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What's at stake and what comes next for global health reform?

Insights on key reform discussions, trends and perspectives

May 2026



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Reform is not optional, it is overdue



International system for health needs **bold reform, not retreat**; abandoning the system would be an overcorrection

 **Think Global Health**

GOVERNANCE

No One Wins If Multilateralism for Health Loses

Inaction on the global health reform agenda is not a neutral choice; it is a decision to impede or even undermine progress



by Gunilla Carlsson and Anders Nordström



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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



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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
 - Unsustainable financing
 - Weak implementation of articulated commitments



Increasingly complex and competitive landscape



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Evolution of global health reform



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- 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

- **WHA decision on the joint reform process**
- **Accra Reset High-level event and Panel meetings**



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Fragmented reform for a fragmented system?



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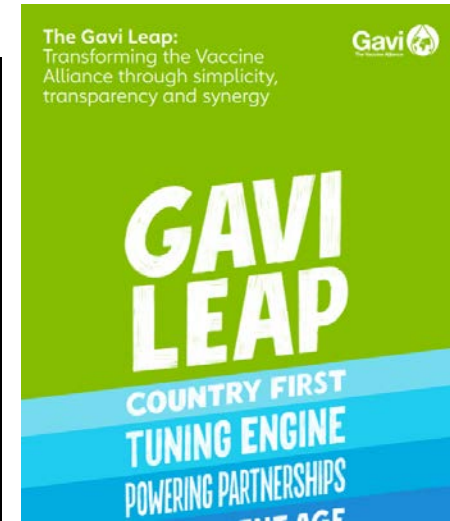


Provisional agenda item 29.1

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



AMERICA FIRST GLOBAL HEALTH STRATEGY

SEPTEMBER 2025



United States of America

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

- A roadmap for the next phase of global health reform is urgently 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*

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



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Approaching a reform roadmap?



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- Discussions on global health reform remain active and continue to garner high-level political attention
- Fragmented efforts now culminated into two key reform initiatives: **The Accra Reset and the WHO-hosted process**
- Though the two initiatives are distinct in scale and scope, both are working toward an **actionable reform roadmap**, within an ambitious timeframe



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Timelines of two major reform processes



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**Public consultation
on the design of
the WHO-hosted
reform process**

Proposal for
WHO-hosted process
considered at
WHA79

WHO Joint Process
Phase I: Setup
establishing working
groups, initial
mapping

WHO Joint Process
Phase II: Mapping
full system mapping
and stakeholder
consultations

WHO Joint Process
Phase III: Board
briefings, options
revised and rated

Final Phase of
the WHO process
Board report and
WHA decision



**Launch of the
Accra Reset
High-Level Panel**

Accra Reset:
Events and
keynote address
at WHA79

Accra Reset: Full
Panel in-person
convening

Accra Reset: Launch
of the final report
at UNGA

Potential to influence
intergovernmental
political fora
(including through
Mahama's AU
chairmanship)



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Insights into the Accra Reset

Accra Reset is a Head-of-State-anchored initiative to rebuild global development cooperation around practical sovereignty, execution capacity, and shared prosperity - in the Global South and beyond

Structure

Presidential Council: Key authority structure, comprising serving Heads of State and Government and providing political leadership

Circle of Guardians: Eminent former leaders offers strategic guidance and legitimacy

Secreteriat: Ensures coordination, execution, technical & admin support

Accra Reset begins with health

- Health is the first sector in which sovereign models are proved before being applied to other domains
- The Presidential Council created an **18-member High-Level Panel on Reform of the Global Health Architecture and Governance** as the political instrument for this work

Accra Reset High-Level Panel

- Co-chaired by Peter Piot, El Hadj As Sy, Priscila Ferraz and Budi Gunadi Sadikin

Panel's Mandate

Develop **practical, politically actionable proposals** to accelerate global health reform

Comparative advantages:

- Head of State involvement
- Global South anchoring
- Comprehensive outlook combining governance and financing



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The Panel's work spans three focus areas



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1) Health sovereignty including access to innovation

2) Financing for health

3) Global health governance and institutional reform

Improving efficiency and alignment across global health institutions has been one of the first items on the global health reform agenda, but progress here has been slow, and falls well short of the enthusiasm of late 2025

- Each of the three workstreams is expected to produce a working paper containing **specific reform proposals**, which will feed into the final report
- The **final report** is envisioned as a decision document aimed at heads of state and their senior advisors



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WHO-hosted reform process

- The process represents a **time-bound multilateral effort** to support transformation of global health architecture
- **Proposed design of the process**, developed by the WHO Secretariat, was opened for two rounds of public consultation ahead of presentation at the 79th World Health Assembly

The process is described as **Member State-led** and has **three objectives**:

- 1) Enhancing the alignment of the mandates and capacities of GHA actors with the essential GHA functions and across global, regional and national levels
- 2) Enhancing coordination and decision-making to strengthen collaboration, accountability and coherence across global, regional and country levels
- 3) Aligning financing with national, regional and global priorities to advance national self-reliance and ensure sustainable and predictable support for global public health goods and regional functions

Decision at the 79th World Health Assembly



Member States establish joint process to support reforms of global health architecture

The World Health Assembly today decided to establish a joint process led by Member States, hosted by WHO and with global health partners to support reforms of the global health architecture.

- The Health Assembly agreed that the process should develop **options and recommendations for reform**, and requested the WHO Director-General to submit a **final report to next year's World Health Assembly**



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A joint Task Force on GHA reform



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- The process aspires for broad geographical representation, yet it may struggle to achieve this in practice given **the asymmetries in Member States' capacities and interests to engage**
- A **25-member task force** will be established to take forward the three objectives of the joint process, supported by a dedicated task force secretariat
- The task force will be co-chaired by Member States (one representative from a developing country and one from a developed country)
- The task force's role is to generate options and recommendations; decision-making rests with the World Health Assembly



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JOINT TASK FORCE COMPOSITION

25 MEMBERS IN TOTAL

14



WHO MEMBER STATES



2 representatives
per WHO region



+ 2 additional members
from the regions
providing the Co-Chairs



AFR AMR EMR EUR SEAR WPR

5



GLOBAL HEALTH
INITIATIVES



Gavi,
the Vaccine Alliance



Global Fund to Fight
AIDS, Tuberculosis
and Malaria



Coalition for Epidemic
Preparedness Innovations



Unitaid



The Pandemic Fund

6



UN & MULTILATERAL
ACTORS



Up to 4 representatives
of United Nations entities,
including WHO



World Bank



1 Regional
Health Organization



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Concerns about the scope of the WHO-hosted process

According to the latest proposal by WHO,

The process will propose neither revisions to organizational mandates nor specific mergers or consolidations, which fall within the authority of the relevant governing bodies, and will not address disease- or intervention-specific approaches

- This has fuelled scepticism about the feasibility of driving structural change through the joint process



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In his WHA speech, President Mahama warned that reform must consider mandates



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“

But as a committed apostle of reform of the world health architecture, I'm concerned about whispers I have heard that the current draft resolution seeks to protect existing organizational mandates and prohibits the recommendation of mergers or consolidations. In Mali, the Dogon people warned that, “Do not let the sight of those eating roasted maize force you to cook your maize seeds”. If we launch a process of reform that is prohibited from recommending actual reform, we are merely performing a ritual.

We cannot prioritize institutional comfort over human survival. The WHO's legitimacy is not served by protecting silos. It is served by a fearless analysis of what works.



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WHO's internal reform should not be overlooked



- The **future of WHO** must be a central part of broader global health reform efforts

THE LANCET

Transforming WHO: incremental reform is no longer sufficient

[Shenglan Tang](#)^{a,b,c} [Michael Merson](#)^{a,d}

[Affiliations & Notes](#) [Article Info](#)

THE LANCET

COMMENT · Online first, April 29, 2026

A WHO worth fighting for: the case for focused, ambitious reform

[Anders Nordström](#)^{a,b} [John Nkengasong](#)^c · [Peter Piot](#)^d · [Magda Robalo Correia e Silva](#)^e · [Ala Alwan](#)^f · [Ethel L Maciel](#)^g · et al. [Show more](#)

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How Outline

>> The world needs WHO. This should be an unambiguous and uncontroversial statement. But it is not. There are signals that WHO's perceived value has eroded, and that its central position in the international system for health is under threat. Some critiques of the organisation have been politically natured, but that should not inhibit debate over legitimate concerns: WHO's lack of



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Active reform discussions on the sidelines of this year's WHA



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Built Together, Fit for All: Pathways and Priorities for Global Health Architecture Reform

May 19 - In Person and Online at World Health Assembly 79



- Florence Riako Anam**
Co-Executive Director, Global Network of People Living with HIV (GNP+)
- Dr. Bruce Aylward**
Senior Advisor to the Director-General, World Health Organization
- Pradeep Gunaratne**
Co-Chair, Universal Health Coverage Working Group of the Global Mental Health Action Network
- Dr. Ruth Lawson**
Deputy Permanent Representative for Global Health, UK Representative to the Global
- Dr. Richarlis Martins**
President, National Commission on Population and Development of Brazil (CNPD)
- Dr. Ouma Oluga**
Principal Secretary (PS) for the State Department for Medical Services, Kenya Ministry of Health
- Moderator: Spring Gombe**
Founding Director and Chief Strategist, Policy Strategy Group and the Policy

One Vision, One Future: Shaping the Next Chapter of Health Financing in Africa

Tuesday, 19 May 2026 | 08:30 - 10:30
Mandarin Oriental, Quai Turretini 1, 1201 Geneva



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Scan to register



HEALTH DIPLOMACY HOUSE

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 Ezoe**
- Richard Horton**
- John-Arne Røttingen**
- Mark Dybul**
- Peter Piot**
- Michel Kazatchkine**



Register here





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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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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** rather than duplicate or compete?



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

The next paper will be published in June

April: <https://globalhealthdiplomacy.se/media/344/download>

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