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# What are global health reforms about and can they make a difference?

*Insights on key reform discussions, trends and perspectives*



**Partnership for International Politics**  
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# Global health at a crossroads



- Even though ODA will continue to play a role in global health financing, its 'golden days' are over and its drop is unlikely to be reversed
- Approaches to navigating the volatile funding environment and **appetite for reform** differ between actors across the global health ecosystem

## Status quo

- Cost-cutting and efficiency
- Holding onto the aid paradigm on a budget
- Prioritising institutional survival

## Strategic transformation

- Preserving institutions based on their added value and evolving health needs
- Addressing dysfunctional power dynamics and financing models



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## Global health reform

refers to the ongoing period of heightened momentum and commitment to address structural weaknesses in the global health system, catalysed by the sharp decline in development assistance for health.

*characterised by intensified debate and*

*proliferation of initiatives centred on modernising the international ecosystem for health and making it more fit for purpose*

# Not a new conversation: Calls for systemic change in global health predate 2025

- The global health system has contributed to **remarkable health improvements** over the past two decades
- However, there have been **longstanding critiques of its design**, including concerns related to:
  - Proliferation of global health institutions
  - Fragmentation, mandate creep and overlap
  - Aid dependency and power asymmetries
  - Misaligned incentives and verticalisation
  - Financing unsustainability
  - Weak implementation of articulated commitments



*Increasingly complex and competitive landscape*



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# Evolution of global health reform



- Launch of the **Gavi Leap**
- Initiation of the **EC Reflection process**

- **Wellcome Trust Regional Dialogues**
- First **US bilateral deals** signed
- **WHO** proposes to host a joint reform process

- EB supports **WHO's** proposal to host a joint reform process

- **Wellcome Trust Global Dialogue**

Mid 2025

Sept 2025

Dec 2025

Jan 2026

Feb 2026

March 2026

April 2026

May 2026

- Launch of the **Accra Reset**
- **America First Global Health Strategy** published
- **Wellcome Trust five discussion papers**

- **US** leaves the WHO
- **Accra Reset** convening in Davos

- **Final report from the EC Reflection process** published

- **WHO-hosted reform process** to be discussed at the **WHA**
- Next steps **Accra Reset**



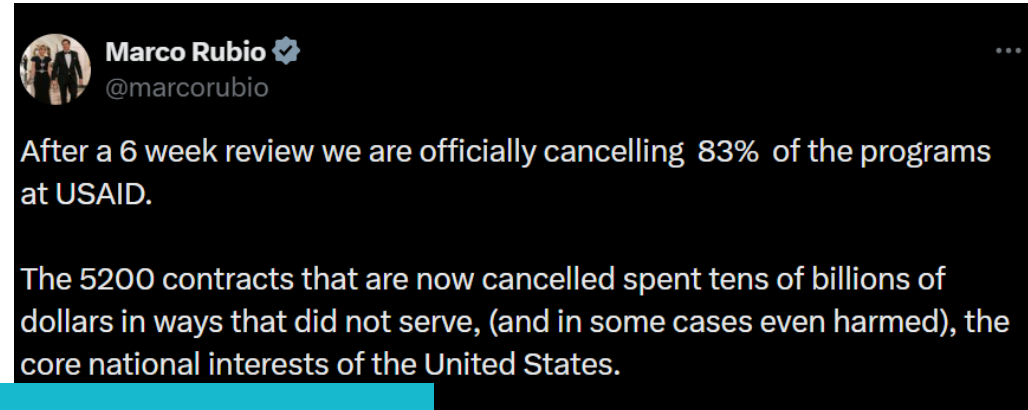
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# Financial crisis as a catalyst for reforms



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- Major funders, including but not limited to the United States, announced **significant cuts to their foreign aid budgets and global health spending in 2025**
- The subsequent **financing crisis** is not the origin of the reform discourse, but it:
  - Made adaptation urgent (opening a window of opportunity for reform)
  - Shifted the tone to more political
  - Amplified South voices calling for self-sufficiency



**21%**

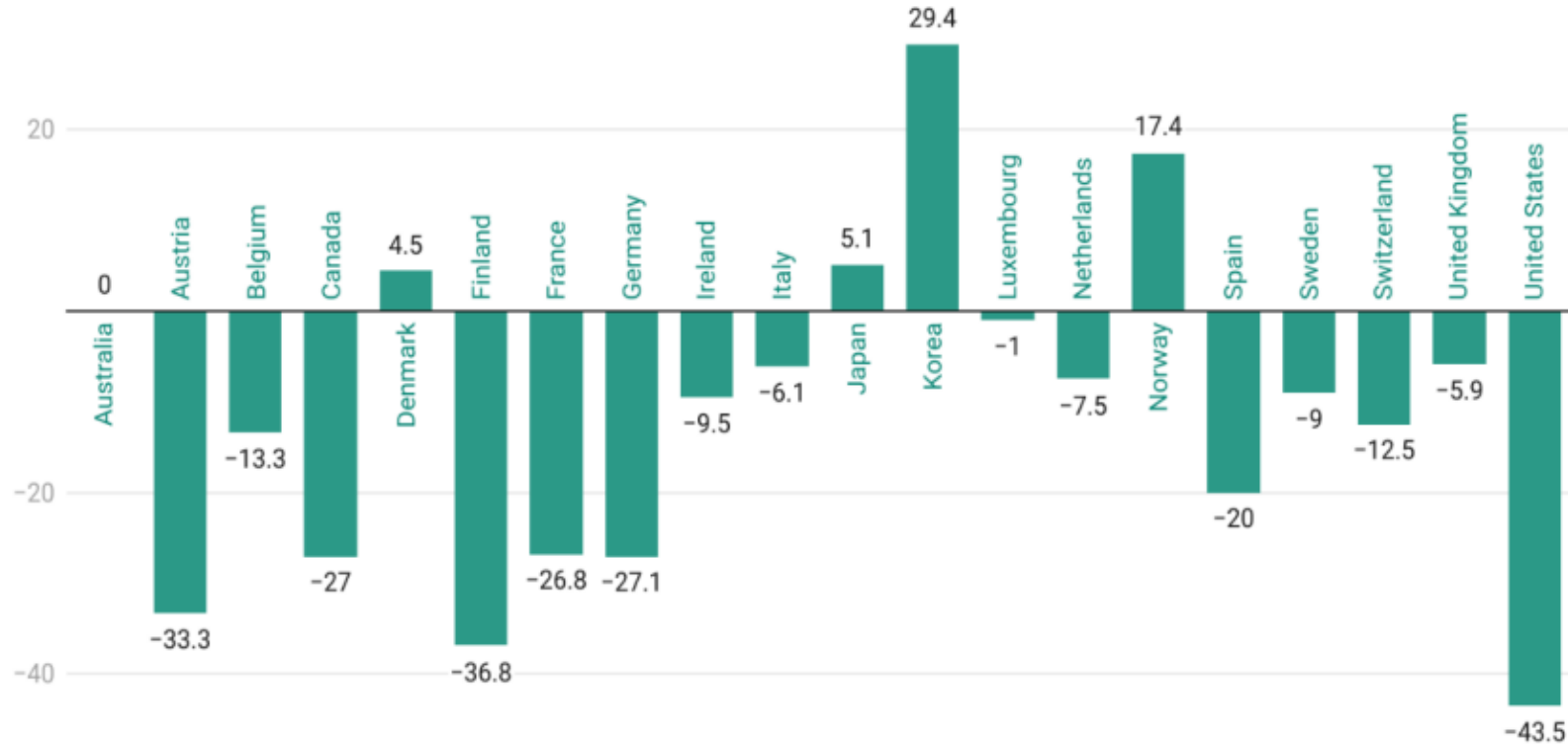
decline in development assistance for health (DAH) globally between 2024 and 2025, from \$49.6 billion to \$39.1 billion. Forecasts indicate that DAH is likely to decline even more over the next five years.





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# Declining ODA: Not a new nor an isolated trend



Percent change in ODA as a percent of GNI between 2022 and 2025 among OECD Development Assistance Committee countries



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# Fragmented reform for a fragmented system?



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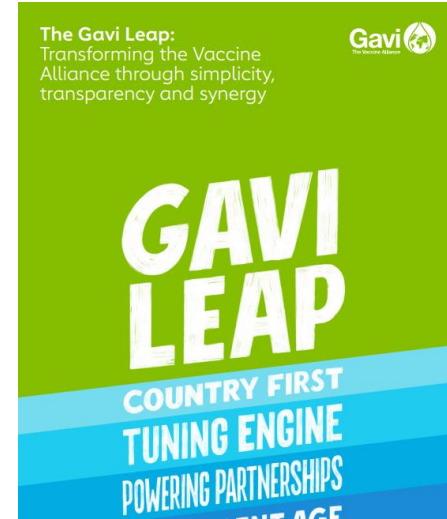


Provisional agenda item 29.1

22 December 2025

## Reform of the global health architecture and the UN80 Initiative

Report by the Director-General



HISP  
KNOWLEDGE HUB TO THE EUROPEAN COMMISSION ON HEALTH, INEQUALITIES & SOCIAL PROTECTION

Final report

EU AND LIKE-MINDED DONORS' REFLECTION PROCESS ON REFORM OF THE GLOBAL HEALTH ARCHITECTURE:  
Reform ideas and options



Report summary

**Bold ideas for a reformed global health system**

[Read image details](#)

## AMERICA FIRST GLOBAL HEALTH STRATEGY

SEPTEMBER 2025



United States of America

Partnership for International Politics and Diplomacy for Health



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# Not happening in a vacuum



Several relevant processes have been happening in parallel to global health reform discussions, including:

- G20 work on debt sustainability
- International Conference on Financing for Development and The Sevilla Commitment
- UN80; efficiency reforms of the multilateral system at large

*Global health reform has been framed as a starting point for modernising development architecture and multilateral cooperation at large*





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# Global health reform topics continue to receive notable traction



**BBC**

## US officially leaves World Health Organization

23 January 2026

Imogen Foulkes, Geneva correspondent and Otilie Mitchell



**BBC**

## RESETTING GHANA

OBBS. ACCOUNTABILITY. PRO PEP

Reuters

President John Mahama wants to extend his "resetting Ghana" message to the rest of the continent

**The Guardian** Eur

News Opinion Sport Culture Lifestyle

World Europe US news Americas Asia Australia Middle East Africa Inequality Global development

**Global development**

### Rising anger over 'lop-sided' and 'immoral' US health funding pacts with African countries

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## Tough Times, Tough Choices

The *Tough Times, Tough Choices* series offers timely, practical guidance to major global health organizations and international development institutions and their funders on how to allocate resources strategically and effectively in an era of aid austerity.

**Devex CheckUp**

Front-line and behind-the-scenes reporting on global health

Feb. 26, 2026

DEVEX CHECKUP

### Devex CheckUp: 'America First' meets Zimbabwe first

By *Jenny Lei Ravelo* // February 26, 2026

The U.S. will wind down health aid to Zimbabwe as President Emmerson Dambudzo Mnangagwa pushes for sovereignty. Plus, how the Trump administration is planning to replicate the World Health Organization.

- Funding
- Democracy, Human Rights & Governance
- Global Health
- Trade & Policy
- World Health Organization (WHO)



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# Rich exchange of proposals and viewpoints



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Think Global Health

## 10 Considerations for Global Health Reform in 2026

January 9, 2026

Think Global Health

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### Transforming the Global Health Ecosystem for a Healthier World in 2026

African health and finance officials, along with the former executive director of UNAIDS,

Think Global Health

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### Sovereignty vs. Multilateralism Is the Wrong Debate in Global Health

## THE LANCET

This journal Journals Publish Clinical Global health Multimedia Events About

VIEWPOINT · Volume 407, Issue 10530, P820-824, February 21, 2026

[Download Full Issue](#)

### Global health leap: an urgent call to action

[Sania Nishtar, DSc](#)

## THE LANCET Global Health

This journal Journals Publish Clinical Global health Multimedia Events About

COMMENT · Online first, February 19, 2026 · [Open Access](#)

### Protecting global health in the era of the America First Strategy

[Nelson Aghogho Evaborhene](#)

## THE LANCET

This journal Journals Publish Clinical Global health Multimedia Events About

COMMENT · Volume 407, Issue 10529, P655-657, February 14, 2026

[Download Full Issue](#)

### Four paradigm shifts to shape an agenda for global health reforms

[Anders Nordström](#) · [Magda Robalo Correia e Silva](#) · [Helen Clark](#) · [Ren Minghui](#) · [Peter Piot](#) · [Yik-Ying Teo](#)

# Four paradigm shifts to frame the conversations

**Four paradigm shifts** have been proposed as a common framework to drive the reform agenda:

- 1) Shifts in the issues affecting people's health** from infectious to non-communicable diseases, and toward environmental and commercial determinants of health (*shift towards health promotion and disease prevention*)
- 2) Shifts in power** from global institutions to regional and national levels, including a redefining of what functions should be delivered by the global level
- 3) Shifts in design** from a complex, fragmented and competitive system to a modernized and simplified one, with fewer institutions and clearer mandates
- 4) Shifts in financing** from an aid-based paradigm to domestic financing and self-sufficiency, while securing sustainable financing of global functions

# Emerging agreement around *what* is needed, but *how*?

- A roadmap for the next phase of global health reform is now needed, clarifying **which decisions must be taken, where and by whom**
- In practice, tangible change is likely to be delivered through a **series of complementary decisions driven by coalitions of the willing**
- **Legitimacy and resources** for taking this agenda forward are not held by the same actors; cross-regional collaboration is essential
- This is ultimately a **political rather than a solely technical process**

# Key principles and prevailing tensions

## Health sovereignty, but...

How is sovereignty defined? What is an **appropriate timeline** for reaching self-sufficiency and what does **responsible transition** look like? How to move from **aid efficiency to aid redundancy**?  
Are key actors open to genuine **power redistribution**?

## Subsidiarity, but...

Which **functions** should remain at the global level? How to ensure that different levels of health governance complement each other?



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# Bringing all actors together: What will it take?



- Even though the awareness and exchange between various global health reform initiatives have increased over time, the challenge of **leadership vacuum** has not yet been fully addressed
- Two processes currently stand out:

## Accra Reset

- Initiated by President Mahama of Ghana
- Received high-level international backing but faces potential competition within the African region
- Ambiguous governance structure
- Political commitments yet to translate into action

## Joint reform process hosted by WHO

- Proposed by the WHO Secretariat, supported by the Executive Board
- Skepticism over intergovernmental processes and WHO's ability to convene all relevant actors
- Concerns about potential conflict of interest; How might the joint process affect WHO's internal reforms?

*Possible synergies?*



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# Threats to reform progress



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- Vested interests in maintaining the status quo
- Short-term outlook, self-preservation and prioritisation of institutional survival
- Competing political priorities amid intensified geopolitical tensions
- US, Europe and Africa-centric discussions; lack of buy-in and engagement from other regions
- Strong diagnosis and commitments, weak operationalisation
- Reform fatigue
- Lack of credible leadership
- Transactional, ad hoc partnerships
- Lack of trust that meaningful change is possible

*Inaction on the global health reform agenda poses the greatest risk, threatening to reverse past health gains and hinder future health improvements*



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# Some of the prevailing questions



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- How to address the immediate consequences of ODA cuts without reinforcing the aid paradigm?
- What are the longer-term implications of emerging bilateral deals on multilateral cooperation?
- Will Accra Reset institutionalise reforms beyond rhetoric?
- What kind of reform process will WHO member states agree on?
- What is the desired comparative advantage of a future international system for health?
- How should a reformed international system be financed to reflect the mutual benefits of multilateral cooperation?



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## 2026 provides an unprecedented chance to build a more fit for purpose global health system

The global health community has the opportunity and responsibility to seize this momentum



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# We will continue to share regular updates and reflections on global health reform in a series of *Insights papers*:

## March:

<https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-march-2026>

## January:

<https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-january-2026>

## November:

<https://globalhealthdiplomacy.se/media/223/download>



Our latest Insights paper