Insights on global health reform discussions, trends and perspectives

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This is the fourth in **a series of *Insights papers*** summarising our understanding and analysis of global health reform discussions, trends and perspectives. Previous papers in this series are available here.

An overview of key insights since mid-2025 is also available in a slide deck.

We will continue to share regular updates and analyses around key issues and decisions shaping the future of global health.

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Our reflections and analysis

This section summarises our reflections on developments around reforms of the international system for health since the March Insights paper, offering an analysis of the latest discussions. Descriptions of specific processes and events we have been following are provided in the main text of the paper.

Discussions on global health reform remain highly active and continue to garner high-level political attention. The intent behind reform initiatives is starting to shift from inspiring thinking to seeking action. The Accra Reset and the WHO-hosted process stand out in this regard, both promising to deliver on a much-needed roadmap. This is an encouraging response to the leadership vacuum from early days of global health reform. Nonetheless, as these two distinct initiatives develop, it is crucial to ensure complementarity. There is an important opportunity to create synergies and build on each other's respective strengths, rather than evolve as siloed tracks.

The WHO-hosted process is a time-bound, multilateral effort, aspiring for broad geographical and institutional engagement. Yet it may struggle to achieve this in practice given the asymmetries in Member States' capacities and interests to engage. This raises concerns about the process being dominated by perspectives from the Global North. **By contrast, the Accra Reset reflects a stronger Global South anchoring with Head of State leadership** and diverse representation in its high-level panel. Progress updates from the Accra Reset are anticipated during major global governance moments. The upcoming 79th World Health Assembly will be a key chance to assess whether processes intend to converge.

Challenges for the WHO-hosted process lie not only in managing participation by countries, but also in getting buy-in from other institutions and non-state actors. Ensuring that outcomes are shaped by shared ownership, innovative and bold ideas, and transparent consultations will be key to its credibility. It is also a prerequisite for taking forward any roadmap emerging from the process, as decisions need to be taken across different political platforms and governance structures (e.g. boards).

Given its scope, the process is inherently less agile than single-institution reforms or coalitions of the willing. While hosting the joint process is an important role, it should go hand in hand with dedicated attention to WHO's internal reform needs.

Improving efficiency and alignment across global health institutions has been one of the first items on the global health reform agenda. Progress here has been slow, and falls well short of the enthusiasm of late 2025. Current dynamics risk pushing institutions further apart, due to hesitation by institutional leadership as well as influence by major funders, including fragmented and conditional support from the United States.

The US continues to reaffirm that its interest is not to retreat from global health, but to engage on its own terms. This raises broader geopolitical considerations. The 'America First' approach should not be treated as an unspoken or negligible factor in reform discussions. Its tensions with multilateral cooperation for health have been apparent, not least through the bilateral health compacts. Clarifying and navigating the US' red lines could help manage the volatility in the current landscape.

The lack of agreement around core functions of the international system for health presents a fundamental design flaw in recent reform efforts. Establishing a shared sense of what should be done at the global level, and what's better suited for regional and national bodies, could catalyse the ongoing discussions. It is crucial to take stock of where the system performs well, and where its comparative advantage has diminished. Without doing so, there is a risk that the existing institutional biases will be weaved into the reformed system. Albeit uncomfortable, this conversation will only get more difficult the further the reform processes advance.

Global functions are often described as activities that deliver mutual benefits and cannot be performed by countries acting in isolation. A system anchored in such functions would evolve from a mechanism for channelling aid, to a platform for collective action. Within this context, the notion that the global health system should respond to 'country needs' remains relevant; however, it often implicitly refers to the needs of countries in the Global South. It is time we become rather explicit about the interests the system serves in the North. The solidarity-only framing is problematic not only because it is unsustainable, but because it does not reflect reality.

Inconsistencies still persist in how donor alignment is positioned in the reform discourse. On some occasions, it is presented as a means to support transition to self-sufficiency; in others, it is treated as an end in itself. While it may seem subtle, this distinction is far from trivial. It has significant implications for power distribution and the scope of reform.

Global health reform should not be limited to modernisation of the ODA architecture. Rather, it should extend to the international system for health as a whole. The Lusaka Agenda provides an important starting point for streamlining aid, but it does not alone tackle the broader transition beyond it. The fall in ODA is not a temporary shock. The commitment to transitioning into a post-aid era is precisely where the added value and uniqueness of the current momentum lie.

The international system for health must sustain the gains it has helped to achieve, as well as deliver new health improvements. Reform will be incremental, driven by cumulative decisions taken across institutions and levels, rather than one decisive moment. These efforts must be aligned around a shared direction, shaped by voices across regions.

A summary of ongoing reform discussions, trends and perspectives

Building on the prior Insights papers, this section provides an overview of processes and voices shaping the current reform discourse and a synthesis of the key discussions.

Accra Reset

In early April, President Mahama announced an 18-member high-level panel of the Accra Reset, co-chaired by Peter Piot, El Hadj As Sy, Nisia Trindade and Budi Gunadi Sadikin. We are delighted that Gunilla Carlsson has been included as a panel member. A high-level consultative group has been formed to guide the panel's efforts, comprising leaders from major global health institutions.

The Panel's work will focus on three closely related areas in greatest need of change: Financing for health (looking into the full range of financing mechanisms, beyond ODA); Health sovereignty (including access to innovation); and Global health governance and institutional reform (building on a vision of a simpler system with fewer institutions articulated by M.A. Pate, D. Kaberuka and P. Piot). A statement on alignment with other reform processes is expected at the WHA in May. An overview of the Accra Reset was provided in a WHO member state briefing in mid-April.

The panel aims to develop an actionable roadmap for reforms, and present its final report at UNGA 2026, exactly a year after Mahama launched the Accra Reset initiative. This will be accompanied by deliverables such as case studies exemplifying how reform would look in practice, and policy briefs for each workstream.

The unique advantages of the panel are involvement of Heads of State and direct influence over political processes; anchoring in the Global South; and a comprehensive outlook, combining health governance and financing.

WHO-hosted reform process

Based on the request made by the Executive Board in February, the WHO Secretariat designed a proposal for a joint process to support transformation of the global health architecture (GHA). A public consultation was launched inviting stakeholders to share views on the proposal, which will be submitted to the 79th World Health Assembly.

The process is planned around an ambitious one-year timeline, and was initially structured into six workstreams corresponding to GHA functions. WHO has alluded that the process itself will not be country-led, and that it intends to bring together diverse stakeholders across GHA. However, it is uncertain how the Organization will ensure inclusive participation in practice, and prevent a scenario whereby a handful of well-resourced member states spearhead the discussions. Additionally, it is unclear how

adherence to 'guiding principles', including legitimacy, transparency, effectiveness, and evidence-based approach, will be monitored. Selection criteria for representatives leading the process have not yet been made publicly available.

Shortly after the first round of consultation was closed, WHO published proposed adjustments to the joint process, and invited additional input. The updated proposal describes the process as Member State-led (in contrast to previous communications), and places greater emphasis of sustainable financing. Financing is now the focus for one of the three working groups, alongside a group on Functions, Mandates and Capacities; and on Coordination and Inclusive Decision-making. The working groups are expected to engage with the Accra Reset High-Level Panel on an ongoing basis. In terms of written feedback from Member States, more than half of the inputs came from the EURO region, while only one response was received from the AFRO region.

The extended negotiations on the Pathogen Access and Benefits Sharing (PABS) annex could have implications for countries' capacity to engage in initial briefings and consultations on the joint reform process. Progress on the PABS system may also serve as a litmus test for whether actors are prepared to prioritise equity and mutual benefits, which have been repeatedly referenced as fundamental principles for a reformed global health system.

Internal reforms of WHO

Besides preparing to host a joint global health reform process, WHO is nearing a leadership change. The campaigning period for the next Director-General will soon begin, with elections taking placing at the 2027 WHA. In a guest essay for Geneva Health Files, leading global health scholars Michel Kazatchkine, Ilona Kickbusch and Peter Piot raised ten questions for DG candidates. The authors underscored that whoever takes office will need to advance internal institutional reforms, navigate prevailing geopolitical divides and prepare the Organization for future crises.

In an April comment in The Lancet, S. Tang and M. Merson called for urgent transformation of WHO, also arguing that this should be a central topic in the upcoming DG election. Though the authors are frank about barriers to reform, both within the institution and from external influence, they warn that without reforms, WHO will *remain trapped in a cycle of expanding expectations and diminishing capacity*.

The Wellcome Trust Dialogues

A global synthesis report drawing on Wellcome Trust's five regional dialogues was published in March. The report reinforces a vision for a decentralized, country-driven global health system anchored in regional hubs. In practice, this would mean that countries have the primary responsibility for population health; the regions coordinate shared strategies and financing for common challenges; and the global level focuses on

standard-setting, global public goods, managing transnational threats, and aligning financial support with country priorities. Across regions, three core reform areas were identified: (1) governance, particularly the global-regional division of roles and more inclusive participation; (2) financing, with a focus on sustainable transitions to domestic resources; and (3) data, knowledge, and products, centred on strengthening regional capacities.

The report highlighted a set of reform enablers, including strong LMIC and regional leadership; alignment between technical proposals and high-level political authority (including beyond ministries of health); dynamic coalitions; and iterative processes that deliver both quick wins and longer-term change.

In April, Wellcome hosted a high-level global meeting in Bangkok to explore realistic pathways and actions needed to move forward on the reform agenda. The global dialogue reaffirmed the importance of health sovereignty and subsidiarity.

While there was broad support for strengthening regional health architecture, more clarity is still needed on whether 'regions' should be defined geographically, politically, or through coalitions of the willing. Moreover, progress will depend on confronting several prevailing barriers, including limited trust among actors; insufficient representation of LMICs in reform processes; and the risk that efficiency-driven narratives, focused on consolidation and cost-cutting, overshadow the core objective of making the system more fit for purpose.

Further insights from this convening are expected in the coming weeks.

America first

The United States' policies under the America First Global Health Strategy continue to receive media coverage; Zimbabwe and Zambia made headlines after refusing US bilateral global health deals.

Regular and detailed updates on the bilateral agreements are available via the KFF tracker platform and on Think Global Health.

With the MoUs being described as shameless, exploitative, and immoral, there is a persistent sentiment that the US' inward-looking stance poses a threat to global health. In an opinion for BMJ, Sophie Harman reflects on the deal made between the US and Kenya to demonstrate a possible lose-lose for states. In another analysis for the BMJ, Matthew Herder and colleagues go as far as saying that US' actions meet the criteria for declaring a public health emergency of international concern.

A related comment by Nelson A. Evaborhene for Lancet Global Health discusses protection of health in an increasingly politicised global system, where decision-making is guided by far more than health needs and outcomes. Evaborhene concludes that in such a

context, reducing dependence on external actors' political interests is essential for minimizing uncertainty and disruption.

A Devex Check-up from late March scrutinised the Global Fund's role in advancing the America First Global Health Strategy. The GF has reportedly been involved in some of the bilateral negotiations between the US and African governments. The US remains the Global Fund's number one funder, and the GF's website explicitly mentions the Fund's efforts to '*save lives in low- and middle-income countries and keep Americans safe',* as well as *'turning taxpayer dollars into life-saving interventions that strengthen U.S. national security and the U.S. economy.'*

In early April, the Trump administration released its budget request for fiscal year 2027, indicating continued commitment to the Global Fund. In contrast, no resources were reserved for Gavi, with a note that any future funding is contingent on the Alliance adhering to specific vaccine safety requirements.

The United States' preferential treatment of the Global Fund is suspected as one of the factors decelerating joint work with Gavi. Greater alignment and collaboration between the two institutions have been a part of the reform agenda from the start, but has now been largely paused, or limited to knowledge sharing.

The European Commission reflection process

The final report from the European Commission reflection process on global health architecture reform outlines reform options for the EU and 'likeminded donors' to pursue by 2030. The options span five priority areas: WHO's normative functions; global health financing; access to medical records; data harmonization; and governance representation. The report identifies a cross-cutting tension between donor accountability and genuine transfer of power to low-and middle-income countries. There is a candid conclusion that greater equity in global health governance requires donors to accept reduced control, and to trust that a stronger country voice will deliver better outcomes. The evidence from the reflection process is meant to inform EU's Global Health Resilience Initiative, adoption of which is planned for the second quarter of 2026.

Expert comments, research insights and other developments

In a piece for Think Global Health, Anders Nordström and Gunilla Carlsson discuss two key risks to international cooperation for health: defending the status quo and retreating from the multilateral system. They underscore that inaction on the global health reform agenda is not a neutral choice; rather, it is a decision to impede health progress. The authors' message is clear: nobody wins when multilateralism for health loses. Reform is therefore not optional, it is overdue.

A Joint political declaration on the reform of the GHA, adopted on the sidelines of **the One Health Summit in Lyon**, welcomed continued high-level political dialogue among interested countries and key global health stakeholders. The participating countries included Armenia, Australia, Botswana, Cambodia, Canada, Cyprus, France, Germany, Ghana, Guinea, Japan, Kenya, Norway, Singapore, South Africa, Spain, Sweden, Tunisia, United-Kingdom. Alongside Heads of State and Government, the declaration was backed by leaders of regional and international organizations, global health actors, and representatives of civil society. They jointly recognised the need for global health reform, and situated it within the wider context of UN reforms and the evolving global financing architecture.

Among other points, the declaration affirmed that reforms must enable a fundamental shift towards country health sovereignty and outline concrete transition strategies in support of countries' self-reliance. Mobilization of domestic resources was described as an integral part of these efforts. The text also commended *the central role of World Health Organization as the coordinating and norms and standard-setting authority on international health work*, and expressed *shared determination to actively engage in the joint process supporting the reform of the global health architecture hosted by the WHO.*

In a **Devex briefing**, **Donald Kaberuka** discussed the future of health financing in the context of declining aid, noting that the 'golden era' of global health is over. This is reflected in preliminary 2025 ODA data published in April by OECD, showing a historic 23.1% decline in foreign aid compared to 2024.

In a piece published in **PLOS Medicine** **in March, Ebere Okereke** writes that the fragility now visible in the global health system is not accidental but structural - the product of an architecture built largely in response to crises, where speed and control took precedence over integration and national ownership. She points out that the global health system was never designed with a clear pathway from emergency response to sovereign control, and that correcting this requires fundamental shift away from short-term, project-based financing towards predictable funding that supports core government functions and legitimate country ownership.

Okereke and colleagues published a position statement emerging from **the Health Financing Expert Insight Workshop** (Dec 2025), challenging the prevailing narrative that Africa's health financing challenge is primarily a problem of insufficient resources. The authors contend that the binding constraints on health systems are misallocation, weak prioritization and poor governance of existing funds, and that health continues to be treated as a social sector cost rather than an economic and development investment.

Sustainable progress, the authors argue, depends less on new pledges and more on how effectively countries govern, prioritise and deploy their own resources.

Writing for the **Business Times**, **Yik Ying Teo** observes that political leaders face consistent pressure to prioritize immediate national interests over long-term global commitments. He raises a pointed question that runs through much of the broader reform debate: who will support countries in thinking and planning strategically over the long term in an era dominated by political short-sightedness. On financing, the author proposes that global financing models must increasingly incorporate clear transition and sunset plans, reflecting on the role of regional financial institutions such as the Asian Development Bank.

HEAR CSO published findings from their Global Survey on the Future of Global Health Architecture. The survey explored three areas: who responded, how familiar respondents are with global health reform topics, and how they perceive the current system and future priorities.

Unitaid's Executive Director **Phillipe Duneton wrote a piece for Think Global Health** describing access to innovation as global health reform's worrying blind spot. He urged for market shaping to be seen as a key function of the global health system, and equitable access as a global public good.

The Global Health at a Crossroads series by **Global Health Hub Germany** has been exploring the shifting dynamics in global governance, financing, and power. Among the publications is an interview with Prof. Christian Happi, who offers a frank assessment of how dependency has affected African health landscape, arguing that countries must choose to direct their resources to continental challenges instead of anticipating external support.

Operationalisation of the Pandemic Agreement has been described as a key step toward a more fit for purpose global health architecture in a comment published in the inaugural issue of The Lancet Regional Health- Africa by a group of authors from Africa CDC, as well as in an opinion piece for *Vaccines Work* by Gavi CEO Sania Nishtar.

Center for Global Development published a policy paper on *A new compact for health financing*, as well as a corresponding blog. Core principles of the new compact approach are 1) Locally led evidence-informed prioritisation; 2) Domestic-first resource allocation (meaning countries finance the core package of high priority services); and 3) Consolidated supplementary aid (external partners working with countries to provide a 'top-up' package). The authors also reflect on implications of three 'possible scenarios' for global health reform (Status quo; Donor policy shifts but no architectural reform; and Significant architecture reform).

In a commentary for **Project Syndicate**, former managing director of the World Bank and the managing director of Boston Consulting Group highlight that a global health financing reset rests upon more effective utilisation of grants, concessional loans, and private capital.

The **IMF-World Bank Spring Meetings** were held amidst the unprecedented shifts in the global financing architecture. CGD hosted a range of events during the week, covering the future of aid, domestic resource mobilisation, debt servicing, and implications of the United States' G20 presidency (which has been dubbed as 'G20 gap year').

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