



RECOMMENDATIONS FOR A JUST AND SUSTAINABLE GLOBAL HEALTH ARCHITECTURE

Global health is at a critical turning point. While pandemics, climate change, and geopolitical tensions are placing immense strain on health systems worldwide, international institutions and partnerships risk becoming ineffective. Countries in the Global South are particularly affected—despite being those most urgently dependent on global solidarity.

Two developments are shaping the current situation: the fragmentation of the system and a financing crisis. The global health architecture is highly fragmented. Governments in the Global South are required to comply with numerous parallel procedures and reporting obligations, as multilateral organizations such as the World Health Organization (WHO) and public–private initiatives like the Global Fund to Fight AIDS, Tuberculosis and Malaria or the global vaccine alliance Gavi have made little effort to harmonize their processes or align them with national systems. Decision-making structures are dominated by resource-rich actors (particularly G7/G20 countries and international foundations), influencing priorities and reinforcing power asymmetries.

At the same time, global health is facing a financing crisis. The withdrawal of the United States from development cooperation has particularly severe consequences for the health sector, as the U.S. has been the largest donor, accounting for 41 percent of Official Development Assistance (ODA). Countries such as the Democratic Republic of the Congo were heavily dependent on this support. In addition, several European countries—including Germany—have

drastically reduced their ODA budgets, thereby violating their commitment to allocate at least 0.7 percent of gross national income to development cooperation. This also undermines the German government’s credibility in contributing to the strengthening of health systems in partner countries.

These financial cutbacks jeopardize health care provision in countries of the Global South as well as the work of international organizations such as the WHO and UNAIDS, and multistakeholder initiatives such as Gavi and the Global Fund.

Additional pressure arises from the impacts of climate change, which further exacerbate health crises. Yet coordinated global responses are often lacking—as demonstrated, among other things, by the protracted negotiations on an international pandemic treaty coordinated by the WHO.

Against this backdrop, debates on reforming the international health architecture are currently taking place, including within the framework of the UN80 process of the United Nations (UN). These debates aim to make the UN more coherent, inclusive, and accountable in light of the crisis of multilateralism—which is also evident in the global health architecture—while reducing power imbalances and strengthening the role of partner countries and civil society. Reform processes must lead to a sustainable architecture that adheres to the principles of legitimacy, transparency, and global solidarity. Reforms should be used to improve health care provision and participation for people worldwide.

In view of the current geopolitical upheavals and the erosion of multilateral cooperation, countries such as Germany must take an even clearer stand in support of a just international order.

In the context of ongoing reforms, we call on the German federal government to advocate in particular for the preservation and expansion of the following core elements of a just and sustainable global health architecture:

Legitimacy, Accountability, and Inclusiveness

- Decision-making processes within global health institutions must be transparent and inclusive, incorporating civil society perspectives and affected populations.
- Decisions must be based on broad legitimacy, including the meaningful involvement of affected communities and civil society actors. All institutions must have accountability mechanisms in place.
- Reforms must help address structural inequalities between interest groups in governmental and decision-making processes. Positive examples include UNAIDS and the multistakeholder Country Coordinating Mechanisms of the Global Fund, in which civil society organizations have extensive decision-making rights.

Human Rights and Gender

- All institutions within the global health architecture must implement human rights and health equity approaches, prioritizing vulnerable and marginalized populations.
- Gender equality and the promotion of sexual and reproductive health and rights must be enshrined and enforced as core elements across all institutions.

Participation of Civil Society

- Civil society organizations must be systematically and meaningfully involved in international reform processes—such as the current UN80 processes—as well as in the design of a new global health architecture and the implementation of global health policies.
- This requires open, accessible policy dialogues with relevant decision-makers.

Coordinated Strategic and Operational Planning

- Institutional structures and processes within the global health architecture should minimize administrative burdens on countries while enabling efficiency at scale.
- Continuous orientation toward the needs and voices of countries, communities, and civil society is essential.
- Approaches should be politically and methodologically holistic, integrating cross-sectoral and thematic perspectives and combining technical-medical solutions (e.g. by WHO) with social and socio-political approaches (e.g. by UNAIDS). Only in this way can vulnerable and marginalized populations be adequately reached.

Health Financing

- Sustainable health financing must be ensured by:
 - OECD-DAC countries allocating 0.7 percent of ODA, including at least 0.1 percent for health services;
 - exploring financing options beyond and in addition to ODA;

- supporting partner countries in domestic resource mobilization to increase funding for health services and public health.

Monitoring and Evaluation

- Across institutions and regulatory structures of the global health architecture, common indicators—disaggregated by gender and affected population groups—should be developed to enable assessment of health system strengthening, progress toward domestic equity, and comparative measurement of health equity.
- Beyond official statistics from national, regional, and international institutions, complementary disaggregated data from civil society, independent research, and other stakeholders should be used.
- Program evaluations should be conducted by external actors without interference from commissioning bodies, ensuring independent results.

Strengthening Local Approaches and Needs

- Partner countries must be supported in building and expanding inclusive health systems. Continued bilateral development cooperation is important for strengthening regulatory and administrative capacities.
- Local capacities for the production of medicines, vaccines, and diagnostics in partner countries

must be supported. National regulatory authorities must be empowered to establish clear rules for private sector engagement in the health sector.

- Civil society development cooperation must be significantly strengthened, particularly in fragile contexts.

Research, Development, and Production

- Through global health institutions, decision-makers must ensure that all people—especially vulnerable and marginalized groups in underserved regions—have access to quality medical products such as medicines, diagnostics, and other health technologies at affordable prices. Market and policy failures must be more effectively prevented.
- The allocation of public funding for research and development to pharmaceutical and medical technology companies must always be tied to access conditions for end users.
- Regional public and private research and development as well as manufacturing of medical products should be more strategically supported.
- The use of digital solutions should be considered while safeguarding data protection, in order to improve access to health care. This requires supporting the development of innovation-friendly economic systems in partner countries.

IMPRINT

Publisher

Verband Entwicklungspolitik und Humanitäre Hilfe deutscher Nichtregierungsorganisationen e. V. (VENRO)

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Translation: The translation was created with the help of ChatGPT 5.2 (OpenAI).

Berlin, 29. January 2026