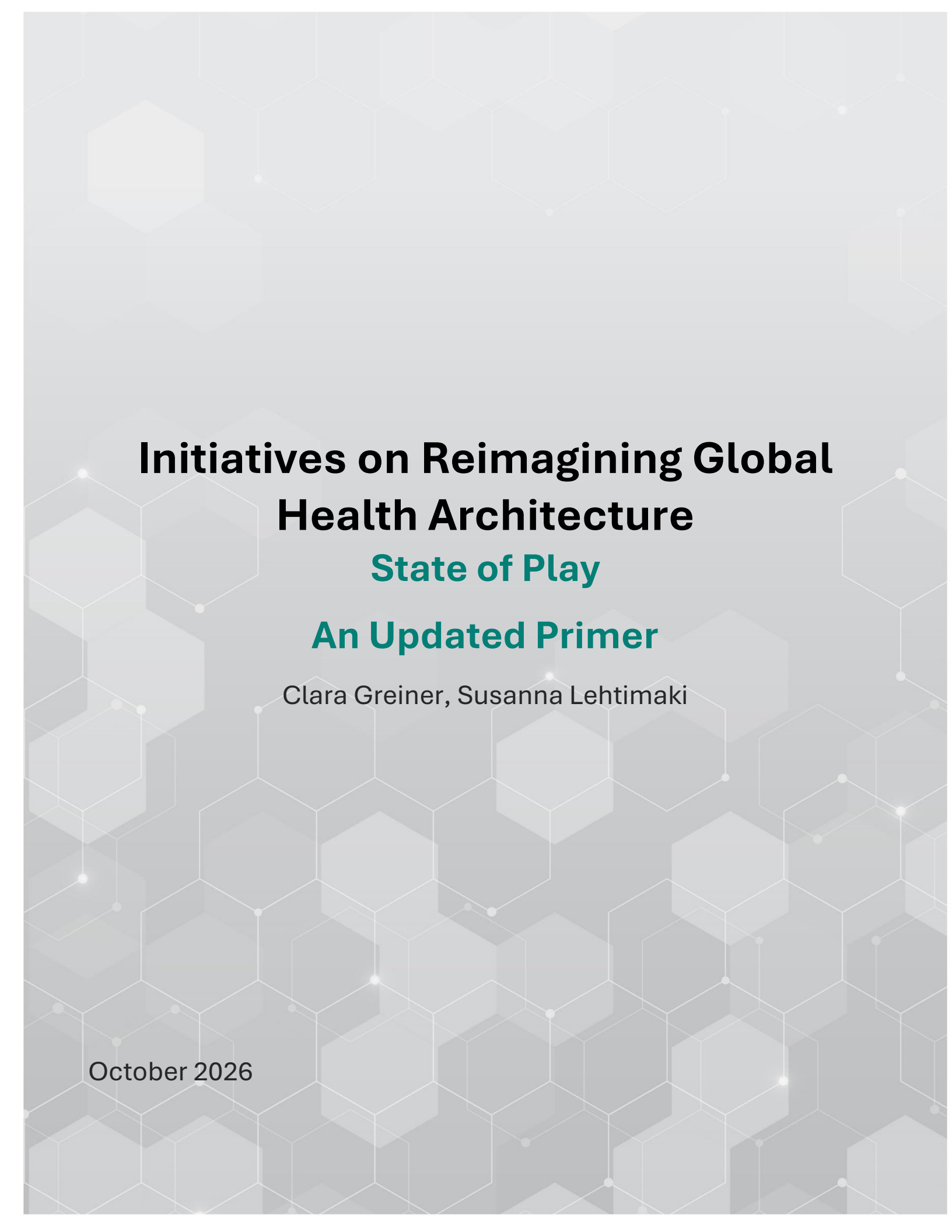




Initiatives on Reimagining Global Health Architecture

State of Play

An Updated Primer

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October 2026

Summary

In fall 2025, we published a [Primer](#) covering discussions of reforming the Global Health Architecture (GHA). As discussions continue, we review what has happened over the past year. Our summary seeks to help global health leaders and enthusiasts make sense of the “state of play.” We focus on the major actors and, in the annex, detail “what’s new” and “what’s next.” We also summarize two of the academic pieces that got the most “airtime.”

While much of the conversation remained behind closed doors, here is what we know. A year on, the field looks much the same as before: lots of consultations and convenings, but no concrete plan for who will lead the GHA reform or finance it.

The most prominent effort has been the [Accra Reset](#). Under the leadership of Ghanaian President Mahama, the Reset put forward a set of ten recommendations in a report titled “A Sovereign Future for Health.” The report also outlines shifts and principles and calls for a follow-up mechanism on independent accountability to track governments’ and partners’ reform efforts.

The [Wellcome Trust](#) remained active, funding regional dialogues in late 2025, a global forum in early 2026, and a civil society consultation process. [Gavi, the vaccine alliance](#), made progress in implementing its “Leap,” focusing primarily on reforming its own grant-making process. An exercise, supported by McKinsey, explored collaboration between Gavi and the Global Fund. It reportedly resulted in a 250-slide deck, but the contents and recommendations remain confidential.

The [Africa CDC](#) has advanced its “Africa Health Security and Sovereignty (AHSS)” Agenda. They published a Joint Action Plan outlining priority areas, but the plan is not publicly available.

[WHO](#) took a big seat at the table by launching the “Reform of the Global Health Architecture” process. The process aims to produce a report for the World Health Assembly in 2027 with a “roadmap” for reform. Since launch in May 2026, the WHO has consulted stakeholders, set up a 23-member task force, and identified coordination, roles and responsibilities, and financing for further exploration.

The EU and Civil Society also remained active, through two separate consultation efforts. In early 2026, the [EU Commission and “like-minded” donors](#) published reform ideas and options based on extensive stakeholder consultations. Separately, [HEAR CSO](#), the Health Architecture Reimagined Civil Society Organizations, partly funded by Wellcome, also ran a CSO consultation process.

While we didn’t conduct a full literature review, we summarized two recent analyses that received significant attention. [MOPAN](#) examines the roles of global health organizations, their alignment and collaboration, and [Think Global Health](#) reviewed 67 publications and proposed recommendations for the future of global health.

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Accra Reset

What's new

At the 2026 UNGA, Ghanaian President Mahama presented the “A Sovereign Future for Health” reform report¹ – the outcome of a global high-level panel in April 2026.² The report outlines five political shifts, six principles, and ten recommendations under the motto of “One plan, one budget, one platform.” The recommendations call for sovereignty, domestic financing, bringing decision-making to countries, regional manufacturing and procurement, and investing in global public goods. In terms of GHIs, the report recommends to “commit, collaborate, consolidate, and close,” calling on Gavi and the Global Fund to explore options to merge.

What's next

The report sets out actions to establish an independent follow-up and accountability mechanism within the next six months. The mechanism is to be government-led, and the goal is to track the Accra Reset's progress. However, the report does not state who will lead or follow up on the action.

Background

The Accra Reset presents a framework for global health sovereignty, anchored in national ownership, country-led investment, and leadership. The initiative prioritizes equity and sustainable financing while advancing Africa's leadership in health governance. Convened by Ghanaian President Mahama, the initiative was launched at the African Health Sovereignty Summit in Accra in August 2025.³ The summit built on ongoing efforts by the Rwandan President Kagame and African Union institutions to improve health financing and coordination on the continent.

Key outcomes of the summit in 2025 included: creation of a Presidential High-Level Panel (HLP) to design a roadmap; core principles of inclusivity, leadership, accountability, resilience, sustainable funding, and cross-sector collaboration; launch of the Scaling Up Sovereign Transition and Institutional Networks (SUSTAIN) Initiative; and endorsement of the Accra Compact.

The 2025 summit established a separate Presidential HLP of African leaders to guide implementation of the new framework and coordinate with development partners.² In April 2026, a 23-member global HLP was announced to produce the technical report “A Sovereign Future for Health”, which President Mahama presented at UNGA 2026.¹ The report's ten recommendations are further informed by overarching principles such as: health as a key driver for development; universal access and equity; sovereignty – health, financial, and data; country agency and subsidiarity; efficiency gains; and accountability at every level.⁴

The recommendations can be broken down into clusters. A number of them revolve around shifting capacity from global to regional stakeholders, while others address financing at the country level through domestic funding and at the global level for public goods. Strengthening humanitarian responses is mentioned as is alignment of partners behind one national health plan, one budget, and one coordination platform. Two recommendations stand out: one on reforming GHIs through consolidation or closure and the other on independent accountability for governments and partners with a timeline of six months.

Wellcome Trust: Rethinking the Future of Global Health

What's new

Between August and November 2025, five regional dialogues took place with participants from over 114 countries. Three priority areas for reform were discussed: governance; financing; and data, knowledge, and products.⁵ The dialogues' findings were published in March 2026, drawing on almost 1,800 survey respondents, over 200 key informant interviews, and virtual focus groups and workshops held across several regions.

Across the priority areas, the findings echo the following themes: shift governance power from global to regional, invest in domestic financing and strong regional mechanisms, and support strong regional data systems and infrastructure.

Based on the five regional dialogues, Wellcome outlined a vision for the future global health architecture: a decentralized, country-driven system anchored in regional hubs, built on sovereignty, subsidiarity, equity, and coherence, with regional actors setting priorities and coordinating, and a leaner global layer focused on cross-border public goods and financing.

Wellcome then hosted a high-level global meeting in April 2026.⁶ Participants discussed the drivers and blockers of the reform, examined how to operationalize it, developed pathways, and identified open questions. They identified three ways forward, including working through existing institutions such as the WHO, World Bank, G20, and UN; building political support directly through finance and health ministers; or leading through regional bodies like the African Union and Africa CDC.

What's next

Open questions remain on whether a central mechanism is needed to drive the process, how progress will be tracked, and how the reform itself will be funded. Wellcome issued a call to action on these questions for the "coming months," but it is unclear who will lead or follow up. Wellcome has recently commissioned work to unpack existing GHA reform proposals, aimed at showing what level of analysis is actually needed to inform strong recommendations for the reform.

Background

Wellcome launched the "Future of Global Health Initiatives" process in August 2022, with the aim to rebalance the power dynamics in global health, maximize health impacts, and simplify the funding landscape.⁷ Arriving at the midpoint of the SDG era and during the COVID-19 pandemic, the initiative brought together governments, global and regional health organizations, research institutions, and civil society partners to review the roles and responsibilities of global health initiatives (GHIs), build consensus for change, and catalyze collective action.⁸ The outcomes included a study with recommendations on how GHIs¹ could evolve to be more efficient, effective, and equitable over the next 20 years.⁹

Building on this process, in July 2025, Wellcome launched "Rethinking the Future of Global Health" and commissioned discussion papers that reflect five regional expert perspectives on reimagining an equitable and sustainable future for the GHA.^{7, 10} The papers were the starting point for regional dialogues to be conducted in late 2025.

¹ The study focused on six GHIs: the Global Fund to Fight AIDS, Tuberculosis, and Malaria; Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children, and Adolescents (GFF); Unitaid; the Foundation for Innovative New Diagnostics (FIND); and the Coalition for Epidemic Preparedness Innovations (CEPI).

Gavi Leap

What's new

As part of the Leap initiative and with the launch of Gavi 6.0 (2026-2030), Gavi has been actively focused on internal reform. The core changes include restructuring funding buckets, aligning different Gavi grants into one, and launching a single country application. For example, Gavi has combined funding for technical assistance and health system strengthening into a single bucket that countries themselves control. Gavi has also combined vaccine funding into a single bucket with an up front country by country 5 year funding allocation.¹¹

With regard to the second pillar of the Leap, alignment with other global health initiatives (GHIs), Gavi and the Global Fund set up a task force, co-chaired by both CEOs, to explore collaboration across disease areas as well as operations to align support for countries in late 2025.¹² The task force commissioned McKinsey to explore areas for collaboration, which resulted in a dense 250-slide deck. The task force meetings have been behind closed doors. There are no public next steps or action points on how the two GHIs will proceed.

What's next

Gavi has not announced any public next steps for the implementation of the Leap. The Board will meet again in early December and will likely discuss further steps on the Leap, as well as collaboration with the Global Fund.

Background

Gavi launched the Leap initiative in early 2025, committing to a radical internal reform.¹³ In 2026, Gavi entered a new strategic period, Gavi 6.0 2026-2030, and published updated funding guidelines in April 2026, aligned with Leap principles and commitments.

The Leap deploys four principles to guide the shift towards a more effective GHA. These are: country centricity and GHIs to be more responsive to the countries' needs; self-reliance in terms of ownership of countries' health programs; focused mandates for GHIs to prevent duplication and fragmentation; and finite lifespans for GHIs, agencies and institutions including Gavi itself.

The Leap is further structured around three areas of reform: internal reform aiming for “radical” restructuring of Gavi itself to make working with Gavi easier; working with partners such as the Global Fund, GPEI, and GFF for potential alignment of grant cycles, malaria and polio programming, and health system strengthening; and lastly, catalyzing reform of global health architecture. As part of the reform, Gavi also seeks to use AI and technology to improve its work.

Africa CDC: Africa Health Security and Sovereignty (AHSS) Agenda

What's new

In November 2025, the Africa Centres for Disease Control and Prevention (Africa CDC) adopted the Africa Health Security and Sovereignty (AHSS) Agenda. At the African Union Assembly's 39th Ordinary Session in February 2026, Heads of State endorsed the Agenda as the continent's guiding framework for health sovereignty and called for stronger coordination on global health reform and local manufacturing. The Assembly also appointed the presidents of Tanzania and Ethiopia as champions for the Agenda.¹⁴

In June 2026, Africa CDC launched a Joint Action Plan for 2026 to 2028 to support African Union Member States in implementing the AHSS Agenda. While not publicly available, the plan reportedly covers health financing strategy development, workforce planning, supply chain assessments, local manufacturing support, and digital health governance.¹⁵ At UNGA 2026, African Union Member States and partners, including WHO, UNFPA, UNICEF, Gavi, the Gates Foundation, and the Global Fund, committed to annual reporting on maternal and child health under the AHSS Agenda as well as a biannual review by the presidential champions from Tanzania and Ethiopia.¹⁶

What's next

Africa CDC is due to report on AHSS implementation progress to African Union bodies in January 2027, per the February 2026 Assembly directive.¹⁴

Background

The AHSS Agenda follows the New Public Health Order framework that was set up in 2022 in the aftermath of the COVID-19 pandemic. The AHSS Agenda responds to a rapidly transforming global health landscape, a more mature public health architecture on the continent, and the severe inequality and weaknesses exposed during the COVID-19 pandemic.¹⁷

The AHSS Agenda seeks to operationalize sovereignty across the health ecosystem on the African continent and is built on five pillars: a reformed global health architecture that shares decision-making, financing, and implementation power across actors; institutionalizing an African pandemic prevention, preparedness, and response agenda under one platform; domestic and innovative health financing that aims for at least 50% of health-security financing from national budgets; digital transformation, including keeping data stored on the continent; and local manufacturing, aiming to produce at least 60% of vaccines, diagnostics, and therapeutics locally by 2040.¹⁸

Lusaka Agenda

What's new

There has not been notable progress on the Lusaka Agenda. The Lusaka Agenda was mentioned by G20 leaders at the Global Health Architecture Reform Africa Regional Dialogue in late 2025, when the output paper included objectives of the Agenda.¹⁹ But progress against its own milestones remained thin. The fixed-term task force was established and dissolved as planned, and Africa CDC launched a Continental Secretariat and scorecard in April 2025. However, selected countries to advance the Lusaka Agenda never developed concrete actions, and there is no evidence of progress on financing targets or long-term sunseting discussions.

What's next

As of now, no further public milestones have been announced.

Background

The Lusaka Agenda was the outcome of the 14-month Future of Global Health Initiatives (FGHI) process that elaborated how GHIs could more effectively and efficiently complement domestic financing to maximize health impacts as part of country-led trajectories towards universal health coverage.²⁰

The process, chaired by the governments of Kenya and Norway and led by a multi-stakeholder steering group in 2023, included dialogues with funders, governments, global health organizations, civil society, and the research and learning community online and in-person in Addis Ababa, Ethiopia, Wilton Park, UK, and Lusaka, Zambia. The focus was primarily on the work of Gavi, the Global Fund, and the Global Financing Facility (GFF) and, to a lesser extent, the Coalition for Epidemic Preparedness Innovations (CEPI), the Foundation for Innovative New Diagnostics (FIND), and Unitaid.

The Lusaka Agenda proposed five strategic long-term shifts for the reform of GHIs: strengthen primary health care, focus on sustainable and domestically financed health services, advance health equity, promote strategic and operational alignment, and coordinate regional manufacturing and procurement.

The implementation of the Lusaka Agenda was to be led by joint action across Gavi, the Global Fund, and the GFF.²⁰ Collaboration on shared workstreams like malaria, health systems strengthening, country engagement, and back-office functions was to be overseen by a joint committee working group and an annual cross-board meeting with other stakeholders. A set of pathfinder countries was meant to accelerate progress and capture learning, while CEPI, Unitaid, and FIND were to establish a joint vision for R&D, manufacturing, and market-shaping.

In 2024, the WHO Africa Region published the Roadmap for implementation of the Lusaka Agenda.²¹ It proposed a way forward for Ministers of Health and regional partners, including the WHO Regional Office for Africa, Africa CDC, the African Union Commission and the African Development Bank. The Ministers' role was to facilitate the alignment of national plans with external support to enable the transition to domestic financing for UHC. On the regional level, actors were tasked with developing a joint plan to support countries in implementing the Agenda.

WHO's Reform of the Global Health Architecture Process

What's new

In May 2026, the 79th World Health Assembly launched the “Reform of the Global Health Architecture” process.²² WHO established a task force to develop proposals and a final report, including an implementation roadmap for “the consideration of the governing bodies of WHO and partner organizations.” The task force consists of representatives from WHO Member States, two from each region, plus China and Germany as the co-chairs, and one representative each from Gavi, the Global Fund, CEPI, the Pandemic Fund, Unitaids, the World Bank, UNFPA, UNICEF, and WHO.²³

In August 2026, WHO identified three priority areas for the task force to explore: i) alignment of the mandates and capacities of GHA actors at global, regional, and national levels; ii) coordination and decision-making; and iii) financing to advance national self-reliance and sustainable and predictable support.²³

What's next

The task force is currently mapping mandates and gathering evidence around the three priority areas. It will submit an interim report with emerging options and recommendations to the WHO Executive Board in January 2027. These will be consolidated into a final report, including a potential roadmap for the WHA in May 2027.²⁴

Background

The purpose of the WHO process is to develop options and recommendations that support GHA reforms, informed by existing initiatives and relevant elements of UN80, UN's big reform process.²⁵ The aim is to address power imbalances, support country leadership and ownership, and apply subsidiarity (meaning decisions are made as close as possible to the people affected by them).²³ The process is structured in four phases (see Figure 1 below).

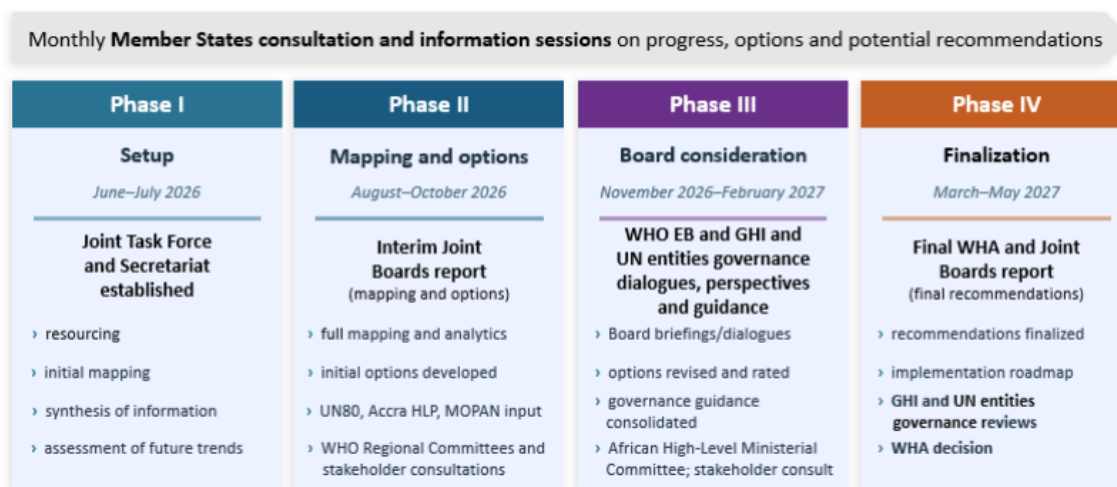


Figure 1. Timelines, deliverables, and activities by phases of the joint process on GHA reform.

EU and like-minded donors' reflection process on reform of the global health architecture

What's new

To inform the GHA reform process, in early 2026 the EU and like-minded donors published results from its consultation process to inform the GHA reform process.²⁶ The process convened EU, donors, and other stakeholders to define principles and options.

What's next

There are no next steps planned after this consultation.

Background

In June 2025, the European Commission's Directorate-General for International Partnerships commissioned a consultant team to conduct a consultation process on GHA reform. The process was conducted on behalf of eleven EU Member States (Belgium, Denmark, France, Netherlands, Germany, Ireland, Italy, Luxembourg, Slovenia, Spain, Sweden), and five aligned countries (Australia, Canada, Japan, Norway, the United Kingdom).²⁶ They engaged over 490 diverse stakeholders through various formats, including key informant interviews, consultation panels, an online survey, and targeted group discussions.²⁶

The report identified the same principles and themes already common in the dialogue: equity and sustained health impact; country and community power over decision-making (ownership, governance voice, and subsidiarity); external support repositioned as temporary and catalytic rather than permanent; a leaner, more flexible architecture; and continued multilateralism.

The consultations also surfaced priority areas for the EU and like-minded donors for the GHA by 2030. These were also not new and focused on: WHO's normative and standard-setting role, financing and resource mobilization, market shaping and procurement for commodities, data and surveillance systems, and coordination and accountability.

Selected follow-up actions included:²⁶

- European Commission: draft and circulate a paper backing the report's vision, principles, and functions.
- Canada: draft lines to take on four GHI reform priorities, starting at the Global Fund Board retreat.
- United Kingdom: convene a working group with the World Bank and MDBs on financing and national health compacts.

HEAR CSO: Reimagining Global Health Architecture

What's new

In 2025-2026, the Health Architecture Reimagined Civil Society Organizations (HEAR CSO), a consortium of civil society and community networks, conducted CSO consultations to identify key considerations for the WHO-led joint process on global health architecture reform.²⁷ The consultations, funded in part by the Wellcome Trust, included seven regional consultations, reaching 107 CSOs from 54 countries, as well as an online survey. HEAR CSO found a gap between civil society's interest in engaging with GHA reform and their actual access to it.

Overall, HEAR CSO identified five core principles for GHA reform processes, grouped into three directions: equity as the ultimate goal, especially for health financing and access to health services; decision-making with affected communities and stakeholders; and extending reform beyond the health sector to all determinants of health. In addition, they proposed shared visions of the future (Figure 2):

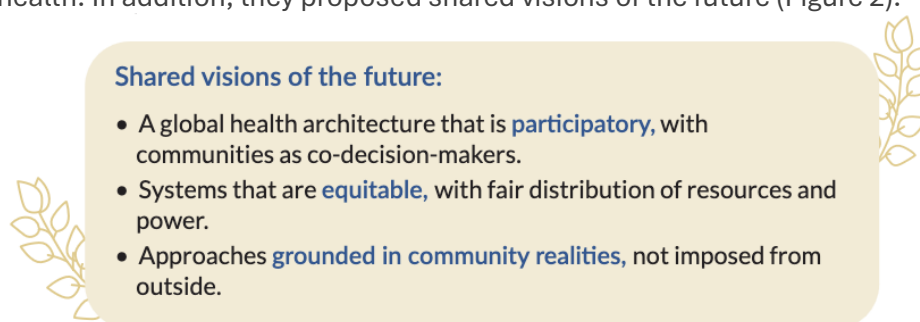


Figure 2. Shared visions of the future identified through the consultation process.

Based on these findings, HEAR CSO drafted key considerations for the WHO GHA Reform process. They call on the process to go beyond WHO structures to include CSOs, support inclusive and transparent decision-making backed by an accountability framework, and safeguard mechanisms against tobacco, alcohol, fossil fuel, and unhealthy foods industries.

What's next

HEAR CSO has not announced any next steps or follow-up actions to the consultations.

Background

HEAR CSO is a consortium of civil society and community networks formed to ensure CSO voices are reflected in the WHO-led GHA reform process and was at least partially funded by Wellcome.

Analyses

MOPAN Performance Insights: Comparative Advantage in the Multilateral Health Ecosystem

MOPAN. Mapping of Organisational Mandates Against Future Priority Health Functions, May 2026

MOPAN, Multilateral Organisation Performance Assessment Network that assesses the performance and effectiveness of multilateral organizations, reviewed the mandates of Gavi, the Global Financing Facility, the Global Fund, the Pandemic Fund, UNFPA, UNICEF, Unitaid, WHO, and the World Bank against global health priorities and examined how organizations collaborate to deliver global health functions.²⁸

The authors found that the GHA has grown organically rather than by design, resulting in overlapping mandates, misaligned financing, and no clear accountability for how the system performs as a whole. As a way forward, they proposed to: establish a stewardship function to keep mandates in check; reform the financing, accountability, and governance incentives, especially earmarking, that drive mandate expansion; and treat country-level coherence as an explicit system-design objective, through joint platforms, shared accountability, and formal inclusion of regional bodies.

As a next step, MOPAN will publish a report on comparative advantages across global health functions and, in December 2026, identify reform pathways as part of the third report in this series.

Think Global Health: The Future of Global Health

Psaki S, Horschfeld A, Gallinek A, Bollyky T. The Future of Global Health: Themes and Thorny Questions, September 2026

Think Global Health, an online publication by the US Council on Foreign Relations, conducted a rapid review of 67 publications proposing recommendations for the future of global health.²⁹ They identified 405 recommendations across the publications and grouped them into eight themes: shift decision-making to countries; align donor funding; improve regional coordination; strengthen health systems; consolidate global health initiatives; increase domestic investments; improve health security; improve access to medical countermeasures. Shifting decision-making to countries and aligning donor funding were the most common recommendations.

The authors conclude that while there is consensus on vision, what shifting decision-making looks like in reality, how these principles are translated into feasible actions, and what the road ahead looks like are absent from the literature they reviewed.

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