

Initiatives on Reimagining Global Health Architecture

A Primer

Clara Greiner, Nina Schwalbe, Susanna Lehtimäki

October 2025



Spark Street Advisors
Data Driven Strategies

Contents

Background	3
Methods	3
Lusaka Agenda: Summary of conclusions	4
Background	4
Strategic shifts	4
Implementation	4
Wellcome Trust regional discussion papers	6
Background	6
Overall summary of the regional papers	6
Regional discussion paper summaries	7
1. Asia and the Pacific	7
2. Africa	7
3. Europe and North America	8
4. Latin America and the Caribbean (LAC)	9
5. Middle East and Central Asia (MECA)	9
Function of the global health system in a new era: Summary of Nature Medicine comment	11
Background	11
Key questions	11
Functions and contexts of the global health system	11
Other considerations	12
Conclusion	12
The Gavi Leap: Summary of document and Lancet comment	13
Background	13
Principles	13
Commitment	13
The Accra Initiative: African Health Sovereignty in a Reimagined Global Health Architecture	14
Background	14
Outcomes	14
Next steps	14
References	15

This report summarizes five texts that set out visions, principles, and concrete proposals on reforming the global health architecture: the Lusaka Agenda, the Wellcome Trust's discussion papers, the Functions of the Global Health System in a New Era comment, the Gavi Leap, and the Accra Initiative.

Background

With the Sustainable Development Goals (SDGs) coming to an end in less than five years and, more fundamentally, the drastic cuts in global health funding, pressure to reform global health architecture (GHA), governance, and financing systems has increased. In this context, global health actors have put forward new initiatives to reimagine a system that better responds to funding constraints, geopolitical shifts, sustainable impact, and redistribution of power.

In this report, we summarize five texts that set out visions, principles, and concrete proposals on reforming GHA. The papers include:

- The Lusaka Agenda
- The Wellcome Trust's discussion papers from five different regions
- Functions of the Global Health System in a New Era comment
- The Gavi Leap
- The Accra Initiative: African Health Sovereignty in a Reimagined Global Health Architecture

Methods

We synthesized five texts (2023-2025) that propose a reform to global health architecture and governance. These texts were selected purposively because of their traction in global discussion fora and their concrete proposals for reform. We then summarize key points, including purpose, focus, activities, and recommendations, as relevant. We do not take a position on what is proposed – rather the aim is to create a simplified primer for colleagues following these discussions. We aim to update this primer quarterly.

Lusaka Agenda: Summary of conclusions

The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process¹ by Mercy Mwangangi, Former Chief Administrative Secretary of the Kenyan Ministry of Health, Kenya; John-Arne Røttingen, Ambassador for Global Health of the Norwegian Ministry of Foreign Affairs, Norway.

Background

The Lusaka Agenda is an outcome of the 14-month Future of Global Health Initiatives (FGHI) process that elaborates on how global health initiatives (GHIs) can more effectively and efficiently complement domestic financing to maximize health impacts as part of country-led trajectories towards universal health coverage.

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 of Epidemic Preparedness Innovations (CEPI), the Foundation for Innovative New Diagnostics (FIND), and Unitaaid.

Strategic shifts

The Lusaka Agenda proposes five strategic long-term shifts for the reform of GHIs:

1. Make a stronger contribution to primary health care by effectively strengthening systems for health.
2. Play a catalytic role towards sustainable, domestically-financed health services and public health functions.
3. Strengthen joint approaches for achieving equity in health outcomes.
4. Achieve strategic and operational coherence.
5. Coordinate approaches to products, research and development (R&D), and regional manufacturing to address market and policy failures in global health.

Implementation

The implementation is planned through follow-up actions:

- **Joint work:** Strengthened collaboration across joint Gavi/Global Fund workstreams (malaria, health systems strengthening, country engagement, back-office functions) and with GFF.
- **Joint oversight:** Oversight is conducted through a joint committee working group, comprised of Gavi and the Global Fund, in collaboration with the GFF.
- **Cross-board collaboration:** Annual cross-board meeting and other mechanisms for Gavi, the Global Fund, the GFF, and other relevant stakeholders.
- **Country implementation:** GHIs engage with a set of pathfinder countries to accelerate progress on the key shifts and capture learning.
- **Joint vision for R&D, manufacturing, and market-shaping:** CEPI, Unitaaid, and FIND, working with key stakeholders, establish a joint vision.

In June 2025, Spark Street Advisors conducted a scoping review,² examining 25 publications on the Lusaka Agenda since its 2023 launch to identify concrete implementation proposals and emerging challenges. In sum, proposals for the near and medium term included the following actions:

- **Near-term:** Develop a roadmap and monitoring plan to operationalize the Agenda, with representation from LMICs, and establish a joint task. team to agree on definitions and baselines for metrics, a cross-board governance mechanism, and pathfinder countries.³
- **Medium-term:** Measure the share of GHI investments' integration and alignment with national health sector plans, funding, coordination structures, M&E systems, health workforce pay, and product prioritization, as well as harmonization of funding application processes of the GHIs. Re-evaluate the GHI eligibility and transition policies.³⁻⁶
- **Long-term:** Consider sunseting GHIs by 2030, devolving procurement functions to governments, identifying countries eligible for “time-bound additional support” for conflict reasons, and drafting staff transition plans.⁷

Wellcome Trust regional discussion papers

Background

The “Future of Global Health Initiatives” is a process⁸ launched by the Wellcome Trust in August 2022 that seeks to rebalance the power dynamics in global health, maximise health impacts, and simplify the funding landscape. Launched at the midpoint of the SDG era and during the COVID-19 pandemic, the initiative brings together partners, including governments, global and regional health organisations, research institutions, and civil society, to review the roles and responsibilities of GHIs, build consensus for change, and catalyse collective action.⁹ The outcomes thus far include a study¹⁰ with recommendations on how GHIs¹ could evolve to be more efficient, effective, and equitable over the next 20 years.

As a next step, in July 2025, Wellcome commissioned discussion papers¹¹ that reflect five regional expert perspectives on reimagining an equitable and sustainable future for the GHA. ⁸ The papers are intended as the starting point for regional dialogues to be conducted in late 2025 among stakeholders, including governments, regional organizations, civil society, and development partners (Figure 1). The outcomes will inform a high-level global meeting, organized by Wellcome in early 2026, to build consensus on the future of global health, including the changes needed in the GHA.

Latin America and the Caribbean <ul style="list-style-type: none">• Tecnológico de Monterrey (Mexico) in partnership with• Institute for Clinical Effectiveness and Health Policy (Argentina)• Universidad Mayor (Chile)• University of the West Indies (Jamaica).	Middle East and Central Asia <ul style="list-style-type: none">• Eastern Mediterranean Public Health Network (Jordan), in partnership with• Middle East Council on Global Affairs (Qatar)• Nazarbayev University School of Medicine (Kazakhstan)
Africa <ul style="list-style-type: none">• Amref Health Africa (based in Kenya)	Europe and North America <ul style="list-style-type: none">• Panorama Strategy (USA), in partnership with• SEEK Development (Germany)
Asia and the Pacific <ul style="list-style-type: none">• PMAC Strategic Institute in partnership with• International Health Policy Program (Thailand)• Saw Swee Hock School of Public Health, the National University of Singapore (Singapore)• Vanke School of Public Health and Tsinghua University (China).	

Figure 1. Convening organizations for upcoming regional dialogues as part of Wellcome's Future of Global Health initiative.

Overall summary of the regional papers

- The Wellcome discussion papers highlight a broad consensus on shifting power away from donor-led systems and moving away from the ad hoc and opportunistic model. Each regional paper brings a distinct framing lens of justice, sovereignty, climate, fragility, or systemic redesign to the global reform debate.
- The papers emphasize innovation and how processes and institutions must change to tackle challenges as well as coordination across global health actors, and sectors such as climate change and financial inequality.
- In terms of institution building, the Asia-Pacific and Europe and North America papers propose some form of global health coordination body or institution, either as a new organ or by leveraging existing organizations.

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).

Regional discussion paper summaries

1. Asia and the Pacific

Proposing a Global Commons Coordinating Council and A Set of Six Enablers for the Global Health Architecture¹² by Khor Swee Kheng, CEO, Angsana Health (building integrated digital-first primary care systems in Southeast Asia), Malaysia and Visiting Assistant Professor at the School of Public Health, The University of Hong Kong.

Summary

This paper proposes a Global Commons Coordinating Council (GCCC) as a coordination mechanism between the WHO, UNFCCC, IMF, World Bank, and International Association of Insurance Supervisors (IAIS). It highlights the “Triple Challenge” of health, climate change, and global economic justice, and sets out six enablers.

Key reform principles and proposals

- **Global Commons Coordinating Council (GCCC):** A coordinating mechanism (i.e. not a new institution) linking WHO, UNFCCC, IMF, World Bank, and IAIS; first step toward a future Global Commons Governance Council.
- **Triple challenge:** Health, climate, and economic justice must be addressed together.
- **Six enablers to strengthen the architecture:**
 - Separated functions to create checks and balances
 - Sunset clauses for laws and organizations
 - National Triple Score (NTS), a composite score, to benchmark performance comprising health, climate, and economic justice metrics
 - Financial incentives using the NTS ranking and rewarding good performance
 - Compliance mechanisms to verify and enforce commitments
 - Global Financial Compact to build predictable health financing
- **Nation-state primacy:** Countries remain the main actors but should be incentivized into a “race to the top.”
- **Pragmatic reform:** No new institutions; focus instead on coordination and creating conditions for others to act.

2. Africa

Rethinking the Global Health Architecture in Service of Africa’s Needs¹³ by Catherine Kyobutungi, Executive Director, African Population and Health Research Center, Kenya, and Co-Director of the Consortium for Advanced Research Training in Africa.

Summary

This paper calls for a radical transformation of the GHA to serve Africa’s needs, moving away from saviorism and power imbalances rooted in colonial legacies. It envisions re-imagined African health systems that prioritize primary healthcare (PHC) as the organizing framework for health systems strengthening (HSS), supported by sovereign national institutions, knowledge-based learning systems, and locally driven

accountability. The reformed GHA should be catalytic, complementary, time-bound, flexible, and rooted in equity, dignity, and solidarity.

Key reform principles and proposals

- **Shift from saviorism to sovereignty:** Center African leadership in priority setting, capacity building, and implementation, with HIC actors playing a supportive rather than directive role.
- **Primary healthcare as foundation:** HSS efforts should focus on PHC, providing cost-effective, equitable, and locally adaptable health systems.
- **Catalytic role for global actors:** International organizations and GHIs should catalyze system change, not substitute for national institutions.
- **Knowledge and evidence systems:** Build robust African-led data ecosystems, knowledge translation mechanisms, and policy units to ensure evidence-based decision making.
- **New scientific and training models:** Reform global health curricula, reward systems, and narratives to dismantle colonial legacies, elevate African expertise, and integrate indigenous knowledge.
- **Financing reform:** Repurpose existing GHIs into a consolidated mechanism that funds HSS, coupled with increased domestic investment and innovative financing approaches.
- **Equity, dignity, and solidarity:** Reform must explicitly address historical injustices and create a just system centered on African agency and mutual respect.

3. Europe and North America

A Proposal for Transforming the Global Health Architecture¹⁴ by Kelly Lee, Tier 1 Canada Research Chair, Global Health Governance and Professor of Global Public Health, Faculty of Health Sciences, Simon Fraser University, Canada.

Summary

This paper argues that global health has never had a true “architecture” but rather a fragmented, donor-driven patchwork that is now in crisis following U.S. withdrawal and declining trust in institutions. Instead of tinkering with existing organizations, it calls for a fundamental redesign using “good building practices” and innovation thinking. The proposal envisions a Global Health Nexus (GHN) as a connected, agile, network-based system with streamlined governance, core functions, and sustainable financing to replace today’s ad hoc system.

Key reform principles and proposals

- **Global Health Nexus (GHN):** Consolidates and rationalizes WHO and major GHIs into a network coordinated by a new Global Health Organization (GHO).
 - GHO structured with a Constituents Assembly (states and non-state actors), Executive Board (hub leads), Scientific Board (independent experts), and a Stewards Council (strategic oversight).
 - Six hubs responsible for core functions: stewardship and security, technical cooperation, knowledge and data, financing, public engagement, and compliance and accountability.
- **Core functions approach:** Limit scope to global public goods that cannot be provided by countries acting alone, such as standard setting, surveillance, pooled financing, and risk management.

- **Innovation agenda:** Replace fragmented donor-led arrangements with a planned network by reallocating existing capacities into functional hubs, introducing more inclusive governance, and strengthening evidence-based, transparent decision-making.
- **Financing reform:** Replace discretionary donor contributions with tiered membership fees and global taxation (digital services tax, airline levies, or small shares of national taxes). Seek cost savings through decentralized hubs located in lower-cost regions.
- **Pathway to change:** A 24-month roadmap that includes a Global Declaration on rebuilding health architecture, a Founders Circle for transitional funding, public consultations, a Stewards Council to design the GHN, technical and legal drafting, and a Global Health Summit to adopt founding documents.

4. Latin America and the Caribbean (LAC)

Rebalancing the Scales: A New Architecture for Global Health Justice¹⁵ by Paola Abril Campos Rivera, Research Professor and Director, Evidence and Action for Health Equity School of Government and Public Transformation, Institute for Obesity Research at Tecnológico de Monterrey, Mexico.

Summary

This paper argues that global health reform must be rooted in health justice, shifting power from donor-led institutions to regional leadership and fairer financial systems. It calls for a distributed architecture where WHO focuses on global norms and emergency coordination while technical and policy tasks move to regional bodies. Financing should transition from aid to investment and the author proposes four regional reforms: restructuring PAHO, creating a new regional public health center (CRESALC), launching a Health Justice Knowledge Atlas, and establishing a Health Justice Fund.

Key reform principles and proposals

- **Health justice paradigm:** Confront exclusion, redistribute power, and address structural and commercial determinants of health, climate, and equity.
- **Rebalance WHO:** Retain core functions (stewardship, norms, emergency coordination) but devolve research, technical support, and policy to regional actors.
- **Regional empowerment:** Strengthen PAHO as a strategic coordinator, establish CRESALC as a broader public health institution, and promote South–South cooperation.
- **Knowledge and accountability:** Create the Health Justice Knowledge Atlas as a transparent data and decision-making tool.
- **Fair financing:** Shift from aid to long-term investment through regional funds, sin taxes, and reduced reliance on external donors.
- **Participatory governance:** Regional funds and institutions to be governed by multistakeholder boards with representation from civil society, Indigenous groups, and smaller countries.
- **Practical regional steps:** Four proposals tailored for LAC: redesign PAHO, create CRESALC, build the Knowledge Atlas, and establish the Health Justice Fund.

5. Middle East and Central Asia (MECA)

Designing a New Global Health Architecture for the Middle East and Central Asia Region¹⁶ by Shadi Saleh, Founding Director, Global Health Institute and Professor of Health Systems and Financing, American University of Beirut, Lebanon.

Summary

This paper highlights the heterogeneity of the region, with some countries stable and wealthy while others face conflict, fragility, and heavy refugee burdens. It outlines seven key functions for a reimagined GHA: sustainable financing, inclusive governance, equitable health outcomes, focus on refugees and marginalized groups, stronger national and subnational health systems, provision of public goods such as surveillance and vaccines, and crisis preparedness. The proposed architecture is regionally anchored but globally engaged, with reforms centered on solidarity-based financing, coordination, innovation, and institutional strengthening.

Key reform principles and proposals

- **Core functions:** Finance sustainability, inclusive governance, equitable health outcomes, attention to refugees and displaced groups, stronger health systems, provision of regional/global public goods, and improved crisis preparedness.
- **Regional anchoring:** More health institutions and initiatives based in MECA, modeled on Africa CDC, with funding from regional collectives (League of Arab States, Gulf Cooperation Council, Organization of Islamic Cooperation).
- **Financing reform:** Establish a MECA Health Solidarity Fund with pooled resources, value-based financing, rapid-response mechanisms, and private sector engagement.
- **Coordination:** Create formal mechanisms and secretariats to streamline global and regional health financing, reduce duplication, and improve efficiency.
- **Innovation and manufacturing:** Invest in regional R&D hubs, manufacturing capacity, and AI/digital health tools to reduce dependence on external supply chains.
- **Institutional strengthening:** Shift from fragmented, disease-specific programs toward whole-system investments in PHC, public health, and data systems.
- **Reform pathways:** Five practical routes including efficiency reviews, solidarity-based financing, shifting power to regional and national actors, data-driven allocation of funds, and digital health reform.

Function of the global health system in a new era: Summary of Nature Medicine comment

Function of the global health system in a new era¹⁷ by Kumanan Rasanathan, Executive Director of the Alliance for Health Policy and Systems Research, WHO, Geneva; Keith Cloete, Head of Department at Western Cape Department of Health, South Africa; Githinji Gitahi, Global Chief Executive Officer, Amref Health Africa, Nairobi, Kenya; Octavio Gómez-Dantés, Senior Researcher at the Center for Health Systems Research, National Institute of Public Health, Cuernavaca, Mexico; Diah Saminarsih, Founder and CEO, CISDI, Jakarta, Indonesia; Soumya Swaminathan, Chair person, M.S. Swaminathan Research Foundation, Chennai, India; Amirhossein Takian, Professor and Founding Director, Center of Excellence for Global Health, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran; John-Arne Røttingen, CEO, Wellcome Trust, London, UK.

Background

In response to reductions in development funding for health and a shifting geopolitics, eight global health experts co-authored a comment in Nature Medicine in September 2025, posing key questions on scope, operating model, transition, financing, and equity to reform the global health system. They frame the discussion around three themes: recipient governments’ demand for greater sovereignty and leadership over their health agendas, the challenge of adapting to steep funding cuts while mitigating their consequences, and the push to reshape the global health financing. The authors argue that reform of the global health system must begin with clarity on global health functions, country contexts, and operating models.

Key questions

Drawing from three dominating pressures that are currently shaping global health - demand for national ownership, adaptation to funding cuts, and call for reforming the overall global health architecture - the authors propose a set of guiding questions (Figure 2) to help set a vision for a new global health era.

Dimensions of global health to be resolved in building a new era	
Scope <ul style="list-style-type: none">• What functions should a global health system deliver?• In which contexts should these functions be carried out and to what extent?	Financing <ul style="list-style-type: none">• How will countries finance their responsibilities for health and cover urgent gaps?• How can the global financing system support mechanisms such as solidarity taxes, debt relief, and reducing illicit financial flows?• What is the role of the global financing architecture, including the multilateral development banks, bilateral and multilateral grant financing, philanthropy, capital markets and private equity and what is the role of the for-profit private sector?• How should countries be guided and incentivized to use their always constrained lending envelopes for long term human capital investments instead of shorter-term physical infrastructure?
Operating model <ul style="list-style-type: none">• What can be delivered at country, regional and global levels?• What are the operating models for collaboration and how should global health actors be arranged at the country level?• Can the global health system afford country-based support in upper-middle income and high-income settings?• Which countries should continue to receive financing support?	Equity <ul style="list-style-type: none">• How can health inequities be addressed more effectively within countries, especially the health of populations facing structural discrimination and exclusion?• How does a reformed global health system make progress on multisectoral action for health?
Transition <ul style="list-style-type: none">• How should countries best transition out of financing support?• How should vertical programs be transitioned to sustain gains and support health systems into the 2030s?	

Figure 2. Guiding questions by dimension for reforming the future of global health architecture.

Functions and contexts of the global health system

To unpack the global health system, the authors identify a set of functions that GHIs deploy with varying degrees of country ownership and collaboration in different contexts (Figure 3). They see that (1) Substitution in delivery (where external actors fund and oversee execution of health systems) should be rare, temporary, and limited to humanitarian crises, fragility, or marginalized groups; (2) Financing support

should complement domestic resources, help countries transition to self-reliance, and focus on humanitarian and low-income settings; (3) Technical assistance should be delivered through national and local institutions and South-South exchange; and (4) Global public goods like surveillance, R&D, and standard setting should meet the demands of countries.

Other considerations

The authors also identify several issues that require consideration in a new global health era. These include:

- **Regionalism:** Increasing emphasis on regional institutions requires clarity on roles vis-a-vis global level actors which have gained criticism on their impact.
- **Financing:** Countries need to expand domestic revenues, but debt and fiscal constraints are major barriers. Options like solidarity taxes or debt relief are noted, though politically difficult.
- **Transition:** Moving away from external financing and vertical programs is necessary but requires careful design.
- **Equity:** Within-country inequities and the needs of marginalized populations must be central to reform.
- **Multisectoral action:** Health depends on broader determinants, requiring collaboration beyond the health sector.

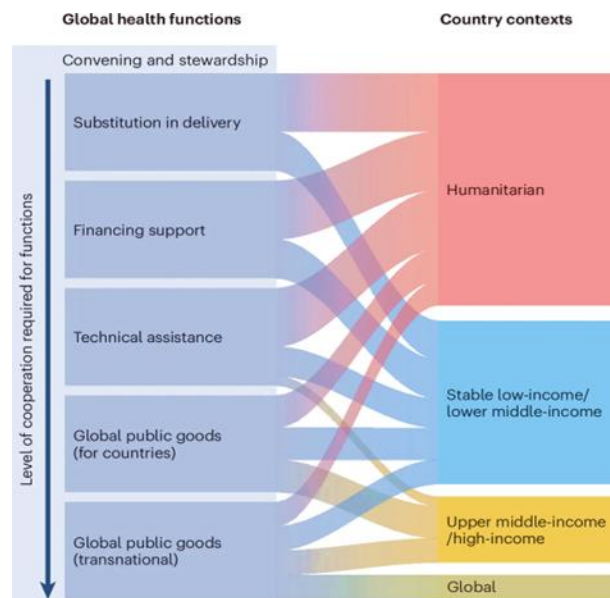


Figure 3. Functions and contexts for global health.

Conclusion

The authors conclude that (a) Sovereignty and self-reliance will define the next phase of global health; (b) Countries want to define their needs rather than accept donor prescriptions; and (c) The future global system should support transitions away from substitution and aid dependency, and ensure equity and solidarity even in constrained financial conditions.

The Gavi Leap: Summary of document and Lancet comment

The Gavi Leap: Transforming the Vaccine Alliance through simplicity, transparency, and synergy¹⁸ and **Gavi Leap: Radical transformation for a new global health architecture**¹⁹ by Sania Nishtar, CEO, Gavi the Vaccine Alliance.

Background

Recognizing the need for reform in the global health system, Gavi launched the Leap initiative in June 2025,^{18,19} committing to a radical internal reform while also leveraging synergies with other global health agencies and catalyzing reform of the global health architecture. The initiative comes at a moment when GHIs face mounting criticism for fragmentation and inefficiency, while traditional donors have drastically cut funding, and geopolitical pressures are reshaping multilateral cooperation. The Leap is set up around four principles that underpin the transformation.

Principles

Four mutually supportive principles guide a shift towards a more effective GHA:

- **Country-centricity:** GHIs are responsive to country needs, giving countries agency over resource deployment.
- **Self-reliance:** Countries are responsible for their health programs, transitioning out of donor support.
- **Focused mandates:** Agencies and institutions operate in line with their comparative advantages, preventing duplication and fragmentation.
- **Finite lifespans:** Agencies and institutions commit to defining a date to put themselves out of business.

Commitment

Gavi's commitment to change consists of three realms:

- **Internal reform:** A radical restructuring of the Secretariat and simplified operational procedures and funding, placing countries at the center.
- **Partner alignment:** Closer collaboration with the Global Fund, GPEI, GFF, and others, including related to grant cycle alignment, malaria and polio programming, health systems investments, and data and analytics.
- **Global health reform:** Using the four principles as a blueprint for a wider global health leap, serving as a catalyst of the reform of the overall GHA.

The Accra Initiative: African Health Sovereignty in a Reimagined Global Health Architecture

The Accra Initiative^{20,21} by African leaders at the African Health Sovereignty Summit

Background

The Accra Initiative sets a new framework for global health sovereignty, rooted in national ownership, country-led investment, and leadership. The initiative prioritizes resilience, equity, and sustainable financing while advancing Africa's leadership in health governance.

Convened by the Ghanaian President Mahama, the initiative was launched at the African Health Sovereignty Summit²² in Accra, Ghana, in August 2025. The summit built on ongoing efforts by the Rwandan President and the African Union to improve health financing and coordination on the continent.

The initiative, endorsed by African leaders, outlines shared principles, benchmarks, and a roadmap for reforming global health governance aligned with national priorities for health sovereignty.

Outcomes

Key outcomes of the Summit include:

1. Creation of a **Presidential High-Level Panel** to design a roadmap for a re-imagined global health governance architecture aligned with national and international efforts.
2. Commitment to core principles **of inclusivity, leadership, accountability, resilience, sustainable funding, and cross-sector** collaboration.
3. Launch of the **Scaling Up Sovereign Transition and Institutional Networks (SUSTAIN) Initiative** to promote country-led and investment-driven health systems, powered by domestic resources, private sector engagement, philanthropic partnerships, and technical expertise.
4. Endorsement of the **Accra Compact**, articulating Africa's vision for health sovereignty and a more equitable global health order.

Next steps

As a follow-up on the outcomes, in September 2025, the Presidential High-Level Panel was launched as the **Global Presidential Council** at the sidelines of the UN General Assembly. The Council will comprise heads of state and governments from Africa, Asia, Latin America, and other key regions, providing political leadership to drive the Accra agenda. It will also constitute a High-Level Advisory Panel, which will convene leaders from health, finance, innovation, and business to champion new models of global cooperation. The launch, called "the Accra Reset," was led by President Mahama,²³ and supported by a range of leaders from states, multilateral and philanthropic organisations, business, and civil society. The reset proposes a new operating logic that prioritizes resilient coalitions and platforms to deliver impact amidst global polycrisis.²¹

References

1. Mwangangi M, Røttingen JA. *The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process*. Future of Global Health Initiatives; 2023.
2. Spark Street Advisors. *The Lusaka Agenda and Proposed Next Steps - a Review of the Literature*. New York: Spark Street Advisors; 2025.
3. Witter S, Baker P. *Tracking Delivery on the Lusaka Agenda*. Washington DC: Center for Global Development; 2024.
4. Center for Global Development. Money Talks: The Lusaka Agenda Financing Alignment Indicators. Center For Global Development. <https://www.cgdev.org/blog/money-talks-lusaka-agenda-financing-alignment-indicators>. Published 2025. Accessed September 24, 2025.
5. Gheorghe A, Baker P. *Country Transition Projections up to 2040: Gavi, the Global Fund, and the World Bank's IDA*. Washington DC: Center for Global Development; 2023.
6. Sparkes S, Yungrattanachai M, Fan V. *Conditioned Domestic "Co-Financing" Policies in Global Health: A Landscape Analysis*. Washington DC: Center for Global Development; 2024.
7. Geneva Health Files. Time For Sunset Strategy? Global Health After GAVI and The Global Fund [Guest Essay]. <https://genevahealthfiles.substack.com/p/time-for-sunset-strategy-global-health-gavi-vaccine-alliance-global-fund-aids-tuberculosis-malaria-financing-olusoji-adeyi-guest-essay>. Published 2025. Accessed September 24, 2025.
8. Wellcome Trust. Future of Global Health Initiatives process | What we do. <https://wellcome.org/engagement-and-advocacy/advocacy-and-partnerships/partnerships/future-global-health-initiatives-process>. Published 2022. Accessed September 24, 2025.
9. Battle C. *The Future of Global Health Initiatives*. London: Wellcome Trust; 2022.
10. Witter S, Palmer N, James R, Zaidi S, et al. *Reimagining the Future of Global Health Initiatives*. London: Wellcome Trust; 2023.
11. Wellcome Trust. Bold ideas for a reformed global health system | Reports. <https://wellcome.org/reports/bold-ideas-reformed-global-health-system>. Published 2025. Accessed September 24, 2025.
12. Khor SK. *Proposing a Global Commons Coordinating Council (GCCC) and A Set of Six Enablers for the Global Health Architecture*. London: Wellcome; 2025.
13. Kyobutungi C. *Rethinking the Global Health Architecture in Service of Africa's Needs*. London: Wellcome; 2025.
14. Lee K. *A Proposal for Transforming the Global Health Architecture*. London: Wellcome; 2025.
15. Rivera PAC. *Rebalancing the Scales: A New Architecture for Global Health Justice*. London: Wellcome; 2025.
16. Saleh S. *Designing a New Global Health Architecture for the Middle East and Central Asia Region*. London: Wellcome; 2025.

17. Rasanathan K, Cloete K, Gitahi G, Gómez-Dantés O, et al. Functions of the global health system in a new era. *Nat Med*. Published online 2025:1-4. doi:10.1038/s41591-025-03936-9
18. Gavi the Vaccine Alliance. *The Gavi Leap: Transforming the Vaccine Alliance through Simplicity, Transparency and Synergy*. Geneva: Gavi the Vaccine Alliance; 2025.
19. Nishtar S. The Gavi Leap: radical transformation for a new global health architecture. *The Lancet*. 2025;405(10495):2112-2113. doi:10.1016/S0140-6736(25)01177-8
20. Ghosh P. Africa launches the ‘Accra Initiative’ to boost national health system resilience. <https://p4h.world/en/news/africa-launches-the-accra-initiative-to-boost-national-health-system-resilience/>. Published 2025. Accessed September 24, 2025.
21. Ofosu FK. MEDIA ADVISORY: President Mahama to Launch “The Accra Reset” at UNGA 2025. <https://presidency.gov.gh/media-advisory-president-mahama-to-launch-the-accra-reset-at-unga-2025/>. Published 2025. Accessed September 29, 2025.
22. Ofosu FK. STATEMENT: African Health Sovereignty in A Reimagined Global Health Governance Architecture: A Co-creation Summit under the leadership of His Excellency John Dramani Mahama, President of the Republic of Ghana. <https://presidency.gov.gh/statement-african-health-sovereignty-in-a-reimagined-global-health-governance-architecture-a-co-creation-summit-under-the-leadership-of-his-excellency-john-dramani-mahama-president-of-the/>. Published 2025. Accessed September 24, 2025.
23. Africa.com Events. The Accra Reset: Reimagining Global Governance for Health and Development. <https://online.africa.com/accra-reset/>. Published 2025. Accessed September 25, 2025.