Partnership for International Politics
and Diplomacy for Health

Global health reform: Time for implementation?

Insights on key reform discussions, trends, and perspectives

11/11/2026

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Presentation overview

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- The context: Global health reform thus far
- Key reform initiative: Accra Reset
- Key reform initiative: WHO Joint Task-force
- Global Public Goods
- The future of health financing
- What to look out for next

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Where did global health reform start?

- The international system for health has contributed to remarkable health improvements over the past two decades

- However, longstanding critiques of the systems design, include:
  - 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



What happened in the past 12 months

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This figure draws on a series of *Insights Papers*, which can be found here: https://globalhealthdiplomacy.se/publications#heading-3

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What happened in the past 12 months

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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 table, and that country ownership must be realised through domestic resource allocation.

Examples of key publications

- *The dishonest politics of global 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 implementation are coming into view. The challenge is to transform recommendations and political commitments into real change that redistributes authority and resources, strengthens 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*; Lal et al
- *Same actors, same processes, same outcomes: Global health architecture reform or restoration?*; Kantiana et al
- *The Accra Reset: Reimagining Global Health Governance in an Era of Fragmentation*; NA Evaborhene

What will it take for this reform moment to translate into a **genuine redistribution of power, responsibility and resources**

... and ultimately better health for people?

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Four paradigm shifts to frame the conversations

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Figure adapted from Nordström A, Robalo Correia e Silva M, Clark H et al. Four paradigm shifts to shape an agenda for global health reforms. The Lancet, 2026; 407, 655-657: https://doi.org/10.1016/S0140-6736(25)02634-0

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State of multilateralism

- Consensus based processes are constrained, but **remain important**
- **Coalitions of the willing** could be an effective complement to drive specific topics and processes for reform

- These aren't competing ideals, but **complementary processes**:
  - Consensus creates a **legitimate foundation**
  - Leading coalitions can **enable the ambition**

Reforms are ultimately a *political process*,

but they must be grounded in evidence and insights about how to improve health for the decades to come

Approaching a reform roadmap?

- Discussions on global health reform remain active and continue to garner high-level political attention

- A wide range of discussions and debates have now culminated into two key reform initiatives:
  - **The Accra Reset**
  - **The WHO-hosted process**





Insights into the Accra Reset

- Launched in 2025 under President Mahama's leadership, the aim is to **rebuild global development cooperation around practical sovereignty, execution capacity, and shared prosperity** - in the Global South and beyond

- The Accra Reset High-level Panel report 'A Sovereign Future for Health', was launched in September 2026 at UNGA81
  - Envisioned as a decision document aimed at heads of state and their senior advisors
  - Sets out 5 political shifts and 10 reform recommendations

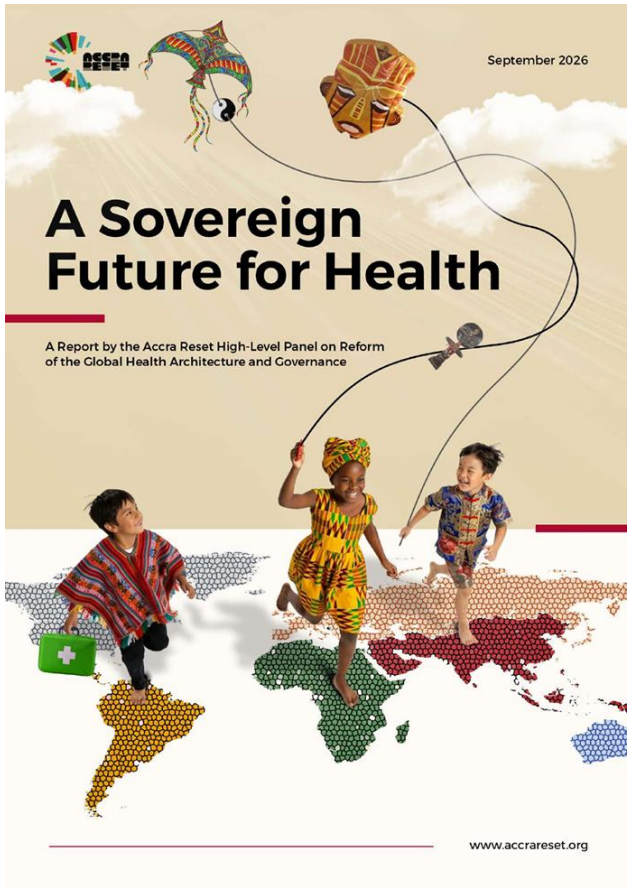
The unique value of the Accra Reset:

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

Political shifts by Accra Reset HLP

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1	FROM **Nominal country ownership**	→	TO **Practical sovereignty**
2	FROM **Aid-centred cooperation**	→	TO **Sovereign partnership**
3	FROM **Regional coordination**	→	TO **Collective power**
4	FROM **Institutions first**	→	TO **Functions first**
5	FROM **Self-reporting**	→	TO **Independent accountability**



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Recommendations by the Accra Reset HLP

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Country ownership in practice



One Country Health Plan

- **Establish country compact**, jointly led by relevant ministries
- Map domestic and external resources, financing gaps and realistic pathway
- Use one **country-led platform for coordination and mutual accountability**



Build on domestic resources

- Health as **investment in development, productivity, and resilience**
- Equitable domestic financing through public budgets and pooled financing
- Reduce out-of-pocket expenditure
- Focus on population needs, and **move beyond disease-specific silos**

Modernised international system



Global Public Goods

- Define the **functions requiring collective global action**
- Agree on financing, governance and equitable access
- Connect global cooperation to national and regional capability



4 Cs for Global Health Architecture reform

- **Commit:** Countries and Donors commit to One Country Health Plans
- **Collaborate:** Joint boards, with aligned, shared country interfaces
- **Consolidate:** Bring continuing functions under one board and results framework
- **Close:** Wind down selected institutions over 5-10 years

Accra Reset – What's next?

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- HLP Final Report launch event has attracted great interest and **the report continues to gain traction**

The Global Fund
215.498 volgers
2 w • Bewerkt •

On the sidelines of #UNGA81, Ghana's President John Dramani Mahama launched the High-Level Panel Report of the Accra Reset: A Sovereign Future for Health.

"The Global Fund welcomes the Accra Reset report and commends Africa's continental leadership in driving this agenda forward. We support its spirit and substance, and we're excited to work with partners to take its recommendations forward.



Future Of Development Cooperation ... + Volgen
2w

Still reflecting on an extraordinarily inspiring afternoon at Accra Reset's Full Circle gathering on Monday at UNGA.

At its New York launch this time last year, Accra Reset brought together 100 people. On Monday, 600 gathered at the Marriott Marquis. A powerful indication of the appetite for a different approach to cooperation.



Jocalyn Clark • Aan het volgen
International Editor, The BMJ
2w

C'mon – yesterday's Accra Reset report is in its entirety a monumental work but the most intriguing bit is its push for strategic reform (read: closure) of the Biggies: the 5 major global health agencies that "account for the largest flows of funds and commodities and most of the burdensome processes experienced at country level."

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Accra Reset – What's next?

- Implementation of the Accra Reset agenda requires **cross-regional collaboration**

- Partners in the Global North have taken note of the recommendations, but are yet to act on them

- Looking forward
  - Political uptake needs to be secured
  - Coalitions of the willing could drive specific recommendations
  - Engagement with 'frontrunner' countries
  - President Mahama incoming chairman of the African Union
  - Accra Reset increasingly expanding beyond health

WHO-hosted reform process

- Formalised at 79th World Health Assembly

- Member State-led multilateral effort to support transformation of GHA, structured around three objectives:
  1. **Enhancing the alignment of the mandates of GHA actors** with the essential GHA functions
  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** ensure sustainable support for global public goods

- Task Force established to develop **options and recommendations for reform**
- Final report will be submitted to WHOs Director General

Joint Task Force Composition

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Co-chaired by Dr Yong Feng (China) and Mr Björn Kümmel (Germany)

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Moving forward

- **The Task Force** first met in mid-August, and is expected to **meet at least once a month** and hold **monthly Member State consultations** to explore:
  - **Functions:** Where do mandates overlap, which capacities are missing, and which functions belong at national, regional or global levels?
  - **Governance:** Which decision-making structures reduce fragmentation, and which impede accountability for health outcomes?
  - **Financing:** How well do funding streams meet national needs? What changes would improve predictability, equity and alignment with country budgets?
  - **Transitions:** What lessons from successful and difficult aid transitions can strengthen country ownership?
- Interim report expected **in November 2026**

How do they complement each other?

- Two initiatives, distinct in scale and scope, working toward **concrete recommendations for reform**



- Confronts structural constraints such as donor dependence and power imbalance
- **Scrutinises institutional mandates**
- Can provide ambitious proposals and political backing
- Driven by coalitions of the willing



- Focuses on alignment and coordination within GHA
- Provides formal legitimacy and route to WHA decisions
- **Avoids revising institutional mandates**
- Works towards broad consensus

Latest policy briefs by the Partnership

Global Public Goods and the Future of Health Financing

Global Public Goods

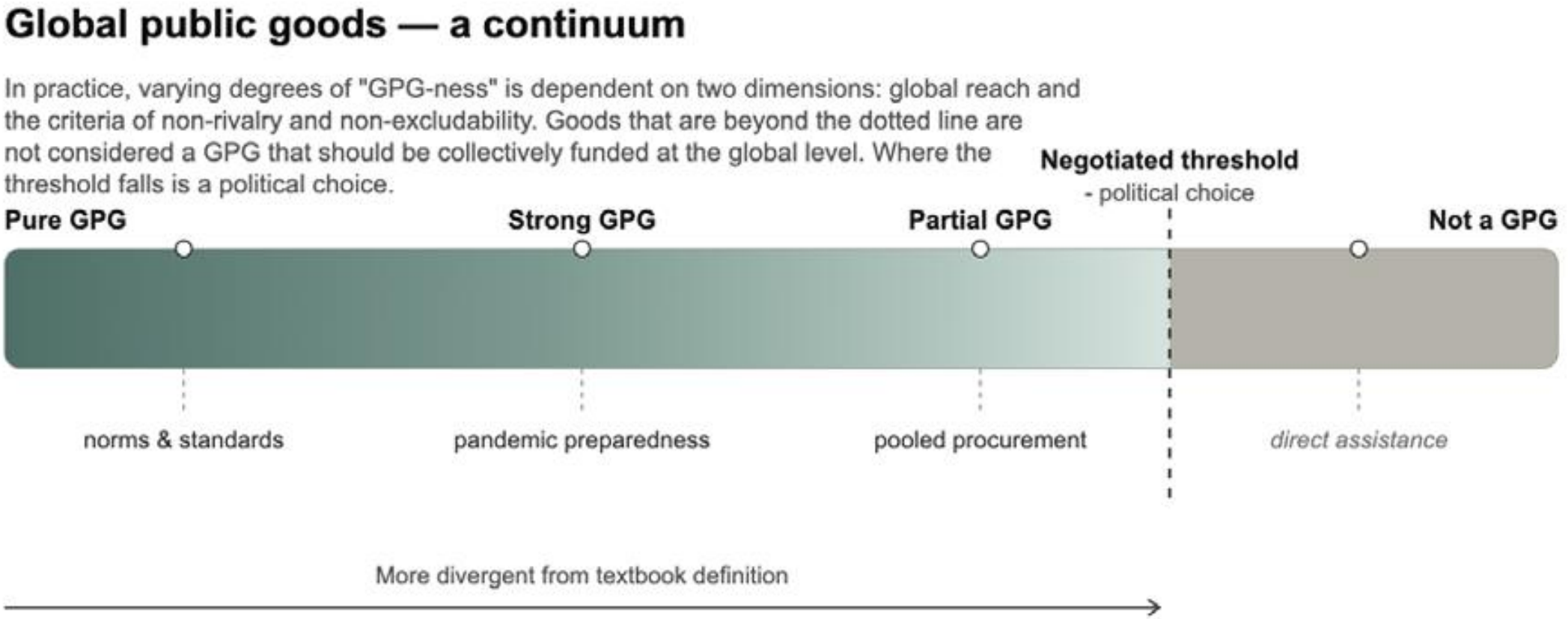
- **Convergence** that the international system should focus on the provision of GPGs
- **Lack of consensus** on the definition creates ambiguity and risks

Global Public Goods (GPGs) → *Outcomes* that are non-excludable, non-rivalrous, and global in scope and relevance

Global Functions → *Activities* and processes performed by the international system for health at global level, which can produce GPGs

- **GPGs require collective financing** and should not depend on aid budgets
- **Global Public Investment funding** offers a fairer and more resilient alternative
  - Requires consensus on which GPGs to prioritize; this is ultimately a political choice

The GPG continuum



Read the full policy brief here: https://globalhealthdiplomacy.se/media/415/download

Global functions for health

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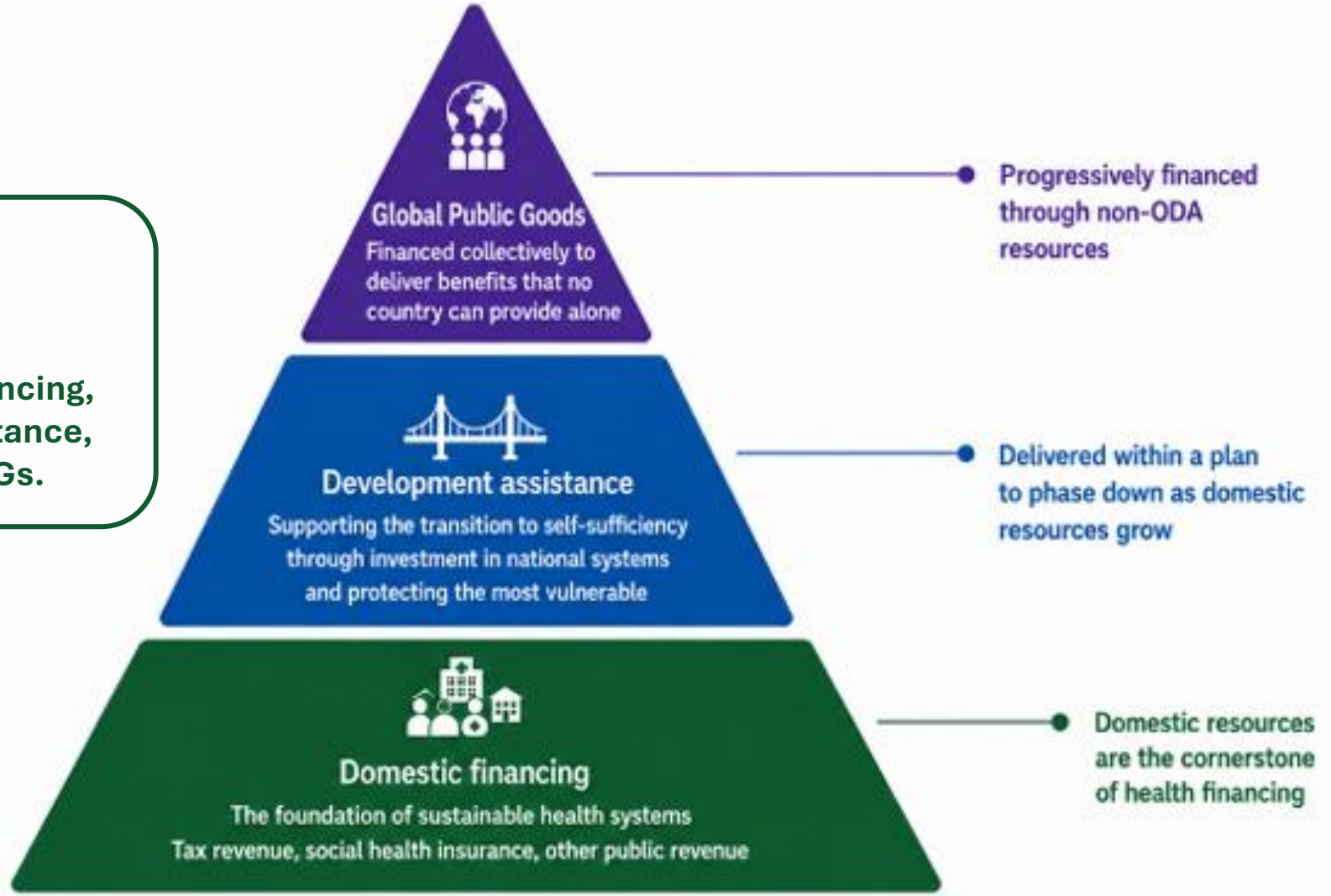
Managing cross-border externalities	Provision of Global Public Goods	Direct country support	Leadership and stewardship
• Responding to global threats (outbreaks, antimicrobial resistance) • Surveillance • Information sharing	• R&D for new health technologies • Knowledge generation and sharing • Norm- and standard-setting	• Technical cooperation at the national level • Financial development assistance for health	• Convening for negotiations, priority setting and consensus building
		Gradually phased out, reserved for humanitarian settings	

The future of health financing

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THE GOAL

Strong domestic health financing, smarter development assistance, collective investment in GPGs.



Read the full policy brief here:
https://globalhealthdiplomacy.se/media/399/download

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Delivering the future of health financing

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- **Put sovereignty into practice** by setting domestic financing commitments as well as clear expectations of partners
- **Agree transition terms jointly** so countries and donors align behind the same ideas
- **Build coalitions of the willing** to rebalance long-standing power asymmetries
- **Protect and build on what works,** such as pooled procurement and market shaping, while increasing regional- and country ownership

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Delivering the future of health financing

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- **Decide what stays global** by agreeing on which GPGs to prioritize and how to govern them
- **Shift GPG financing beyond development assistance** now that many more can contribute to financing global functions
- **Invest in better data and systems to track financing flows** to improve transparency and accountability

What to look out for

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- Accra Reset HLP Report
  - Political uptake & Operationalization of recommendations
- WHO Joint Task-Force interim report in November
  - Will reveal which reform pathways have been most palatable
- MOPAN's upcoming report in December
  - Evidence behind prominent reform proposals

Central question for implementing structural change: *Who is willing to give up the final say over priorities, budgets, and funding?*

True progress on the reform agenda will be reflected in

genuine redistribution of power

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Now is 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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https://globalhealthdiplomacy.se/publications#heading-3

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