

## **What's at Stake and What Comes Next for Global Health Reform**

### **Report from the discussion**

*26 May 2026*

## What's at Stake and What Comes Next for Global Health Reform

*Health Diplomacy House, Geneva 21 May 2026*

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THURSDAY, MAY 21 2026

What's at Stake and What Comes Next for Global Health Reform  
Time: 09:30 - 11:00  
Moderated by Anders Nordström

Ebere Okereke  
Hanan Mohamed Al-Kuwari  
Margda Robalo  
Helen Clark  
Ren Minghui  
Satoshi Ezo  
Richard Horton  
John-Arne Røttingen  
Mark Dybul  
Peter Piot  
Michel Kazatchkine

#HealthDiplomacyAlliance

Discussions at this year's World Health Assembly reaffirmed that reform of the international system for health has elevated on the global health agenda.

The reform discourse has evolved significantly since mid-2025. What initially appeared as a set of siloed initiatives has gradually converged around a shared recognition that the current system does not reflect today's political, financial, and epidemiological realities. The question is not whether reform is needed, but whether reform efforts will be bold and politically consequential enough to make a difference.

A common view is that reform must be guided by principles of subsidiarity and sovereignty (though these principles are subject to various interpretations), and that specific options for reform should be laid out in 2026, enabling their implementation in 2027.

After a period of fragmentation, the reform landscape has become more streamlined, with two initiatives standing out: [the Accra Reset](#) and [the WHO-hosted joint process](#). While distinct in scope and approach, both will carry important implications for the trajectory of global health reform. The Accra Reset High-Level Panel as well as WHO's joint Task Force are expected to develop their proposals in the coming months.

Even though reform dialogues have moved well beyond problem diagnosis, concrete reform recommendations are yet to be put forward. At this stage, it is crucial to keep the conversation going and ensure it remains inclusive and accessible.

**To that end, on the sidelines of the 79<sup>th</sup> WHA, the [Partnership for International Politics and Diplomacy for Health](#) convened a conversation among eminent and emerging global health leaders, including faculty and fellows from the Partnership's [Executive Program](#).** We asked them about ‘**elephants in the room**’; narratives that must be challenged; questions that are still avoided; and uncomfortable truths that have not been articulated so far.

An apparent concern was what one participant described as ‘reformitis’; referring to the risk that reform will become merely a tokenistic phrase or a buzzword, without fundamentally transforming mandates or power structures. Another participant similarly warned that ‘reforms’ risk being reduced to marginal changes and losing sight of the ultimate objective: better health outcomes with less reliance on external financing.

Institutional self-preservation was perceived as a major threat, and there was a shared sense that institutions’ primary interest is to protect their existence. Even if institutional leaders call for efficiency and self-reliance, they seem reluctant to acknowledge their own organization may be directly contributing to some of the complexity, dependence, or duplication. Ultimately, **the sociology of organizational self-preservation** provides little incentive for organizations to initiate their own downscaling, and such a process appears feasible only through political pressure.

It was clear that **meaningful reform must confront difficult questions about which functions remain necessary at the global level**, which should shift toward regional and national actors, and which may no longer be justified at all. This is inevitably tied to redistribution of power in global governance, which has been described as a key pain point in global health reform.

**Power within the international system for health is deeply tied to economic power.** As one participant remarked, institutions such as the Global Fund and Gavi could not exist without countries wealthy enough to finance them, and countries dependent on that financing. Another participant pointed out plainly that



traditional ‘donors’ do not want to see the current system change, and that they express different positions on public panels versus behind closed doors.

Perspectives on **regionalization** further illustrated these tensions. While many participants supported shifting responsibility and functions closer to regions and countries, others stressed that authority cannot simply be delegated where it cannot be meaningfully exercised. For example, regional institutions cannot fully assume a leadership role without having corresponding political and economic leverage.

It was also raised that international organizations should serve countries, not the other way around, and that countries must give explicit and focused mandates to the organizations they run. One participant underscored that this necessitates **rejecting paternalistic narratives around countries lacking health capacity or being unable to take care of their own populations**.

The importance of senior **political leadership** to drive reform was also emphasized. In this regard, the Accra Reset was viewed as particularly significant because it reverses the traditional dynamic: instead of technical experts approaching political leaders with recommendations, heads of state themselves tasked a panel of experts with producing politically actionable reform proposals. This was seen as an example of power being taken by, rather than given to, the Global Majority.

**Effective communication** was deemed critical at the current phase of global health reform. The window for action may narrow quickly; a ‘new normal’ is already taking shape and a sense of urgency fading. Even though the two major reform processes garnered significant enthusiasm and interest, according to participants, they remain difficult to follow and poorly understood. Opacity and incomplete information may fuel rumors and misconceptions, and risk undermining the legitimacy of reform proposals. There was thus a strong need for greater transparency and clearer explanations of ongoing processes. One participant also noted that the engagement and quality of reform debates will be higher the better-informed key stakeholders are.

**A deep-rooted trust deficit** was identified as an undeniable elephant in the room. Over the last two decades, many promises have been made but not fulfilled in the global health space. Participants argued that this legacy, though uncomfortable, cannot be ignored when asking countries and institutions to engage anew in reform efforts. **‘Reform must start with honesty’**, one participant concluded, including honesty about the political economy that contributed to failed reform attempts in the past.

**Nevertheless**, we hold that **there is a community of actors who trust one another and are committed to tangible change**, including those who joined us for this conversation. In particular, we are **grateful** for reflections from Helen Clark, Hanan Mohamed al-Kuwari, Magda Robalo, Ebere Okereke, Peter Piot, John-Arne Røttingen, Ren Minghui, Michel Kazatchkine, Satoshi Ezoe, Mark Dybul, Richard Horton, and Elhadj As Sy.

**We will continue to share regular updates on global health reform in a [series of Insights papers](#). Our latest Insights paper is available [here](#).**

### **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>