GLOBAL HEALTH REFORM AT A CROSSROADS:

A Civil Society Response to the EU and Like-Minded Donor's Reflection Process

On the 19th February 2026, The Health, Inequalities and Social Protection (HISP) Knowledge Hub published its Reflection Process on Global Health Reform. Initiated in June 2025, the process consulted diverse stakeholders through interviews, document reviews and panel discussions, with the aim of enabling 11 EU Member States and five aligned countries' reflections and actions for advancing global health architecture reform. The Global Health Architecture refers to a system of principles, agreements, and actors of Global Health.

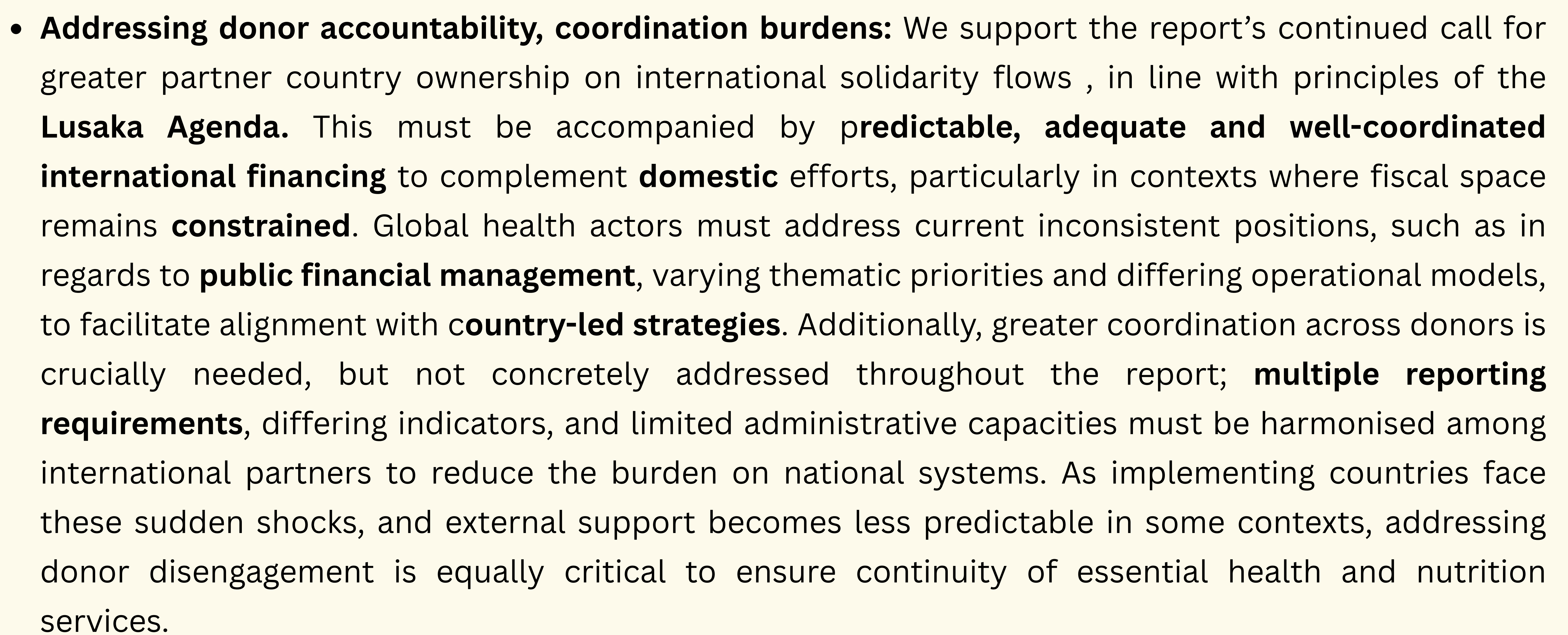
This reflection process has been published as a critical moment, as sharply decreasing official development assistance (ODA) budgets, multiple crises and the aftermath of the Covid-19 pandemic have accelerated ongoing and existing discussions around the reform of the global health architecture, such as the Lusaka Agenda, Accra Reset, AU/Africa CDC work, Wellcome Trust regional dialogues, EU/LM Donors' Reflection Process, HEAR CSO, Sevilla Financing for Development Platform for Action, G7/G20 discussion, and a new WHO-led process that is being shaped according to a resolution of the WHO's Executive Bureau.

The EU has renewed its political ambition in being a global health actor, through its 2022 EU Global Health Strategy (GHS), which establishes global health as a core pillar of the EU's external policy, and more recently through the Global Health Resilience Initiative (GHRI) announced during President von der Leyen's 2025 State of the Union (SOTEU) speech. Therefore, this reflection process is timely and necessary. The Global Health Civil Society Organisation Coalition was consulted in this process, and was able to communicate its recommendations, contributing to this dialogue. We welcome the effort to advance discussion on global health architecture reform and the emphasis on identifying areas of consensus.

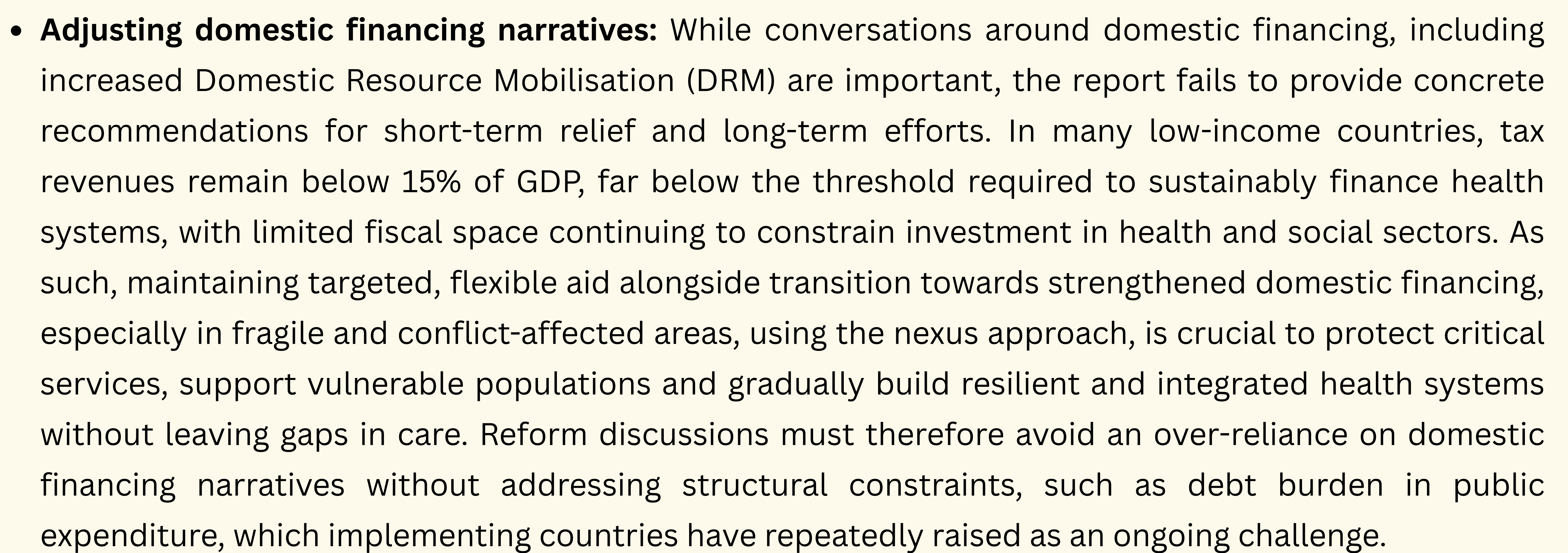
However, several key concerns remain, which should be properly addressed to ensure that the process leads to meaningful and equitable reform:

- **Placing populations' needs at the center of reform**: Although the report clearly defines the objective of global health reform as the delivery of **'improved health outcomes for all',** the current framing does not sufficiently place **population health needs at the center of reform**. While **country ownership** remains crucial to sovereignty over health plans, and budget, the report does not sufficiently propose safeguards for **marginalised, criminalised, or conflict-affected communitie**s. As we face unprecedented crises, v**ulnerable populations**, including children, persons with disabilities and women must not be left behind, but adequately prioritised to achieve **health equity and resilience.**

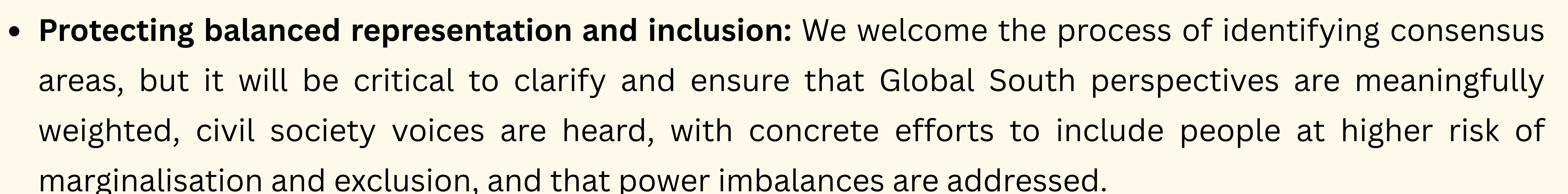
- Kaseya J, Dereje N, Fallah M et al. 'Reimagining global health architecture: the way forward to ensure global health security'The Lancet Regional Health – Africa, 2025; 1
- Moser F. 'Why challenging global health funding cuts are opportunity for reform', 2025; Wellcome Trust



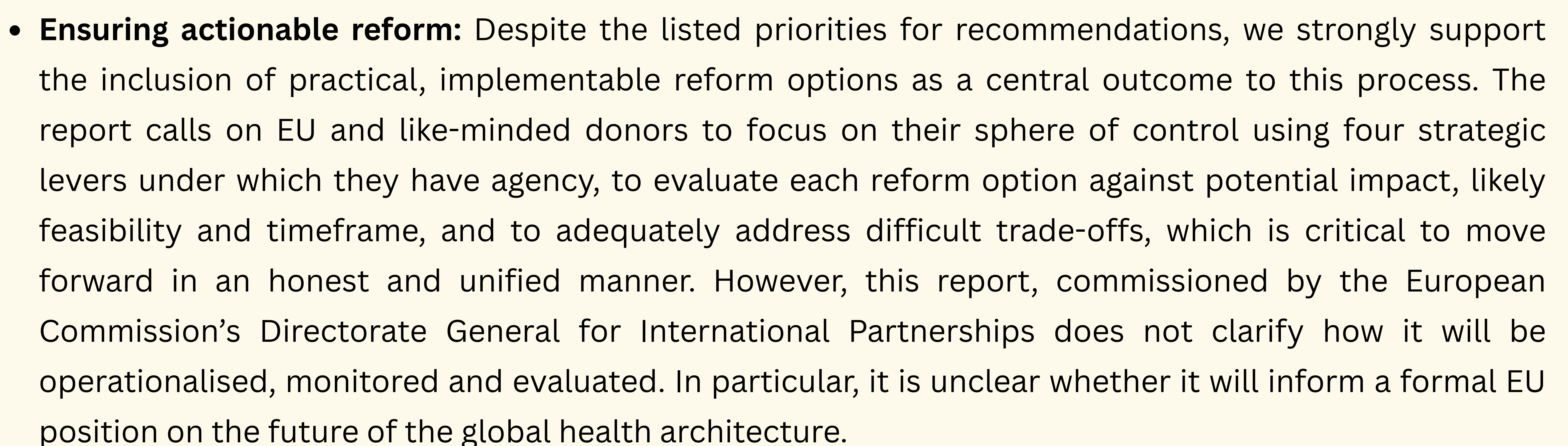
- **Addressing donor accountability, coordination burdens:** We support the report's continued call for greater partner country ownership on international solidarity flows , in line with principles of the **Lusaka Agenda.** This must be accompanied by p**redictable, adequate and well-coordinated international financing** to complement **domestic** efforts, particularly in contexts where fiscal space remains **constrained**. Global health actors must address current inconsistent positions, such as in regards to **public financial management**, varying thematic priorities and differing operational models, to facilitate alignment with c**ountry-led strategies**. Additionally, greater coordination across donors is crucially needed, but not concretely addressed throughout the report; **multiple reporting requirements**, differing indicators, and limited administrative capacities must be harmonised among international partners to reduce the burden on national systems. As implementing countries face these sudden shocks, and external support becomes less predictable in some contexts, addressing donor disengagement is equally critical to ensure continuity of essential health and nutrition services.



- **Adjusting domestic financing narratives:** While conversations around domestic financing, including increased Domestic Resource Mobilisation (DRM) are important, the report fails to provide concrete recommendations for short-term relief and long-term efforts. In many low-income countries, tax revenues remain below 15% of GDP, far below the threshold required to sustainably finance health systems, with limited fiscal space continuing to constrain investment in health and social sectors. As such, maintaining targeted, flexible aid alongside transition towards strengthened domestic financing, especially in fragile and conflict-affected areas, using the nexus approach, is crucial to protect critical services, support vulnerable populations and gradually build resilient and integrated health systems without leaving gaps in care. Reform discussions must therefore avoid an over-reliance on domestic financing narratives without addressing structural constraints, such as debt burden in public expenditure, which implementing countries have repeatedly raised as an ongoing challenge.



- **Protecting balanced representation and inclusion:** We welcome the process of identifying consensus areas, but it will be critical to clarify and ensure that Global South perspectives are meaningfully weighted, civil society voices are heard, with concrete efforts to include people at higher risk of marginalisation and exclusion, and that power imbalances are addressed.



- **Ensuring actionable reform:** Despite the listed priorities for recommendations, we strongly support the inclusion of practical, implementable reform options as a central outcome to this process. The report calls on EU and like-minded donors to focus on their sphere of control using four strategic levers under which they have agency, to evaluate each reform option against potential impact, likely feasibility and timeframe, and to adequately address difficult trade-offs, which is critical to move forward in an honest and unified manner. However, this report, commissioned by the European Commission's Directorate General for International Partnerships does not clarify how it will be operationalised, monitored and evaluated. In particular, it is unclear whether it will inform a formal EU position on the future of the global health architecture.

The GH CSO Coalition remains committed to engaging constructively in this process. Achieving a more coherent, equitable, and effective global health architecture will require not only technical adjustment, but also a political and structural shift in power, accountability, and decision-making towards the needs of populations and countries.