Health Architecture Reimagined

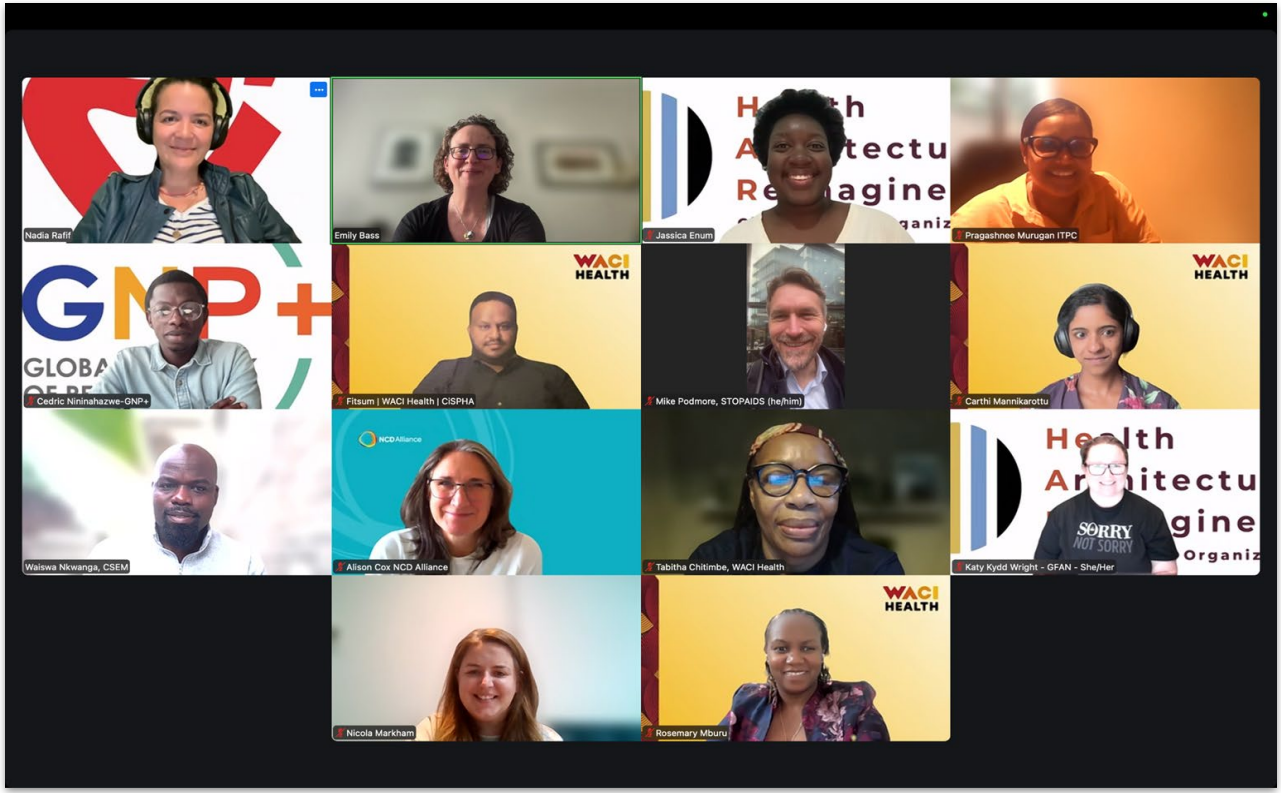
Civil Society Organizations

Key Themes and Findings from Consultations

13th April 2026

Meet the HEAR CSO Steering Committee

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Civil Society Engagemen Mechanism for UHC 2030, Global Fund Advocates Network, Global Network of People Living with HIV, International Treatment Preparedness Coalition, Non-Communicable Disease Alliance, STOPAIDS, WACI Health

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Our Why

Equity in access to health for all.

Begin with a preferred equitable future, not just a reaction to the present inequitable context. Equity in access to health for all must be the objective.

Guiding principles:
Accessibility, inclusivity, Polyvocal, Process agonistic

Our Working Definition of Global Health Architecture

By global health architecture, we mean the systems, structures, institutions, rules and processes that collectively guide, coordinate, finance and implement efforts to improve health on a global scale.

Guidance and Governance	Coordination of Global Public Goods Access	Financing	Implementation and Delivery
Relates to how a health system is governed, and focus on issues such a policy authority, organizational authority, commercial authority, professional authority and about how stakeholders are involved in health systems decisions and on what terms. Also informs approaches to cross border externalities such as disease surveillance anc information sharing	Development of new health products, international norms and standards, IP, knowledge generation and sharing, global surveillance, policy and implementation research, market shaping, risk shifting	Relates to how finances flow through health systems, and focus on how systems are financed, types of funding organizations, how to remunerate providers, how products andservices are purchased and the incentive structures for consumers	Relates to how health services are delivered, accessed and catered to meet local priorities, and focus on factors that determine how care is designed to meet consumers' needs, by whom care is provided, where care is provided and with the supports used to those providing and receiving care

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Methodology

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Virtual Consultations

- **7 Regional Consultations** on "preferred futures" for global health architecture:
  - Asia Pacific
  - Eastern Europe and Central Asia,
  - Latin America and the Caribbean,
  - Middle East and North Africa,
  - South Asia
  - Sub-Saharan Africa
  - Western Europe and North America

- **139 participants from 54 countries** representing 107 civil society organizations **from across all health areas**

From Consultations to Survey

- Available in 10 languages.
- **285 responses. 70+ countries**
- Designed as **complementary to- not duplicative of– consultations**
- Gathered reactions to statements and proposals from the HEAR CSO consultations and publications on reform pathways from Wellcome Consultations, Accra Reset and others
  - Understanding of and involvement in global health architecture reform
  - Agree/disagree statements on characteristics of present
  - Rank order prioritisation of reform pathways
- Respondents **represented a broad range of health, health systems, and cross-sector priorities** (23 thematic areas)

Consultation Key Findings - Synthesized

Guidance and Governance

- A call to institutionalization of governance structures that include civil scoiety as leaders and decision makers

Coordination of Global Public Goods Access

- A call to reshape the current intellectual property landscape with emphasis on open science, IP and knowledge-sharing frameworks grounded in equity, south-south collaboration, and supportive of autonomy through localized manufacturing

Financing

- A shift towards regional funds with a multistakeholder governance structures, including civil society, embedded in an architecture supporting progressive expansion of domestic financing

Implementation and Delivery

- A call to re-envision new ways of organizing and evaluating health services and needs, including:

1. New indicators on well-being, equity, health, and sovereignty
2. An end to binaries dividing human and planetary health, mental and physical health, and disease-specific responses

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Survey Key Findings (1)

Civil society and impacted communities engaging with HEAR CSO's consultative processes strongly support three pillars of a transformed global health architecture reform.

- An **expansive definition of "global public goods"** for global health encompassing data collection and surveillance systems, research and development, procurement mechanisms and much more.

- **Robust regional platforms** for agenda-setting, negotiation and procurement, enabling countries and regions to exercise greater collective bargaining power in global health governance.

- Health systems supported by **increased domestic resources** and **centered on community-designed and-led services** that leave no one behind.

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Key Findings (2)

There is a significant gap between civil society and impacted communities' interest and readiness to engage in global health architecture reform and their actual access to reform processes.

Meaningful involvement principles for global health architecture processes

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1. Equity as ultimate goal
2. Transparent inclusive joint decision-making
3. Multisectoral representation, governance and scope
4. Leadership and decision-making roles for communities heavily impacted by health inequities
5. Financing and access arrangements aligned with equity ar continuity

Selected Available Resources

- Seven Regional Consultation Reports
- Consultation Synthesis
- **Full Synthesis of findings** open for comment through April 9
- HEAR CSO Statement of Principles for all GHA reform processes (including joint WHO hosted process)



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HEAR CSO Statement on Core Principles for All Global Health Architecture Reform Processes & Specific Considerations for the WHO-hosted Reform Process

Background

The Health Architecture Reimagined Civil Society Organization (HEAR CSO) Consortium supports communities and civil society working across sectors and issues around the world to develop ideas, aspirations and substantive proposals to inform diverse convenings on global health architecture. Led by a seven-member steering committee, HEAR CSO has, to date, convened seven regional consultations that engaged 139 individuals from 54 countries. 285 people completed a follow up survey on priorities, concerns and visions for global health architecture reform. The inputs reflect a diversity of lived experiences and professional focal areas with regard to health.

What's Next

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- World Health Assembly events
- Further more focused CS and community consultations on particular aspects of the GHA
- Ongoing engagement and support across processes and platforms - including WHO-Hosted Joint Process, Accra Reset and Lusaka Agenda:
    - Sharing HEARCSO findings, providing briefings and collaborating to ensure strong civil society and community involvement



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Thank you!