

ODA in decline – rethinking its role for health

Summary of the 1st roundtable discussion

16 December 2026

The Future of Financing for Health and of Global Health Functions

Against the backdrop 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 1st roundtable discussion

The first roundtable, held on 16 December with 12 participants, focused on the evolving role of development assistance and its effective use during the transition towards domestic health financing. This note summarises the main themes, ideas, concerns and questions raised during the discussion.

End of the ODA paradigm?

There was a broad agreement that there is an opportunity to shift the global health financing system away from the traditional ODA-based paradigm. This shift is seen as fundamental to address the power imbalances within the sector and to affirm the wider calls for health sovereignty.

Participants underscored that the discussions on global health financing should centre not only on the volume of resources available, but also on how those resources are acquired, how they flow and are used. The drops in funding have not been evenly distributed; while certain health areas have come close to budget depletion, others may experience budget increase, warranting closer scrutiny of ODA flows.

Heightened debates and commitments on domestic financing are promising but will take time to materialise. Major questions remain about the pathways for transitioning away from DAH and what this means for ways of working, including by sovereign funders and global health institutions.

The evolving role for DAH – questions remaining

While DAH has fallen substantially, many see that international finance remains critical, though there is some debate around the pace of the transition away from DAH and the feasibility of reaching a point where it becomes irrelevant.

Although funding cuts in global health throughout 2025 have been substantial, significant resources remain. Overall, ODA in 2026 is estimated to be around 2015 levels, or 150 billion USD. In the context of DAH, further analyses and strategic discussions are needed on its evolving role and specific purpose, especially in the transition phase towards domestic resources.

Subsidiarity came out from many participants as a major issue for the use of DAH, and a critical principle for any evolving role. We have seen ‘excessive enthusiasm’ on the global level, and we need to overcome this as we move forward.

Several participants pointed to a prevailing tension between long-term vision and immediate priorities. Considerations on how to rationalise DAH use include allocation based on: disease burden and need; possible health impact; fiscal space; and the ability to catalyse health system strengthening. The relative priority given to each of these points will result in different decisions, highlighting key tensions and trade-offs.

The use of ODA in humanitarian contexts and for low-income countries, especially those with least access to other sources of finance, was raised. Participants agreed that DAH is largely obsolete in middle-income settings. There were some discussions on the role of the global health initiatives, which are predominantly funded by ODA, including around the importance of their market shaping functions.

Uncertainty to navigate

It was also noted that some funding is re-entering the global health system through bilateral channels, exemplified by the global health compacts spearheaded by the United States. Concerns were raised about the emerging agreements between the US and African countries posing risks of ‘neo-dependency’ and ‘re-verticalization’. Overall, participants stressed that recent developments suggest the US will remain a major player in global health, albeit through different forms of cooperation.

Reframing the narrative and looking beyond health

Multiple participants called for engagement with security and defence and recommended these domains as potential sources of financing for health, especially when it comes to providing global public goods.

Multilateral development banks were highlighted as actors with a growing capacity to channel money into health, especially by leveraging links with climate and planetary health, and by capitalizing on health gains from investments made in other sectors.

What should happen and what will happen – in search of a middle-ground

Several participants raised the disconnect between views of what ‘should’ happen and what is likely to happen; and the need to clarify the influencing space between this.

While achieving consensus on the problem, and to some extent the solution, appears feasible, there remains a lack of clarity on the roadmap for a transition. Where this will emerge from, and whether a political coalition can unite around it, is an outstanding question. In any case, effective transition will necessitate actors letting go of the old ways of working and engaging in pragmatic, focused debates.

Links shared during the call

- [We need more people ready to fight, military chief says \(BBC News\)](#)
- [Germany’s Secret Plan for War With Russia \(The Wall Street Journal\)](#)
- [From Scarcity to Security \(ONE\)](#)

Keeping the conversation going

We look forward to continuing this conversation at the next discussion on February 6 (14.00 CET), which will explore strategies for accelerating domestic resource mobilisation for health. Concept note and guiding questions to follow.

The series will conclude in March with a discussion on financing of global public goods, looking into approaches beyond ODA.

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>