inform regional dialogues, which are currently being organised by designated institutions in each of the five regions. A link between the European dialogue and the abovementioned EU reflection process has been established to minimise duplication of effort. Wellcome will consolidate these conversations in a global dialogue in early 2026, aiming to build agreement around the actions needed to move forward.

In September 2025, ***Rasanathan et al***. proposed a set of questions intended to guide the ongoing reform discussions, and mapped them against five dimensions: Scope (functions of the global health system and context for carrying them out); Operating model (at which level should these functions be delivered); Transition (how should the current model be phased out with maximum retention of benefits achieved thus far); Financing (strategies for national financing of health and the role of global financing system); and Equity (how to achieve a multisectoral and participatory system).

In June 2025, Michel Kazatchkine and Jon Lidén called for a simplification of global health architecture, advocating for equitable input from the Global South and the Global North in change-oriented yet pragmatic discussions.

Devex initiated a 'Devex CheckUp' series, which examines the changing global health architecture with intentions to translate the emerging ideas into practice. In one of the 'CheckUps', Axel R. Pries argued that the new architecture ought to strengthen the role of the Global South, abandon donor-recipient dynamics, accommodate regionality, and reimagine structures that comprise it.

The journalistic initiative ***Geneva Health Files*** has been actively monitoring and reporting on the events relevant to the evolving global health architecture.

In October 2025, ***Spark Street Advisors*** issued a short report summarising initiatives focused on reimagining the global health architecture, including Lusaka Agenda; Wellcome Trust process; Gavi Leap; Accra Initiative; and the Nature Medicine comment by Rasanathan et al.

Other contributions on the overall development aid architecture are also relevant to health. An **FP Analytics paper** ***Moving Beyond Aid*** - *Transforming global development for long-term prosperity* published in early October includes reference to the impact on health financing. The paper

provides an overview of the shift from aid-dependency to partnerships and investment and explores potential models to aid this shift, such as Global Public Investment.

In November, the **World Health Organization** issued guidance on *Responding to the health financing emergency*, proposing immediate policy actions countries can consider (ones that can be 'realistically taken over the next 12 months') and medium- and long-term policy options (addressing which structural shifts are needed for sustainable financing systems).

Peter Baker (CGD) authored a blog post in November, highlighting the pitfalls of current reform initiatives and proposing an African Union, European Union, United Kingdom (AU–EU–UK) tripartite agreement as a pragmatic approach to reforming the global health architecture.

Proposals concerning multilateral institutions

In July 2025 the Center for Global Development launched a series titled *Tough Times, Tough Choices* offering strategic guidance for major global health institutions amidst the current health financing shifts and advocating for strategic redistribution of resources rather than across-the-board budget cuts. The authors of the first series paper (Baker, Bonnifiled and Keller) envision a radically simplified WHO, suggesting that the organisation should focus on three functions: global leadership and convening; global health security; and global public goods. This simplification would entail downscaling WHO's in-country presence and technical assistance, a recommendation which received mixed responses. Some counter suggestions included increasing local relevance by strengthening the collaboration between the HQ and country offices, or diversifying in-country presence based on need, with special attention paid to fragile settings.

In contrast, in essays on his personal website and in a guest feature for Geneva Health Files, ***Andrew Harmer*** warned that oversimplification may be a 'race to bottom' for WHO, and that downsizing would hardly incentivise member states to revitalise the organisation, let alone commit to mandatory contributions. This approach has been contested by WHO staff as well, amplifying turbulence in Geneva. Much of the debate around the future of WHO centres on the organisations core mandate, the extent to which this can and should extend beyond the organisations normative and technical work, and how it can be sustainably financed.

This October, think thank Santé mondiale 2030 developed a policy brief on seizing the financial crisis as an opportunity to rethink and strengthen the WHO, suggesting it focuses on its core normative mandates, and limits technical assistance and emergency field operations.

In June, Gavi set out initial visons for internal reforms under the self-initiated LEAP programme, guided by principles of country centricity, country sovereignty, limited mandates and finite lifespans. Gavi presented these principles as a possible blueprint for a 'Global Health Leap',

demonstrating its ambition to influence the reform process more broadly. In closed-door sessions and open panels at this year's World Health Summit, Gavi CEO Sania Nishtar reiterated the four Leap principles and encouraged their application to the global health system at large.

In a July paper in the CGD *Tough Times, Tough Choices* series Keller et al share views on reforms within Gavi, once again endorsing considerable simplification by transitioning to 'New Compact Envelope Financing', an approach based on country-led prioritisation and financing of top priorities, supplemented by donor funding.

Most recent from CGD is a policy paper centred on the Global Fund, with authors (Keller, Landers and Rockafellow) suggesting that the organization could adapt to the shrinking aid landscape by shifting to a combined grant and concessional loan disbursement model.

The UN Secretray-General has announced plans to sunset UNAIDS by 2026, as a part of 'UN80' vision to make the organisation more agile, integrated and effective. However, this announcement has incurred substantial pushback from UNAIDS officials and African governments, who questioned the feasibility of and the rationale for deviating from the original 2030 sunset date. Additional reflections on the SG's proposal have been summarised in The Lancet HIV feature article by Cahal McQuillan this November.

An update to this summary paper will be shared in early 2026.

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