Insights on global health reform discussions, trends and perspectives

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Photo: Benjamas Deekam

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Contents

This is the sixth 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.

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

To keep up with the latest information, follow our LinkedIn page.

Our reflections and analysis

This section summarises our reflections on developments around reforms of the international system for health since June's 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.

In anticipation of UNGA

The Accra Reset, launched on the margins of the 80th United Nations General Assembly in September 2025, has positioned itself as a movement to transform international cooperation and advance sovereignty across sectors. Its first publicly announced workstream, **the High-Level Panel on Reform of the Global Health Architecture and Governance, has since become one of the most closely watched initiatives in the reform landscape.** The Panel's reform recommendations will be presented this September at UNGA81, a milestone attracting considerable attention. While the Panel's proposals are expected to inform and influence other reform processes, not least the WHO-hosted joint process, their true success will be judged on whether they live up to expectations, secure political uptake, and translate into sustained action.

As reform processes unfold, low- and middle-income countries are expected to continue to set the priorities and increasingly put resources behind them, as their fiscal capacity allows. At the same time, **country ownership and fiscal independence should not turn into isolation** especially given the necessity of collaboration to address today's complex challenges. There is no inherent contradiction between health sovereignty and multilateral cooperation; the Accra Reset has the chance to demonstrate this by bringing longstanding international partners together on renewed, more equitable terms.

Distinguishing the pathway from the destination

There are no quick fixes for the structural challenges global health reform seeks to address. **The present 'set' of global health institutions, functions and paradigms took decades to establish; the future reset will also inevitably take time**. Coalitions will be needed to build and sustain political momentum, drive the reform agenda, and ensure that it survives electoral cycles that are far shorter than reforms themselves. Impact should therefore be judged over years, not weeks or months.

Precisely because reform cannot happen overnight, **it is vital to clearly distinguish between transition measures, interim objectives and end goals**. Otherwise, there is a risk that marginal or superficial change will be mistaken for reform. One example is the call for greater donor coordination and alignment. Although essential, long overdue, and capable of delivering near-term benefits for countries, **better coordination is ultimately a step towards a system in which reliance on donors becomes redundant altogether**, with the exception of fragile settings.

Relatedly, global health reform should aim at more than redefining relationships between global health initiatives and countries and should **include the relationship between governments and their citizens**. Countries ought to have the authority and capacity to choose and secure the interventions that best meet the needs of their populations; access to health products and services at the national level should not depend on how well GHIs are positioned to finance them during each funding cycle.

The overlap between the restructuring of development finance and the global health reform becomes more difficult to ignore as discussions move closer to implementation. **Reform proposals that shy away from addressing the international financing architecture risk becoming little more than pleas for stable and predictable funding for a flawed system**, channelled through the same mechanisms and perpetuating many of the same power dynamics.

Better health for people: the ultimate goal of reform

Reform of the international system for health should not be interpreted as a vendetta against institutions or the individuals working within them. Talks of efficiency gains, comparative advantage and mandate rationalization might have overshadowed the **fundamental purpose of reform: maximising health improvements across the world.**

So far, reform proposals seem to have fallen short in explaining how a streamlined institutional landscape would translate into better health for people. Consequently, counterarguments to reform have highlighted health gains that may be forgone if institutional mandates contract and development assistance for health continues to fall. **Yet, the debate at hand is not whether global institutions have contributed, and continue to contribute to, improvements in health. The more relevant question is whether even better outcomes could be achieved if global functions for health were organised differently**.

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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. These are also presented in a slide deck on global health reform.

Accra Reset

The Accra Reset High-Level Panel met in Dakar in mid-July. The Panel was launched around three months earlier and had been conducting its work through three work-streams: Health Financing; Innovation, Production & Access; and Governance and Institutional Reform.

The meeting brought together Panel members, representatives from the Accra Reset Secretariat, invited non-Panel experts, and officials from the Governments of Ghana and Senegal. Participants reaffirmed that the Accra Reset is a global movement, driven by citizens' demands for development, independence, and better health.

During the opening session, H.E. President John Dramani Mahama made a special video address in which he made three requests to the Panel:

1. **Be specific:** Recommendations only survive when they are anchored to clear dates, measurable thresholds, and meaningful consequences.

2. **Write for the citizen:** Judge every proposal by a simple metric: Does this shorten the distance between a commitment made in a boardroom in and a fully stocked, fully staffed clinic?

3. **Seize attention:** Do not merely be polite. Let your recommendations stand out like a beacon, bold, sharp, and impossible to ignore. Write for the coalitions that are ready to leap forward and be the spring in their step.

President Mahama also restated the Presidential Council's commitment to stand behind the Panel's report at the UN General Assembly in September.

The political framing of the High-Level Panel's work was further reflected in President Mahama's opening remarks at the African Union Extraordinary Summit on Health, which took place in Accra in late July. He reiterated the importance of putting countries firmly in the driving seat of their own health and development, urged African leaders to increase domestic spending for health, and called for a transformation of mindsets, policies, programs and systems that define global health today.

As the Panel's report gets refined and finalised, it will be vital to ensure its content meets the expectations of President Mahama and the wider global health community. Equal attention should be given to sensitising key actors, communicating in a timely manner and proactively planning for next steps, including implementation and how progress will be tracked and monitored.

The Partnership for International Politics and Diplomacy for Health has elaborated on the promise of Accra Reset in a recent reflection paper, suggesting what may influence how the Panel's recommendations are received, and whether they are pursued.

WHO-hosted reform process

Following the consultation session held in late June, membership of the joint Task Force for the WHO-hosted reform process was announced on WHO's website. Seats for one additional representative from a UN entity and one regional health organisation are yet to be filled.

The first meeting of the Task Force took place in mid-August, discussing its Terms of Reference. The Task Force is expected to continue meeting at least once a month, hold monthly Member State consultations, and make maximum use of existing relevant evidence and analyses, while reserving the right to commission additional analyses as needed.

WHO is meant to provide the Secretariat for the process, which will be separate and distinct from WHO's participation in the Task Force. The setup and composition of the Secretariat might be affected by the emerging leadership vacuum at WHO.

Although the Accra Reset and the WHO-hosted reform process have established themselves as distinct initiatives in terms of leadership, scope, and timelines, they can add value to one another. The Accra Reset explicitly confronts structural constraints such as donor dependence and power imbalance, that may remain implicit, or even be reinforced, in a formal Member State-led process, potentially making the discussion overly technical. Moreover, the Accra Reset scrutinises institutional mandates and governance arrangements in ways that the WHO-hosted process avoids by design.

Given the timing of the High-Level Panel's report around UNGA, its recommendations can serve as a thought-provoking input as the Joint Task Force begins its work.

Future of WHO

In light of the upcoming election of WHO's next Director-General, in a piece for Think Global Health, Anders Nordström urged Member States to assess potential candidates based on their ability to fundamentally reform the organisation and refocus on functions the world will need from it over the coming decade. He again warned that global health reform discussions seem to neglect the critical issue of reforming WHO itself.

Minghui Ren and colleagues similarly underscored in a commentary in the Global Health Journal that WHO reform should proceed in tandem with broader reform of the international system for health, arguing that this is *'no longer merely an administrative modification in response to member states' demands, but rather a systemic transformation addressing the shift in the global health governance paradigm.'*

Insights on global institutions

The Global Fund Board met in July, following a pre-Board dialogue on the changing global health system and the Fund's evolving role within it. Discussions highlighted the importance of strengthening the organisation's comparative advantages, supporting country leadership, and deepening collaboration with partner institutions, notably Gavi, whose Board similarly committed to boosting country ownership. However, specific avenues for closer collaboration remain vague, and are debated within and between constituencies, as well as between Boards and Secretariats. While divergent views on closer Gavi-Global Fund cooperation continue to impede progress, sensitivities may have shifted following the United States' decision to resume funding for Gavi.

An analysis by Health Policy Watch examined the language global health institutions use to 'manage their own diminishment', arguing that funding reductions have fuelled a 'machinery of retreat dressed as reform', justified by evoking principles such as self-reliance. While author Mukesh Kapila describes self-reliance as desirable, he points to a risk of transition dictated by the rhythm of donor budgets rather than genuine country-level initiative and the readiness of national systems. He concludes that true verdict on self-reliance will be found in health outcomes, rather than replenishments or press releases.

Scepticism towards consolidation and closure is also evident within the UN system. As reported by Devex, faced with a potential merger, UN Women and UNFPA have identified opportunities to improve alignment, collaboration, and cost efficiency as an alternative to consolidation into a single entity. The future of UNAIDS is similarly uncertain.

Relevant publications and expert comments

Considerations for moving from principles to practice

A comment by Arush Lal et al in Nature Health acknowledged that global health reform is taking place in an age of mistrust, fragmentation and overlapping crises. Reform efforts must thus confront current geopolitical realities, navigate shifting alliances, and manage emerging threats. Reform ultimately concerns the redistribution of power, raising the question of who is willing to cede it in pursuit of improved lives and livelihoods for all. According to the authors, '*a reformed global health architecture must be honest about its problems, ambitious about its scope, strategic about its choices and pragmatic about its solutions.*'

Nelson A. Evaborhene reflected on the origins of the Accra Reset and its emergence as a figurehead of health sovereignty, while also observing that the interpretations of health sovereignty remain inconsistent across reform discussions.

Dr William N. A. Menson argued that African pledges for sovereignty must be matched with receipts, including shifting from budget commitments to actual budget release (i.e. increased health allocations); making improvements visible to citizens through better availability of staff, health products and facilities; advancing continental action through joint procurement, predictable purchasing from local manufacturers, and quality regulation; and reducing out-of-pocket expenditure. The latter is particularly important to avoid achieving 'health sovereignty' on the back of citizens' private spending rather than through public sources.

In an article for Development Report, Charles Vandyck described the Accra Reset as a political expression of shifting global power dynamics. He argued that one of the Reset's most powerful features is that it advocates for partnerships on more equitable terms instead of framing sovereignty as isolation or as an argument against international cooperation. The Accra Reset is thus presented as a reminder that development is not merely about funding projects, but about building capable institutions, strengthening sovereignty and creating systems that can endure beyond donor cycles and political transitions. Luchuo E. Bain underscored that the considerable faith placed in the Accra Reset brings significant responsibility, and that five years from now, the Panel's report should not read like just another declaration.

Photo: Stas Knop on Pexels

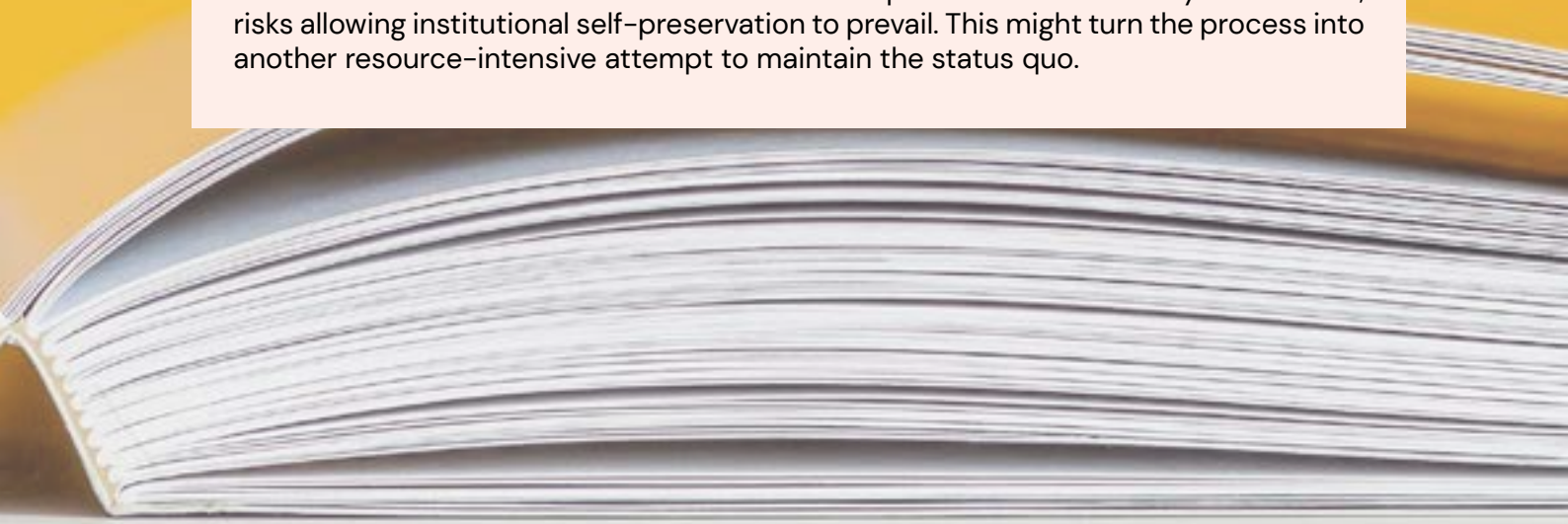
Writing for Arozi Health Media, Yvonne Komu noted that the Accra Reset moved from declaration to drafting in Dakar. She cited Mahama's Deputy Chief of Staff, Nana Oye Bampoe Addo, who problematised '*the distance between the commitment on paper and the service an African citizen receives*'.

A recent addition to the BMJ's editorial series on the Geopolitics of Global Health confronts the political economy of the global health system and encourages stakeholders engaged in reforms to explicitly address structural factors such as the intellectual property regime, the debt architecture, and the commodification of health under capitalism. The authors describe initiatives such as the Accra Reset as '*genuine diplomatic progress on governance architecture*', but deem them insufficient on their own to transform the structural foundations that produced the current system.

In The Lancet Global Health, Katherine Tumlinsona and Madhukar Pai caution that reforms calling for country ownership should not conflate ownership with the offloading of fiscal and moral responsibility. They remind that while independence is desirable, structural constraints such as high debt servicing mean that transition will take time and must be managed responsibly, in turn arguing that '*any serious agenda for country ownership should therefore include global wealth taxation, sustained distributive justice programmes, debt cancellation, debt restructuring, grant-based financing, and reparative transfers*.'

Similarly, Dian M. Blandina questions on whose terms the long overdue reform of global health is taking place. Reflecting specifically on the WHO-hosted process, Blandina points to limited attention to structural intellectual property reform and weak connections with broader Global South efforts to reform international tax and financial governance. In this view, there is a risk of countries being '*expected to assume greater ownership over health priorities while remaining constrained by debt burdens, intellectual property monopolies, volatile aid, and donor-shaped financing channels*.'

In an opinion piece for Plos Global Public Health, Indira D. Kantiana and colleagues questioned whether the design of the WHO-hosted joint process is sufficiently ambitious and impartial to drive meaningful reform. Specifically, they unpacked the composition of the Joint Task Force, arguing that the representation of organisations most affected by reform discussions, without apparent strategies for managing conflicts of interest and in the absence of an independent accountability mechanism, risks allowing institutional self-preservation to prevail. This might turn the process into another resource-intensive attempt to maintain the status quo.



Financing for health

Donald Kaberuka, Muhammad Ali Pate, Budi Gunadi Sadikin, Erna Solberg, Mauricio Cárdenas and Gunilla Carlsson argued in an article for Project Syndicate that a new paradigm for global health financing is overdue and should rest on three distinct but mutually reinforcing elements:

i) domestic financing as the foundation rather than a footnote;

ii) ODA playing a strategic, time-bound, and genuinely transitional role;

iii) and mutually beneficial global functions financed through global public investment models.

Multilateral development banks are increasingly recognised as key sources of future global health financing. From the Center for Global Development, Pete Baker proposed a ring-fenced IDA Health Window that could facilitate a more sustainable transition from aid and contribute to sovereignty by giving countries greater control over how funding is used.

A subsequent CGD paper looking into the World Bank's current health portfolio concluded that the Bank is well positioned to play an important role in future health financing due to its global coverage, on-budget support, mix of grants and loans, and direct engagement with governments. CGD's analysis envisages that the Bank takes on more of the financing, functions, and operations currently led by GHIs, assuming their number decreases through consolidation and sunsetting. However, this is a long-term vision, and coordination between GHIs and Banks, or expanded co-financing arrangements, will be necessary during the transition. Alignment between GHIs and MDBs comes with its tensions and challenges, but its absence risks contributing to fragmentation and country burden.

Photo: Alleksana on Pexels

International President of this year's WHS Regional Meeting, Prof Lukoye Atwoli, resurfaced his takeaways from discussions in Nairobi, stating that a transformed global health system must be anchored in country ownership, sustainable domestic financing, regional manufacturing and supply chain security, data sovereignty, and a fundamental shift in how partnerships are defined. In his view, a good partnership should be measured not simply by equitable representation or presence in decision-making spaces, but by the equitable distribution of power.

Engagement of civil society

Representatives of civil society are growing more critical of what is perceived as their tokenistic inclusion in reform discussions. An international group of health professionals and advocates has published a comment in The Lancet Global Health, stressing that the existing architecture continues to privilege established institutional actors, technical experts, and those with access to resources and networks. They suggested that the WHO-hosted process may have missed an opportunity to establish a new precedent by mixing 'old-guard and new-guard members' to design the future of global health.

The Swedish Association for Sexuality Education (RFSU) issued recommendations on safeguarding sexual and reproductive health and rights during the transformation of the global health architecture, accompanied by an analysis of shifting paradigms in health globally, key reform initiatives and processes, and the dominant agendas and logics in the reform discourse.

The Global Health and Development Architecture team at Kinaura Partners published a resource analysing the trends reshaping the global health system, and offering practical considerations for the key groups of actors influencing its future.

REFORM OF THE INTERNATIONAL SYSTEM FOR HEALTH: A YEAR OF ANALYSIS

Across six Insights papers over the past year, we have tracked a fast-evolving landscape, summarizing and reflecting on key reform discussions, trends and perspectives.

1 NOVEMBER 2025

A reform moment emerges

Reform initiatives were proliferating across regions, with discussions already centred on sovereign-ty, power and equity. The international system for health was entering a period of fundamental change, but the direction and leadership remained unsettled.

Examples of key publications

- *Functions of the global health system in a new era;* Rasanathan et al
- *Bold ideas for a reformed global health system;* Discussion papers commissioned by the Wellcome Trust
- *The Gavi Leap: radical transformation*

2 JANUARY 2026

From diagnosis to action

There was still considerable tension between long-term vision for reform and the necessity for immediate responses. Efficiency and consolidation were recognised as the means, not the end goal of reform. Health sovereignty began to emerge as the common principle across reform discussions.

Examples of key publications

- *Transforming the Global Health Eco-system for a Healthier World in 2026;* Pate, Kaberuka, Piot
- Reports from regional dialogues on global health reform; the Wellcome Trust
- *At a Crossroads: Prospects for Government Health Financing Amidst Declining Aid;* the World Bank

3 MARCH 2026

Who can legitimately lead?

Reform conversations began to connect, and the questions of trust and legitimacy became central. There was a clear need to move the discussion beyond analysis of ODA flows, seize the moment, and think of a roadmap for action on the reform agenda.

Examples of key publications

- *Four paradigm shifts to shape an agenda for global health reforms;* Nordström et al
- *Sovereignty vs. Multilateralism Is the Wrong Debate in Global Health;* V. Kerry
- *Global health leap: an urgent call to action;* S. Nishtar

4 APRIL 2026

From ideas to reform pathways

The Accra Reset and the WHO-hosted joint process emerged as the two major reform initiatives. Lack of agreement around desired future functioncs of the international system for health remains a challenge.

Examples of key publications

- *No One Wins If Multilateralism for Health Loses;* Carlsson and Nordström
- *From crisis response to country control: Restoring agency and sustainability in global health;* E. Okereke
- *Rethinking our global health architecture in a fragmented world;* YY Teo

5 JUNE 2026

Confronting the politics of reform

There was a growing pressure to move from principles to practice. Proponents of reform warned that institutional consolidation and closure must remain on the rable, and that country ownership must be realised through domestic resource allocation.

Examples of key publications

- *The dishonest politics of clobal health;* R. Horton
- *Mapping of Organisational Mandates Against Future Priority Health Functions;* MOPAN
- *A WHO worth fighting for: the case for focused, ambitious reform;* Nordström et al

6 SEPTEMBER 2026

From reform proposals to real change

Proposals and implement-ation are coming into view. The challenge is to transform recommendations and political commitments into real change that redistributes authority and resources, strenghtens countries' ability to serve their citizens, and delivers better health.

Examples of key publications

- *Reforming global health for an age of mistrust, fragmentation and overlapping crises;* Lai et al
- *Same actors, same processes, same outcomes: Global health archtecture reform or restoration?;* Kantiana et al
- *The Accra Reset: Reimagining Global Health Governance in an Era of Fragmentation;* NA Evaborhene

OUR CORE TAKEAWAY

Our analysis has moved from mapping the reform landscape to asking a more fundamental question: What will it take for this reform moment to produce a genuine redistribution of power, responsibility and resources - and ultimately better health for people?

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

Photo: Benjamas Deekam