

Transforming the Global Health Ecosystem

Reflection 15 January 2026

Amid widespread discussions on global health reform, the recent writing by Muhammad Ali Pate, Donald Kaberuka and Peter Piot for [Think Global Health](#) and [The Accra Reset](#) offers some timely and much-needed clarity on how to advance the reform agenda.

Building on a pragmatic assessment of both the achievements and shortcomings of the global health system, the authors suggest six principles for reform:

- I. Positioning health as a core component of national development;
- II. Championing country-led priorities;
- III. Pursuing efficiencies;
- IV. Preserving global public goods;
- V. Critically assessing the capacity and quality of existing institutions and identifying sunset clauses where appropriate;
- VI. Strengthening domestic health financing.

These principles are complemented by ten considerations to guide reform efforts, including important recommendations to use 2026 as a planning year for changes that can be implemented from 2027 onwards, and calls to drive reform through coalitions of the willing.

The paper puts forward bold options for mergers and acquisitions across the global health institutional landscape, spanning multilateral organizations, funds and banks, disease-specific entities, and product development partnerships. While such extensive consolidation has its own costs and risks, these must be weighed against the far greater consequences of inaction and maintaining the status quo.

Simplification of the current ecosystem is essential, but as the authors point out, it should not be mistaken as the end goal of global health reform. Rather, streamlining is one critical tool for building a more fit for purpose system.

Considering the unprecedented momentum for change, alongside profound geopolitical and epidemiological shifts, reform ambitions must extend well beyond cost containment and management of the ongoing financial crisis.

A major message is that with decisive leadership and political commitment, a transformed global health system could become operational within the next three years; one that is marked not only by greater efficiency and fewer institutions, but also by responsiveness to evolving health needs, more sustainable financing mechanisms and a more equitable power distribution within it.

Our reflection is that the suggestions made by these highly respected leaders provide a strategic basis for making the dialogue about the “future global health architecture” more concrete. We believe that discussions now need to be less about what to do and instead refocus on how to

make it happen. A coalition of the willing might be a good way forward, one with active participation from Africa, Asia, Latin America and the Middle East.

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