Financing global functions for health: Can we move beyond ODA?

Summary of the 3rd roundtable discussion

6th March 2026

The Future of Financing for Health and of Global Health Functions

In the context of a global health financing crisis, shifting power dynamics within the international financing architecture, and growing momentum around health sovereignty, the *Partnership for International Politics and Diplomacy for Health* is convening a series of informal roundtable discussions on the future of financing for health.

The aim is to create a space for participants to listen, learn and exchange views and ideas on the most promising and urgent reforms and the pathways through which these could be delivered. Each of **three planned roundtables** will focus on different but interrelated aspects of health financing:

1. **ODA in decline – rethinking its role for health**
2. **Accelerating domestic resources for health – what will it really take?**
3. **Financing global functions for health – can we move beyond ODA?**

Summary notes from the 3rd roundtable discussion

Much of the discourse within global health reform centres on shifting power and responsibility from global to regional and national institutions. This shift is overdue, but there are several core functions — functions that yield benefits for all, and that no single country or region can deliver alone — that must continue to be performed at the global level. There is growing recognition that the ODA model that has so far sustained these functions is politically and fiscally unstainable. At the same time, the ability of many emerging economies to contribute has grown drastically in the past 20 years. Against this backdrop, the third and final roundtable in the series explored how global functions could be financed in the decades ahead, and what this means from a fiscal, governance and political perspective.

This note summarises the main themes, ideas, concerns and questions raised during the discussion.

The need for greater granularity in global health financing

A recurring theme in the discussion was the need to make clearer distinctions between the goals and objectives of global health financing streams. This would enable different funding models to be applied based on the functions and objectives, rather than relying on a one-size-fits-all approach. One proposal was to distinguish between at least three broad financing categories: i) Humanitarian funding (for fragile and crisis settings); ii) Long-term development and poverty alleviation; and iii) Global public goods. However, it was acknowledged that in practice this categorisation may be hindered by a lack of agreement around which functions should remain global and what constitutes global public goods for health.

Participants argued that identifying new funding sources for global health depends on more nuanced descriptions of what is being financed. Multiple mechanisms or thematically distinct, smaller funds were considered more politically palatable in the current geopolitical climate, where the feasibility of establishing a single global health fund was assessed as limited.

Making funding fit for purpose

When discussing desirable qualities of financing mechanisms for future global functions, participants emphasised the importance of sustained and predictable financing (rather than short-term and time-bound resource allocations) alongside greater efficiency. This included reduced earmarking, lower transaction costs, and enabling more flexible, needs-based distribution of resources.

Several potential ways of financing were put forward, including Global Public Investment models and assessed contributions; direct non-ODA budget lines for global public goods as an addition to traditional aid budgets; non-ODA contributions from line ministries; 'innovative approaches' (such as solidarity-based levies and debt-swaps); and engagement with multilateral development banks.

Participants repeatedly highlighted the opportunity to learn from other sectors, such as the environmental sector and international security (e.g. UN peacebuilding operations, aviation safety), while also reflecting on the lessons of past global health initiatives, ACT-A being one example.

Crucial mindset shifts needed

While the idea of international health financing beyond ODA was broadly supported in principle, participants noted the importance of clear incentives across different income groups.

High-income countries may be compelled by arguments linking global health investments to security, development and crisis preparedness. For low-income countries, participation in global financing arrangements may depend on credible pathways to equitable access to the benefits generated, such as new medical countermeasures. Participants also stressed the importance of moving away from the notion of 'net beneficiaries' and recognising the mutual benefits of cooperation.

Participants advocated for moving away from the current OECD-based conceptualisation of ODA, which poorly reflects the realities of contemporary global health cooperation. ODA was described as an 'accounting construct', with members of the OECD DAC – especially those that have pledged to spend a proportion of

GNI on ODA – having little incentive to move to non-ODA financing of global health functions until the definitions are fundamentally redefined.

A barrier to operationalising global public investment models is the difficulty of agreeing how much each country should contribute and ensuring that governance structures do not reinforce the 'pay-to-play' dynamics in which larger financial contributions translate into disproportionate decision-making power.

Overall, questions surrounding the financing of global functions for health were seen as ultimately political rather than technical. Participants concluded that the current scrutiny of multilateralism and the rise of inward-looking policy agendas should not deter countries from working toward a more equitable financing architecture for the next era of global health.

Keeping the conversation going

The three discussions in this roundtable series generated valuable insights regarding the evolving role of ODA; mobilisation of domestic resources for health; and financing of global public goods. We hope to bring these perspectives together in a joint publication, and we now invite your suggestions regarding the topline messages and overall framing. The draft paper will subsequently be shared with you for further input.

Resources and links shared during the call

- The accidental birth of "official development assistance" | OECD
- Investing in a common future: A new framework for development policy (Norwegian Ministry of Foreign Affairs)

About us

The Partnership for International Politics and Diplomacy for Health is a collaboration between the Stockholm School of Economics and Karolinska Institutet. Our work consists of four complementary and mutually reinforcing work streams: an Executive Program for future health leaders, the Health Diplomacy Institutional Network, focused Research efforts, and Policy engagements.

Our policy work seeks to contribute to the international dialogue on what a reformed international ecosystem for global health could look like. We call this workstream ***Paradigm Shifts for Global Health - Supporting Diplomacy and Policy Pathways.*** This is not a standalone initiative or process, but a means through which we engage as both originators and conveyors of ideas that could potentially assist in paving the way for a reformed international ecosystem for health.

Read more here: https://globalhealthdiplomacy.se/policy-engagements