

# Reforming the Global Health Architecture

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Priorities and Perspectives from the Europe and North America Regional Dialogue

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# List of Acronyms

Acronym	Definition
ASEAN	Association of Southeast Asian Nations
AU	African Union
EU	European Union
G7	Group of Seven
G20	Group of Twenty
HIV	Human Immunodeficiency Virus
LMICs	Low- and Middle-Income Countries
MDBs	Multilateral Development Banks
ODA	Overseas Development Assistance
PAHO	Pan American Health Organization
R&D	Research and Development
UN	United Nations
UN80	United Nations 80th Anniversary Initiative
UNGA	United Nations General Assembly
WHA	World Health Assembly
WHO	World Health Organization

# Foreword


Global health stands at a crossroads. Over recent decades, collective action has delivered remarkable progress, including expanding HIV treatment, scaling immunization, and saving millions of lives. These achievements prove what the world can accomplish when it works together toward a shared goal.

Yet the system that delivered these gains was built through crisis rather than design, and in a very different world. It now faces shifting geopolitics, greater domestic leadership and financing, regional centers of excellence, and a growing movement of health sovereignty, while also confronting constrained international financing, the sharp reduction of United States and many European donors' support for global health, declining trust, and cross-cutting challenges spanning health, climate, conflict, and equity. We have long spoken about country ownership, fairness and shared responsibility; today, we must turn those words into action.

That is why I was pleased to chair the Europe and North America Regional Dialogue on Global Health Architecture Reform. My role was to help guide an open and forward-looking discussion, one that challenged us to think beyond institutional positions and focus on what the system must deliver to remain effective and legitimate, with one goal: improving health and wellbeing worldwide.

This dialogue was not about producing another list of reforms but about clarifying what truly matters: country ownership alongside effective global support, coherence over competition, leadership that is shared with co-creation, and renewed commitment to the global public goods that underpin collective action.

The status quo is not an option as it will fail to deliver what countries and people need. The choices we make in the years ahead will shape global health for a generation. If we act deliberately and create together across regions, we can build a system that is more equitable, efficient, accountable, and prepared for the realities of the future.



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## Executive Summary

The **Europe and North America Regional Dialogue on Global Health Architecture Reform**, one of five commissioned by Wellcome, brought together leaders from governments, multilateral institutions, philanthropy, civil society, and academia to identify reform priorities and how the region can contribute to a more effective and equitable global health system. This paper reflects insights from 40 stakeholder consultations, over 130 survey respondents, and a 1.5-day regional convening with 40 senior participants<sup>1</sup>. Reflecting the roles of participating institutions, the Dialogue<sup>2</sup> focused largely on how the global health architecture can better respond to the priorities articulated by low- and middle-income countries (LMICs), while examining the responsibilities and constraints facing institutions in Europe and North America.

Stakeholders recognized the significant health gains of the past two decades, even as success has produced a larger, more complex system with overlapping mandates, fragmented external financing, and persistent inequities in decision-making. They also underscored seismic shifts in the global environment: the United States' reassessment of its leadership and reduction in funding, major bilateral donors reshaping their health portfolios, and fiscal pressures across high-income countries challenging assumptions about future development financing. These changes amplify the need to prioritize what the system must deliver, optimize existing mechanisms, and pursue more transformational reform where needed, while protecting hard-fought gains.

Across the Dialogue, many opportunities for reform surfaced and three areas emerged as highest priority:

1. **Advance sustainable and country-led financing** to better align global support behind nationally led health systems, including clearer pathways for shared transition planning, domestic resource mobilization, and greater predictability of external financing.
2. **Bolster global public goods** through strengthened norms and standards, sustained financing for pandemic preparedness, and coordinated innovation and equitable product access, supported by shared responsibility, clearer global and regional roles, and collective action.
3. **Strengthen governance and decision-making** by more clearly distinguishing institutional mandates, broadening representation, enhancing transparency, and aligning cycles, boards, and priorities.

Although many institutions were still defining their positions, the Dialogue advanced a shared understanding of top priorities for global health reform and the opportunities and tensions they raise. Stakeholders emphasized that the next two years present a critical window for pragmatic, country-led action, guided by shared principles: leadership from LMICs and regional institutions; speed and focus; political and technical alignment; coordination across processes; and inclusivity and accountability.

They also recognized that Europe and North America have both a responsibility and opportunity to help drive this change using their political influence and financial leadership to align agendas, harmonize funding practices, and act as co-designers rather than directors of reform.

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<sup>1</sup>A list of participating organizations is located in the acknowledgements section at the end of the report.

<sup>2</sup>The Dialogue was closely aligned and coordinated with the ongoing European Union member states-led reflection process on the same topic.

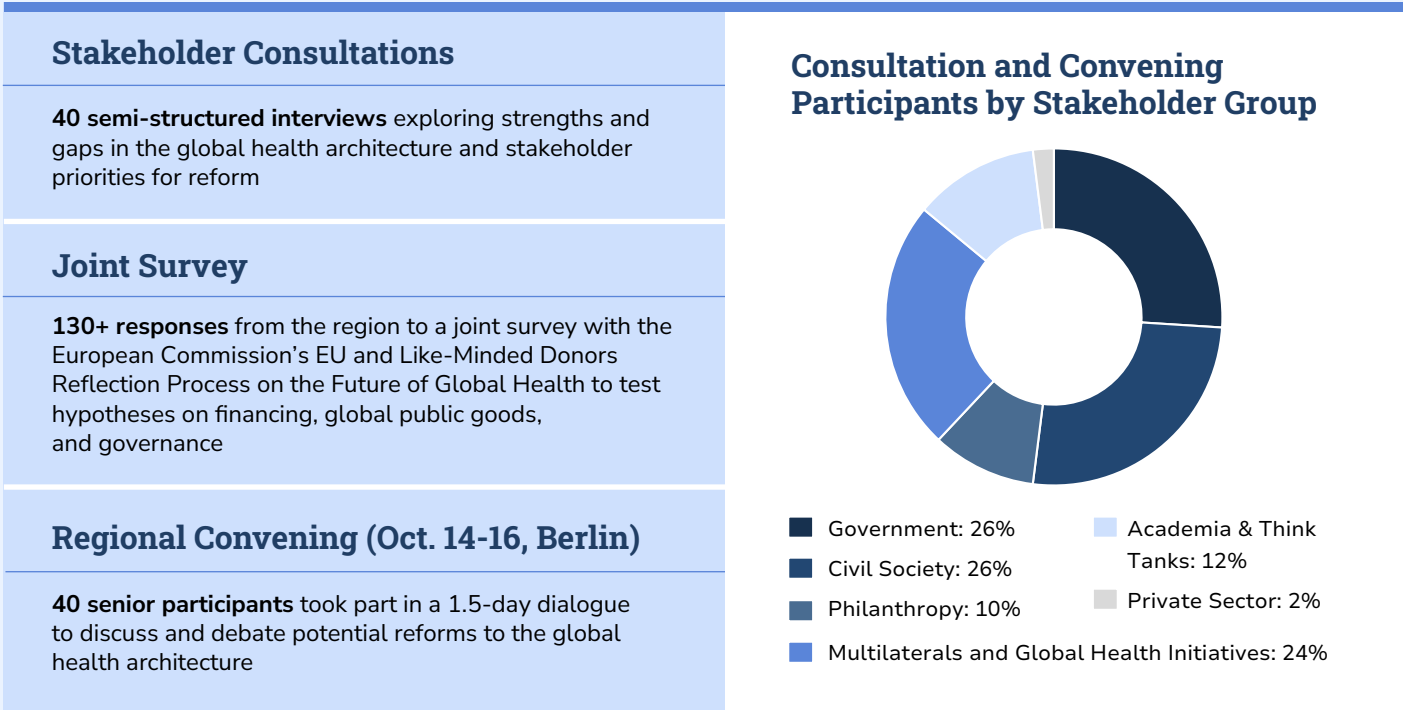
# 1. Introduction

The Europe and North America Regional Dialogue on Global Health Architecture Reform brought together leaders from across the region to identify priorities for shaping a stronger global health system. As one of five Regional Dialogues commissioned by Wellcome, it captured perspectives from government and non-government partners in European Union (EU) Member States, the United Kingdom, the United States<sup>3</sup>, Canada, and Eastern European countries, as well as global health organizations headquartered in the region. This scope reflected the region’s diverse political, economic, and institutional contexts.

Co-led by SEEK Development and Panorama Strategy, the Dialogue included forty stakeholder consultations, a joint survey with the EU Member States and Like-Minded Donors<sup>4</sup> Reflection Process, and a 1.5-day convening of forty participants organized on the margins of the World Health Summit in Berlin from October 14-16, 2025.

This paper synthesizes perspectives and insights from the Dialogue and is organized into three parts: i) **a stock-take of where the global health architecture stands today**; ii) **priority areas for reform**; and iii) **pathways and opportunities for advancing change**. At the time of the Dialogue, many organizations were still defining their institutional positions on reform and were eager to learn from other regions before finalizing their views. Even so, the Dialogue surfaced clear priorities and helped advance a shared understanding of the way forward.

## Inputs From Diverse Stakeholder Groups Across 13 Countries<sup>5</sup>



<sup>3</sup>While participation spanned a wide range of institutions and perspectives, representatives from the United States Government were unable to participate due to the government shutdown at the time.

<sup>4</sup>Like-minded donors include Australia, Canada, Japan, Norway, and the United Kingdom.

<sup>5</sup>The consultations and convening included participants from Belgium, Canada, Denmark, France, Germany, Italy, North Macedonia, Norway, Spain, Switzerland, Ukraine, United Kingdom, and United States; survey responses reflect additional countries not listed here.



## 2. Stock-Take: Where Are We Now?

### Recognizing Two Decades of Progress Through Collective Action

Participants in the Dialogue agreed that the past two decades have demonstrated the power of collective action in global health. Coordinated efforts on HIV, tuberculosis, malaria, immunization, and maternal and child health have expanded access to lifesaving interventions and contributed to major improvements in health outcomes, particularly in LMICs. These gains were driven in part by increased global collaboration that created new mechanisms for financing, innovation, and delivery through multilateral institutions, global health initiatives, product development partnerships, normative and programmatic agencies, civil society, the private sector, and philanthropy, working alongside country efforts to enable progress at greater scale and speed.

At the same time, this expansion has created a broader and more complex architecture, with overlapping mandates and slower decision-making. Stakeholders highlighted the need to build on what has worked and enhance coherence, coordination, and agility to prepare for the challenges ahead.

### New Pressures and a Renewed Purpose

Geopolitical tensions, rising debt, the significant reduction of United States aid, and declining overseas development assistance (ODA) from Europe and other donors, together with mounting humanitarian and environmental pressures, are increasingly threatening health outcomes. At the same time, challenges such as noncommunicable diseases and antimicrobial resistance are stretching a system originally built for infectious disease control. Against this backdrop, stakeholders expressed a renewed commitment to advance long-discussed reforms, emphasizing that the next phase of global health cooperation must rebalance power and resources and be anchored in equity, country ownership, and mutual accountability.

### Advancing Country-Driven Approaches in Development Assistance

Development assistance for health has long struggled to move from donor-driven, short-term priorities toward approaches that are genuinely country-led and sustainable. While external funding has supported major health gains, its project-based orientation has not consistently strengthened primary health care or the broader systems needed for long-term resilience. Stakeholders acknowledged growing efforts to align assistance with national plans and shift toward more integrated, system-focused approaches, but emphasized that progress remains uneven and that further improvements are needed to fully support durable, country-led strategies.

#### Summary: Regional Reflections on the State of the System

- **Proven impact through collective action:** Decades of multilateral cooperation have saved millions of lives and driven major gains in global health outcomes.
- **Expansive and more complex architecture:** The global health system's reach has grown dramatically but overlapping mandates and competition challenge efficiency and coherence.
- **Rising pressures:** Dramatic reductions in financing and threats to multilateralism, alongside growing humanitarian and environmental stresses, are straining the system.
- **Country ownership constrained by funding patterns:** Donor funding continues to shape priorities despite broad appetite for change.
- **Opportunity for renewal.** Europe and North America are committed to partnering with other regions to help shape a stronger global health architecture.



### 3. Core Functions the Global Health Architecture Must Deliver

Stakeholders across Europe and North America emphasized the need for a system that is **coherent by design**, **anchored in country leadership**, and focused on the **essential functions that only collective action can achieve**. These functions represent what the architecture must deliver—the tangible areas of shared responsibility—guided by a set of key principles.

#### Cross-Cutting Principles

Stakeholders agreed that **national planning and leadership** must guide the global health architecture. Global and regional institutions should align behind nationally defined priorities, reinforcing rather than replacing domestic systems and leadership. Other key principles include:

- **Equity and Inclusion:** Fairness, representation, and access in decisions, investments, and outcomes.
- **Clarity of Roles and Coordination:** A coordinated architecture designed for complementarity rather than competition.
- **Mutual Accountability and Solidarity:** Shared responsibility, transparency, and collaboration across institutions and regions, recognizing that global health is a collective good.

Stakeholders noted that **these principles are not new**, but echo long-standing commitments from aid-effectiveness agendas, the Lusaka Agenda, and prior reform efforts. They emphasized the challenge is not defining these principles but finally operationalizing them consistently across the ecosystem.

#### Essential Functions of the Global Health Ecosystem

- **Governance and Coordination:** Provide legitimate, inclusive, and effective decision-making grounded in subsidiarity that connects global and regional priorities with national plans.
- **Financing:** Mobilize and sustain predictable, long-term investments that fund global public goods, strengthen sustainable country systems, and reduce fragmentation.
- **Technical Assistance and Capacity Strengthening:** Deliver coordinated, demand-driven support that builds durable institutional and human capacity within national systems.
- **Global Public Goods and Transnational Action**
  - **Norms and Standards:** Establish and uphold globally trusted frameworks for quality, safety, and accountability that are timely, inclusive, evidence-based, and adaptable to context.
  - **Data, Evidence, and Learning:** Generate, govern, and share reliable, interoperable data and evidence to guide decisions, drive accountability, and support continuous improvement.
  - **Innovation and Access:** Foster research, development, and equitable access to health technologies, services, and tools through effective market-shaping and supply security.
  - **Pandemic Preparedness and Response:** Maintain readiness and collective capacity through shared surveillance, planning, and resource mobilization.

*This list reflects the most frequently mentioned functions from the Dialogue, although views differ on how precisely they should be defined or delivered.*





## 4. Priority Areas for Reform

Stakeholders converged around three priority areas that garnered the strongest consensus and reflect the core functions of the architecture most in need of reform in the years ahead.

1. **Advance sustainable and country-led financing** to better align global support behind nationally led health systems, including clearer pathways for shared transition planning, domestic resource mobilization, and greater predictability of external financing.
2. **Bolster global public goods** through strengthened norms and standards, sustained financing for pandemic preparedness, and coordinated innovation and equitable product access, supported by shared responsibility, clearer global and regional roles, and collective action.
3. **Strengthen governance and decision-making** by more clearly distinguishing institutional mandates, broadening representation, enhancing transparency, and aligning cycles, boards, and priorities.

### 4.1 Advance Sustainable and Country-Led Health Financing

#### Priority Actions

- **Align external partners behind one national plan and budget**, using country-led processes and tools such as compacts and transition plans where appropriate.
- **Increase domestic financing for health** as a central component of the national plan and budget, strengthening national ownership and enabling more predictable and sustainable transitions from external support.
- **Adapt donor practices and funding mechanisms** to simplify processes, reduce fragmentation, and enable greater harmonization.
- **Advocate for fiscal, debt, and trade policy** reforms that can increase and sustain domestic investment in health.

#### The Case for Financing Reform

Reforming external financing for health in LMICs emerged as a top priority across the Dialogue. Stakeholders agreed that **sustainable, country-led financing is foundational** to an effective, efficient, and equitable global health architecture. Increasing domestic financing is critical for countries to transition from external support and strengthen national ownership. External resources, in their view, should reinforce these efforts by expanding fiscal space, supporting transitions, and funding global and transnational priorities. This requires shifting away from fragmented, donor-driven models toward investments that strengthen national systems and primary health care.

Although this agenda is long-standing, stakeholders noted rising political momentum and a growing expectation that these desired shifts must move forward, particularly as development assistance for health contracts.

## What Must Shift at the Country Level

Stakeholders emphasized that sustainable financing requires **one strong and credible national plan and budget**, developed and led by countries themselves. Such plans must be jointly owned by Ministries of Health and Finance and supported by other national institutions responsible for planning, financing, and delivering health services. Alignment of external partners should be anchored in these country-led processes. Credible plans, in their view, need to be grounded in realistic fiscal projections, clear priorities, and strong budget execution.

Stakeholders noted that past alignment efforts often faltered when national plans lacked sufficient detail or credibility, or when donor political cycles, accountability pressures, and administrative constraints limited partners' ability to align. While there was broad agreement on the goal, **progress will require both stronger country plans and realistic, predictable donor commitments** that can be anchored to them. Countries such as Ethiopia, Nigeria, and Rwanda were highlighted as examples where coordinated efforts in strategy and budget planning are enabling more effective alignment.

## What Must Shift Across Key Financing Actors

- **Pooled financing mechanisms (e.g., the Global Fund and Gavi):** Stakeholders viewed these mechanisms as essential but differed on whether and how they should evolve. Some favored structural reforms such as shared boards, consolidation of overlapping functions, or sunset clauses. Others saw these changes as unrealistic and preferred more practical steps such as aligning allocation models, synchronizing planning and replenishment cycles, adopting joint transition roadmaps, and clarifying divisions of labor.
- **Multilateral development banks (MDBs) and related mechanisms (e.g., the World Bank, regional development banks, and the Global Financing Facility):** These institutions and mechanisms were seen as critical to long-term sustainability. Stakeholders recommended an increased role for these institutions in strengthening public financial management, providing concessional financing, and using leveraged and blended finance to support primary health care and health systems infrastructure.
- **Bilateral donors:** Stakeholders noted that bilateral donors remain essential partners but operate within political and legislative constraints that often require earmarking, visibility, and responsiveness to domestic constituencies. These constraints limit flexibility and can create tension with country-led approaches. Although stakeholders did not expect these realities to change, they believed they could be better managed. With stronger national plans and clearer priorities in place, stakeholders saw potential for bilateral donors to provide more predictable multiyear commitments, coordinate more closely with other partners, and participate in shared transition frameworks, even within existing limitations.

## Broader Enablers for Fiscal Space

Some stakeholders underscored that **broader fiscal and macroeconomic reforms** will be important for **expanding domestic resources for health**. They noted that measures such as more flexible debt frameworks, adjustments to fiscal rules, and targeted changes in tax and trade policies sit largely outside the health sector but could create greater budget headroom for sustained health investment.

## A Window of Opportunity

Stakeholders agreed that rising political momentum and fiscal pressures create a critical window for action. They also stressed that sustained dialogue and practical alignment across countries, donors, and financing mechanisms will be essential to turn this momentum into durable change.

## 4.2 Bolster Global Public Goods Through Stronger Standards, Shared Investment, and Equitable Access

Stakeholders reaffirmed that global public goods—benefits no country can deliver alone—are essential to an effective global health system that serves all people. Among the many functions that make up global public goods, three areas emerged as both indispensable and most in need of reform: **norms and standards, financing for pandemic preparedness, and innovation and equitable product access.**

### 4.2.1 Norms and Standards

#### Priority Actions

- **Strengthen the WHO “living guidelines” model** so norms and standards evolve continuously as science advances, supported by digital platforms that enable broad participation, transparent tracking, and rapid updates.
- **Clarify roles between global and regional bodies** in developing norms and standards and in supporting contextual adaptation.

Stakeholders emphasized that global norms and standards are the **foundation of trust, quality, and alignment** in global health. WHO’s normative role remains indispensable, but many noted that the current system must become faster, more inclusive, and more closely linked to implementation to maintain credibility.

Several priorities emerged consistently: accelerating updates through **the WHO living guidelines approach** as evidence evolves; expanding participation to better **leverage regional and local expertise**; strengthening **monitoring and accountability** for implementation; and **clarifying responsibilities between global and regional** actors to ensure coherent global guidance while still enabling contextual adaptation. Stakeholders also underscored the need for predictable and adequate financing to ensure this core function remains a top priority.

Many noted that these issues are long-standing, rooted in limited resources at WHO—particularly constrained assessed contributions—political sensitivities around standard-setting, and wide variation in implementation capacity across regions. Many stakeholders recommended that **WHO re-center on its core mandate of setting global norms and standards**, with regional bodies and collaborating centers taking on a more defined role in contextual adaptation and technical support. Others warned that decentralizing these responsibilities without clear governance and accountability could lead to further fragmentation. Finally, given that public confidence in global guidance has been strained since COVID-19, stakeholders stressed that **transparent evidence review, predictable processes, and broader participation** are more critical than ever.



**"Norms and standards are the backbone of global health, but they have to move at the speed of relevance."**

## 4.2.2 Financing Pandemic Preparedness

### Priority Actions

- **Reposition preparedness as a global public good and a pillar of global stability and prosperity**, largely separated from ODA and supported through shared investment across sectors, including finance, defense, and trade.
- **Scale up predictable pooled financing for preparedness**, either by expanding existing mechanisms or through a more consolidated model.
- **Integrate preparedness into routine health systems and surveillance structures** to sustain capabilities between crises.

Stakeholders emphasized the need to shift from reactive, crisis-driven preparedness to **sustained, collective investment in resilience**. Preparedness should be treated as a global public good that benefits all countries and requires predictable, shared financing and governance. Rather than being seen as development aid, it should be understood as a **collective responsibility** essential to global and national stability and economic security. Advancing this agenda will require partnership with actors from the **finance, trade, and defense sectors**. The Global Public Investment model, in which all countries contribute according to capacity, benefit from outcomes, and share in decision-making, was seen as one possible approach for ensuring stable funding and stronger readiness for future threats.

There was broad support for expanding pooled and predictable financing for pandemic preparedness and broader health security functions, although stakeholders differed on the preferred model. Some advocated for a **single consolidated mechanism** to reduce fragmentation and avoid competition. Others preferred **improving alignment and complementarity across multiple financing instruments**. Stakeholders also emphasized that preparedness capabilities must be integrated into broader health systems and cross-disease surveillance, rather than siloed as an emergency function, to ensure sustained readiness between crises.

## 4.2.3 Innovation & Equitable Product Access

### Priority Actions


- **Align regional manufacturing initiatives with global frameworks** to ensure affordable, high-quality and equitable access to health products.
- **Strengthen global market-shaping functions**, such as pooled procurement, price negotiations, and product standardization, where scale and equity require global coordination, while ensuring these efforts complement emerging regional initiatives.
- **Develop regional financing mechanisms** that support tools such as pooled procurement and advanced market commitments, aligned with global standards, to diversify regional supply and strengthen system resilience.
- **Update the WHO R&D Blueprint process** to reflect country priorities and improve demand forecasting.
- **Embed fair-access clauses early in R&D partnerships** to ensure equitable access from the outset.

Stakeholders emphasized that innovation and equitable product access must remain shared global responsibilities, especially where markets fall short or equity is at risk. They noted that global market-shaping functions, such as pooled procurement, advanced market commitments, and standardized product requirements, have historically played a critical role in securing affordable prices, ensuring consistent quality, and expanding access at scale.

Stakeholders also discussed the rapid expansion of regional manufacturing and procurement initiatives across Africa, Asia, Latin America, and parts of Europe. Many saw these efforts as opportunities to strengthen local resilience and diversify supply, but there were mixed views about their ability to ensure affordability, interoperability, and equitable access. Stakeholders agreed that **clearer global frameworks and stronger cross-regional coordination** will be essential so that regional investments reinforce, rather than fragment, supply and access. Some noted that **certain market-shaping functions**, including pooled procurement, may need to **remain at the global level** to preserve affordability and equity at scale.

Stakeholders supported **refining the WHO R&D Blueprint process** to better reflect country priorities, improve demand forecasting, and strengthen coordination across the full research-to-access pathway. They highlighted the need for better alignment between global R&D priorities, manufacturing pathways, and market-shaping efforts to accelerate uptake of new tools, particularly in areas where commercial incentives are weak.

Views differed on whether financing across Product Development Partnerships should be consolidated or more tightly coordinated. Stakeholders agreed, however, that **early and transparent engagement with private-sector partners, including the use of fair-access clauses**, is essential to ensuring equitable access for both endemic and pandemic diseases. They also underscored the importance of supporting non-product innovation, such as digital tools, service delivery models, and approaches for noncommunicable diseases, alongside strengthened global market-shaping in neglected or commercially unattractive areas.



**"We can't keep separating R&D and access—they are one continuum."**

## 4.3 Strengthen Governance Through Clearer Mandates, Subsidiarity, and More Effective Decision-Making

### Priority Actions

- **Streamline and clarify mandates** across global health institutions to reduce duplication and ensure boards and secretariats are accountable for coherent and coordinated action.
- **Improve the effectiveness of boards** by clarifying decision-making processes, strengthening board preparation and follow-through, and ensuring organizations present consistent positions across different boards.
- **Strengthen and rebalance representation**, including continued meaningful participation of LMICs, civil society, and non-state actors, particularly for member-state-driven agencies.
- **Align replenishment, planning, and policy cycles** across major global health initiatives to reduce fragmentation, ensure predictable resource flows, and support more timely and transparent decision-making.

## The Case for Governance Reform

Stakeholders described governance reform as both **urgent and complex**. While global and regional health institutions have played a central role in advancing health outcomes, many observed that the governance structures underpinning the wider architecture are no longer fit for purpose. Stakeholders highlighted persistent problems such as slow or inconsistent decision-making, different representatives from the same institution taking inconsistent positions across boards, and unclear lines of authority. Taken together, these issues can undermine coordinated action, effective oversight, and timely decision-making.

## Clarifying Mandates and Improving Coordination

Stakeholders emphasized the need for **global health institutions to refocus on their core mandates** and streamline areas of overlap. This includes clarifying which organizations are responsible for which functions and reducing duplication across, financing, technical support, and delivery roles. They noted that governance and financing reform are closely linked. Without clearer mandates and aligned priorities, resource allocation will remain fragmented. Suggestions included **better alignment of planning and replenishment cycles, simplified governance structures, and stronger coherence across boards**. Some proposed time-limited mandates or sunset clauses to maintain focus, although views diverged on their feasibility.

Across the Dialogue, stakeholders underscored the need to **clarify roles and responsibilities across global and regional levels**. Regional institutions were viewed as vital because of their proximity to country contexts and the trust they hold with national actors, and stakeholders saw opportunities **to invest in coordination, consistent resourcing, and strengthened technical and operational capacities** to support regional leadership.

Stakeholders also emphasized the importance of **stronger coordination between the health sector and related areas**—such as climate and humanitarian response—while avoiding the proliferation of new global coordination structures.

## Strengthening Representation, Decision-Making, and Accountability

Improving the **diversity and effectiveness of decision-making bodies** was another prominent theme.

Stakeholders called for stronger and more consistent representation of LMICs, civil society, and non-state actors, particularly in member-state-driven organizations such as WHO. They also highlighted the need to improve how boards function. Challenges such as unclear decision rights, uneven preparation, and slow resolution of issues were seen as barriers to coherent action. Strengthening these processes, rather than undertaking formal restructuring, was viewed as the most realistic way to enhance effectiveness in the near term.

Stakeholders further emphasized the importance of **anchoring decision-making and accountability at the level where action occurs**, consistent with subsidiarity. For example, national mechanisms should lead on planning, budgeting, and implementation; global health initiative boards should provide strategic oversight of their financing instruments; and the World Health Assembly should retain responsibility for global norms and standards.



## 5. Reform Pathways and Next Steps

The Dialogue demonstrated broad agreement on where change is needed, but stakeholders emphasized that the precise shape of future reforms will require **continued political and technical discussion** across institutions and regions. Stakeholders expressed a strong sense of **urgency to move from diagnosis to actionable pathways**, emphasizing that the coming two years present a critical window to translate momentum into practical steps that can advance the most important areas of reform. This section summarizes where European and North American stakeholders see the most feasible pathways forward, as well as the approaches and near-term opportunities that could anchor collective action.

Stakeholders pointed to a set of shared approaches that should guide reform efforts:

- **Leadership from LMICs and regional institutions:** The next phase of reform must be driven by those closest to implementation. Europe and North America should play enabling roles by mobilizing resources, political support, and technical collaboration to back country-led and regionally owned agendas.
- **Speed and focus:** Stakeholders stressed that reform efforts should move quickly and pragmatically, testing solutions and demonstrating results rather than waiting for full consensus before acting.
- **Political and technical alignment:** Effective reform will require both political leadership through platforms such as the G7, G20, and the United Nations, and technical collaboration among multilateral funds, WHO, and regional bodies.
- **Coherence across processes:** Efforts should prioritize connecting existing reform initiatives through shared principles, milestones, and accountability. New commissions should be created only when they meaningfully streamline or bring together existing forums to advance implementation.
- **Inclusivity and Accountability:** Civil society, community voices, and private sector must be embedded in reform discussions to ensure responsiveness, legitimacy, and follow-through.

### Where Movement is Most Feasible for Each Reform Area

While the detailed pathways for reform are still being shaped, stakeholders identified several areas where meaningful progress could be made in the next few years:

#### Sustainable and Country-Led Financing

- **Countries can assume increased leadership** through one national plan and budget, increased domestic financing, and efficient budget execution.
- **Countries interested in more coordinated financing** (e.g., Ethiopia, Nigeria, and Rwanda) may be ready to test improved versions of compacts or transition roadmaps.
- **Gavi, the Global Fund, and the World Bank** were seen as the most immediate levers for greater alignment, including incremental harmonization of replenishment and grant cycles, transition policies, reporting, and country-level engagement, building on efforts already underway.
- **Bilateral donors**, while operating within political and legislative constraints, can reduce fragmentation by simplifying reporting, aligning expectations across funds, and tailoring investments to country priorities.



### Global Public Goods: Norms, Preparedness, Innovation & Access

- **Norms & Standards:** Ongoing WHO discussions offer an opening to advance living guidelines, clarify global and regional roles, and strengthen implementation monitoring.
- **Preparedness Financing:** Rather than creating new mechanisms, stakeholders saw value in better linking the Pandemic Fund, the Global Fund, MDBs, and regional bodies, to strengthen readiness.
- **Innovation & Access:** Growing regional manufacturing and procurement efforts (AU, PAHO, ASEAN, EU) present an opportunity for alignment on standards, quality, and equitable access.

### Governance and Accountability

- **Board functioning** can be strengthened through clearer expectations, improved preparation, more consistent follow-through, and greater coherence across boards with shared representatives.
- **Mandate clarity** can be improved through articulating what each institution will and will not do, reducing overlap.

## Multiple Pathways for Advancing Reform

Stakeholders recognized that reform will not follow a single track. Progress will depend on **aligning and connecting multiple** processes already underway at national, regional, and global levels.

- **Connect Key Initiatives:** Reform efforts such as the Accra Reset, the Sevilla Platform for Action, Wellcome's Global Convening in 2026, and donor reflection initiatives within the EU represent important entry points. Stakeholders emphasized the need to link these processes through regular communication and shared timelines.
- **Generate Political Momentum for Decision-Making:** Stakeholders noted that political leadership will be essential to driving decisions. A promising avenue includes bringing together the Heads of State leading the Accra Reset with leaders championing global health reform efforts in donor countries to accelerate high-level commitment and joint action.
- **Strengthen Regional Cooperation:** The growing engagement between the African Union and European Union was cited as a key example of how regional alignment can help translate reform goals into concrete cooperation on financing, manufacturing, and governance.
- **Elevate Reform Beyond the Health Sector:** Several stakeholders urged that reform discussions be anchored within broader multilateral and political processes, such as the UN system and the ongoing UN80 initiative, linking global health to economic stability, development, and security agendas.
- **Leverage Coalitions of the Willing:** Change often begins with committed actors willing to pilot new models or align more deeply. Stakeholders agreed that such coalitions can demonstrate what works, build momentum, and lay the groundwork for broader consensus over time.

These overlapping pathways offer multiple routes to progress. Their success will depend on how effectively they are connected, sequenced, and reinforced through shared priorities and timing.



## Near-Term Milestones and Opportunities

Stakeholders pointed to several political, institutional, and financial milestones in 2026 and 2027 that could sustain momentum, build alignment, and create opportunities for leadership and decision-making. Several stakeholders suggested conducting a comprehensive mapping of these opportunities to inform a more coherent roadmap.

**Key opportunities mentioned in the Dialogue include:**

- **World Health Assembly (WHA):** Advance WHO reform on governance, predictable financing, and regional capacity.
- **World Bank Spring Meetings in April 2026:** Generate interest in reform processes and ideas on health financing.
- **United Nations General Assembly (UNGA) in 2026:** Elevate discussions on global health reform in the context of the larger UN80 reform agenda.
- **UN High-Level Meeting on Universal Health Coverage:** Position 2027 as a realistic target to formalize commitments and structural reform decisions, allowing time to build political alignment and technical readiness. The meeting could serve as a goalpost for translating reform ideas into concrete commitments, complemented by other political opportunities such as the 2027 G20 Presidency.

## The Role of Europe and North America

Europe and North America have both a **responsibility and an opportunity** to shape reform that advances equity and coherence globally. As major providers of external health financing and influential actors in multilateral governance, the region must align its funding practices, policy coordination, and representation to match its commitments. Key priorities include:

- **Political and Diplomatic Leadership:** Use platforms such as the G7, G20, and WHA to champion clarity, avoid competing agendas, and unify donor positions.
- **Financing and Alignment:** Maintain financial support for global health priorities; support country-led plans, streamline reporting, and coordinate replenishment cycles to reinforce accountability.
- **Partnership Approach:** Act as co-designers working alongside counterparts in Africa, Asia, Latin America, and the Middle East as equal partners in reform.

Stakeholders across Europe and North America expressed confidence that, through sustained commitment and partnership with other regions, meaningful reform is achievable and can strengthen a more coherent, equitable, and resilient global health system.

# Acknowledgements

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- Center for Global Development (CGD) Europe
- Coalition for Epidemic Preparedness Innovations (CEPI)
- European Commission International Partnerships (EC INTPA)
- Foreign, Commonwealth & Development Office (FCDO), United Kingdom
- G20 Joint Finance and Health Task Force Secretariat
- Gates Foundation
- Gavi, the Vaccine Alliance
- German Federal Ministry for Economic Cooperation and Development (BMZ)
- Germany Federal Ministry of Health (BMG)
- Global Affairs Canada
- Global Financing Facility (GFF)
- Global Fund Advocates Network (GFAN)
- Global Health Council
- Global Health Technologies Coalition (GHTC)
- Graduate Institute Geneva
- Grand Challenges Canada
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Pandemic Preparedness Secretariat
- Joep Lange Institute (JLI) Center for Global Health Diplomacy
- London School of Hygiene and Tropical Medicine (LSHTM)
- Ministry of Labour, Health, Solidarity and Families, France
- Ministry of Foreign Affairs and International Development Cooperation (DGD), Belgium
- National Academies of Medicine (NAM)
- NCD Alliance (NCDA)
- Norwegian Agency for Development Cooperation (Norad)
- Norwegian Ministry of Foreign Affairs
- Novo Nordisk Foundation
- McGill University
- Ministry for Europe and Foreign Affairs, France
- Ministry of Economy and Finance, Italy
- ONE Campaign
- Pasteur Network
- Partners In Health (PIH)
- PATH
- Permanent Mission of France to the United Nations Office at Geneva and other international organizations in Switzerland
- Permanent Mission of Denmark to the United Nations Office in Geneva
- Resilience Action Network International (formerly Pandemic Action Network)
- Rockefeller Foundation
- Spanish Agency for International Cooperation and Development (AECID)
- South-Eastern Europe Health Network (SEEHN)
- STOPAIDS
- The Global Fund to Fight AIDS, Tuberculosis, and Malaria
- The Pandemic Fund
- Unitaaid
- United for Global Mental Health
- United Nations Development Programme (UNDP) Ukraine
- Wellcome Trust
- World Health Organization (WHO) EURO Regional Office
- World Health Organization (WHO)

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<sup>6</sup>Representatives from the United States Government were unable to participate due to the government shutdown at the time.

<sup>7</sup>The World Bank was unable to participate due to conflicting commitments.



This paper captures the outcomes of one of five regional dialogues supported by Wellcome and led by regional partners. The views and opinions expressed throughout the Dialogue are those of individual participants, and do not necessarily reflect the official policy or position of Wellcome.