Global Health Architecture Reform

Africa Regional Dialogue

Output Paper

30 November 2025

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Abbreviations

AU	African Union
Africa CDC	Africa Centres for Disease Control and Prevention
AfDB	Africa Development Bank
AfCFTA	African Continental Free Trade Area
APRM	African Peer Review Mechanism
AMA	African Medicines Agency
AI	Artificial Intelligence
AOSTI	African Observatory for Science, Technology, and Innovation
CPHIA	International Conference on Public Health in Africa
DAC	Development Assistance Committee
DPI	Digital Public Infrastructure
DRM	Domestic Resource Mobilisation
ECA	Economic Commission for Africa
FfD	Financing for Development
GHA	Global Health Architecture
GFA	Global Financial Architecture
GDP	Gross Domestic Product
GHI	Global Health Initiative(s)
HR	Human Resources
IMF	International Monetary Fund
IP	Intellectual Property
NGO	Non-Governmental Organisation
OECD-	Organisation for Economic Co-operation and Development
PHC	Primary Health Care
R&D	Research and Development
REC	Regional Economic Communities
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
WHA	World Health Assembly
WTO	World Trade Organisation
WHO	World Health Organisation
WHO AFRO	World Health Organisation Regional Office for Africa
WIPO	World Intellectual Property Organisation

Executive Summary

Global Health Architecture (GHA) reform is no longer optional; it is urgent and foundational for resilient health systems that can withstand complex global challenges. Current systems remain fragmented, donor-driven, and structurally misaligned with African priorities, undermining sovereignty, accountability, and operational capacity.

Positioned within the broader Wellcome Trust-supported series of regional dialogues on global health reform, the Africa Dialogue served as a key catalyst for translating continental vision into actionable strategies. Drawing on the commitments, evidence, and reform proposals emerging from Africa's leadership initiatives and Wellcome's foundational thought-leadership papers, including the Perspective from the Africa Region, the Dialogue refined and consolidated priorities to help shape a more coherent, equitable, and Africa-centred global health architecture.

The Dialogue, delivered through a structured, multi-phase approach between September and November 2025, included a continental survey, regional consultations, key informant interviews, a multi-stakeholder convening in Kigali, and an expert review dialogue in Johannesburg, bringing together a total of about 1,370 participants from government, academia, civil society organisations, development partners, regional and continental bodies and multilateral organisations.

Participants recognised that while GHA investments have driven progress in specific disease areas such as HIV/AIDS and community health, the global health landscape remains deeply inequitable and fragmented. Donor dominance, misaligned financing, weak institutional capacity, workforce and manufacturing gaps, and fragmented data systems continue to undermine resilience and marginalise African priorities. These interconnected weaknesses entrench dependency and constrain Africa's ability to influence and shape a fairer global health architecture.

A key takeaway from the Dialogue is that meaningful GHA reform must begin within Africa, focusing on sovereignty, equity, and self-reliance. Anchored in a "Local First" approach, Africa's influence in global health depends on the strength, coherence, and credibility of its own institutions, even as it engages with the broader global architecture. Emerging priorities centre on strengthening Africa's unified voice, expanding domestic financing, and advancing integrated primary health care through pooled funding, African-led mechanisms, and equitable partnerships. Core areas of action include data sovereignty, local manufacturing, workforce development, accountable leadership, and inclusive governance. These priorities closely mirror country-level discussions, signalling a growing continental consensus on the reforms needed to build a resilient, equitable, and self-determined health system.

The five pathways for strengthening Africa's role in global health centre on reclaiming sovereignty across key domains: national health agenda sovereignty, ensuring countries lead and shape their own priorities; financial sovereignty, enabling nations to sustainably fund health goals and withstand shocks; data sovereignty, positioning member states as primary stewards of health data for public benefit; product sovereignty, building a self-reliant and competitive medical products industry; and leadership reform, fostering unified, accountable governance so Africa can engage as a true co-architect of the Global Health Architecture.

1. Why Reform, Why Now

Global Health Architecture (GHA) encompasses the institutions, financing mechanisms, norms, and governance arrangements that collectively determine how health priorities are set, funded, and implemented worldwide. The current GHA is increasingly seen as needing urgent reform[1]. It remains fragmented and donor-driven, undermining national systems, accountability, and alignment with African priorities. COVID-19 exposed weaknesses like inequitable vaccine access, limited local manufacturing, and poor data governance, highlighting systemic inequities. At the same time, declining aid, shifting geopolitics, and rising African ambitions created both a crisis and an opportunity for transformative reform.

Since 2016, Africa has advanced GHA reforms while driving multi-sectoral initiatives that strengthen resilience and sovereignty. Key health milestones include the establishment of Africa CDC in 2017, the 2019 Addis Ababa Declaration and African Leadership Meeting on domestic health financing, the creation of the Emergency Preparedness and Response cluster, Africa's coordinated COVID-19 response in 2020, the launch of the New Public Health Order in 2022, and the Lusaka Agenda in 2023, promoting domestically financed PHC and accountability. In parallel, Africa has pursued complementary climate, innovation, and financing efforts such as COP27 commitments on adaptation and food systems, UNDP's Africa Innovates programme, and AfDB's Climate Change Fund, while WHO AFRO has underscored the need for integrated preparedness across climate, conflict, and outbreaks. Together, these milestones reflect a continental push towards stronger systems, sovereignty, and cross-sector resilience.

AU-led health reforms and multi-sectoral initiatives have strengthened Africa's continental health governance while integrating climate, innovation, and financing into resilience agendas, unifying its voice and anchoring sovereignty and equity under Agenda 2063. Building on this momentum, the Wellcome Trust-supported African Dialogue served as a catalyst, translating vision into actionable strategies and consolidating priorities to develop a coherent, equitable, and Africa-centred global health architecture that addresses Africa's needs and emphasises its role as a co-architect of global health decision-making.

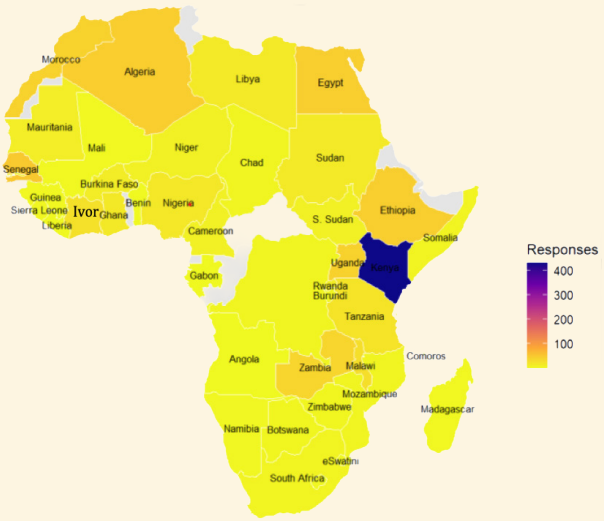
2.The Approach

The Dialogue was delivered through a three-phase process: Phase 1, a continental multi-lingual (English, French, Arabic and Portuguese) open survey and virtual consultations that surfaced priorities and aspirations; Phase 2, a physical pre-convening and convening that enabled co-design and testing of practical pathways for action; and Phase 3, expert review dialogues that validated, refined, and consolidated the final recommendations (Figure 2).

1Gostin, L.O., Friedman, E.A., & Finch, A. (2023). The Global Health Architecture: Governance and International Institutions to Advance Population Health Worldwide; The Lancet Global Health (2025). Global health reimagined: proposed functions, structures, and forms from five regions; Center for Global Development (2025). A New Era for Global Health: Can African Countries Agree a New Compact with External Donors; Wellcome Trust (2025). Rethinking the global health architecture in service of Africa's needs: a perspective from the Africa region; Keugoung, B., et al. (2016). Global health initiatives in Africa - governance, priorities, harmonisation and alignment. Global Policy Journal (2025). America First and the Fragmentation of Global Health: How Africa can Reimagine Its Agency; Think Global Health (2024). Rethinking Donor Partnerships in Africa; Center for Global Development (2025). A New Compact for Health Financing: Insights from Policymakers Across Africa; The Lancet (2025). Seeking an inclusive and just way to simplify the global health architecture; Amref Health Africa (2025). African Leaders Call for Bold, Africa-Led Reform of Global Health System.

Overall, the continent-wide online stakeholder survey had more than 1,100 respondents from 47 African countries. Countries represented in virtual regional convenings, key consultations and in person convenings included Benin, Botswana, Burkina Faso, Cameroon, Democratic Republic of Congo, Egypt, Eswatini, Ethiopia, Gambia, Ghana, Ivory Coast, Kenya, Malawi, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of Chad, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Tanzania, Togo, Tunisia, Uganda, Zimbabwe, and Zambia.

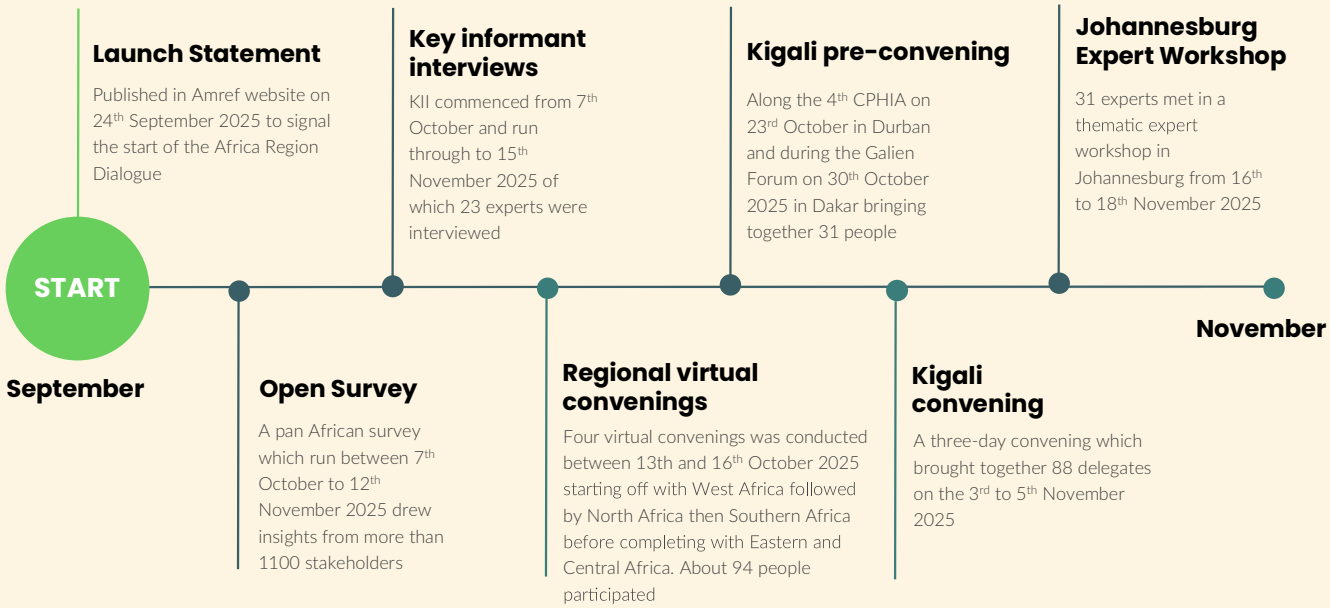
Figure 1: Overall stakeholder split across all consultations and convenings



To create a clear analytical foundation for the Dialogue, the methodology drew on Wellcome Trust's definition of the GHA and analysed its five thought-leadership papers, yielding a structured, three-dimensional framework. This framework then served as the organising lens for designing questions, interpreting insights, and systematically synthesising findings across all phases of the Dialogue. The framework comprised:

- **Structural Dimension** – the governance arrangements, institutions, actors, and underlying power dynamics that shape the GHA.
- **Operational Dimension** – the policies, processes, frameworks, and strategies through which these institutions and actors execute their mandates.
- **Functional Dimension** – the explicit and implicit goals that the GHA seeks to achieve, influencing how health priorities are set and pursued.

Figure 2: Africa Regional Dialogue timeline



3.Findings

3.1. The Current Global Health Architecture

Participants acknowledged that the GHA has had significant progress—expanding health system inputs and outputs, advancing efforts against specific diseases such as HIV/AIDS, and strengthening community health systems. However, despite these accomplishments, participants emphasised that the GHA still shows notable shortcomings across several areas, revealing ongoing structural and functional failures.

Structural Failures: Governance, Power, and Institutional Design

From a structural perspective, participants acknowledged that the GHA is built on inequitable foundations that perpetuate dependency and limit African sovereignty in global health governance. These foundations include:

- **Inequitable Governance Arrangements and Distorted Power Dynamics:** African countries are still treated more as recipients than co-architects of global health, leaving them with limited influence over priorities and resources. This dependency-driven model sidelines African leadership and weakens long-term sustainability.
- **Concentration of Power:** Decision rights and financing remain concentrated outside Africa; priorities are externally defined while African governments act mainly as implementers.
- **Governance–Finance Misalignment:** Financial flows continue to drive governance, reinforcing donor dominance, while debt conditions and biased risk ratings limit fiscal space and deepen dependence.

"Governance and coordination must precede finance; true deficit is the political will and efficiency to manage available funds." - Regional virtual convenings participant."

- **Fragmented Representation:** Africa's weak and fragmented representation on the boards of global health initiatives, for example, dilutes its collective influence, resulting in a minimal voice despite hosting most interventions.
- **Internal Governance Limitations:** Respondents noted that governments often deprioritise health, treating it as a cost rather than a strategic investment. Weak accountability and transparency—marked by corruption, mismanagement, and political interference—further undermine trust and the effectiveness of the system.

Operational Failures: Coordination, Roles, and Implementation

Stakeholders highlighted operational dysfunctions stemming from fragmented aid, weak ownership, and limited execution discipline. These dysfunctions include:

- **Donor-Driven Fragmentation:** Parallel, disease-specific programmes often bypass national systems, distorting priorities, weakening coordination, undermining primary health care, and effective resource tracking.
- **Incoherent Institutional Mandates**: Overlapping roles among global and continental institutions result in a lack of credible accountability systems within the continent and inefficient process management.
- **Implementation Deficit:** The challenge is not a lack of vision but rather the chronic failure to implement known commitments (e.g., the Abuja Declaration).

"Unless we change our mindset and start using our own resources—however limited—we'll never bridge the gap. It's the act of doing that truly shifts the system." -In-person dialogue participant

- **Workforce and Brain Drain:** Critical shortages, poor incentives, and migration of health workers weaken system resilience and delivery capacity.
- **Weak Institutional Capacity:** Health ministries often lack fiscal authority, multisectoral leverage, and effective management depth.

Functional Failures: Metrics, Data, and Delivery Mechanisms

Participants highlighted major gaps in measuring GHA performance, particularly weak data systems and limited industrial capacity to produce health technologies. These weaknesses include:

- **Data Fragmentation and Weak Interoperability**: Multiple non-integrated information systems constrain evidence-based decisions and real-time response.
- **Lack of Data Sovereignty:** Africa contributes vast amounts of data to the global research ecosystem yet lacks ownership and reciprocal access; the moral and commercial benefits accrue elsewhere.

"We were unable to access my country's demographic health survey data due to a US government freeze..." - Regional virtual convening participant

- **Narrative Inequities:** Reframing Africa's image around contribution rather than need is essential to counter narrative inequities and position the continent as a source of solutions and innovation.
- **Manufacturing Dependence:** Heavy reliance on imports for vaccines, diagnostics, and therapeutics reveals industrial underdevelopment and weak regulatory coherence.
- **Accountability and Efficiency Gaps**: The absence or underuse of clear performance metrics prevents leaders from effectively tracking progress and challenges, while the continued lack of monitoring of the Abuja targets further weakens accountability, transparency, and value for money.

3.2. From Failures to Functions: A Reimagined GHA

3.2.1. Overview of Africa's Inward Reform Focus

The participants envisioned a reformed GHA that would fundamentally shift power dynamics, financial reliance, and delivery mechanisms to prioritise African **sovereignty**, **equity**, and **self-reliance**. This reimagined architecture would be defined by proactive engagement anchored in a "Local First" approach.

"Africa knows what works — what remains is the courage, clarity, and unity to do it ..." - In-person pre-dialogue participant

Building on this, the dialogue has shifted toward looking inward, recognising that Africa's ability to shape the global architecture depends on the strength, coherence, and credibility of its own systems. While Africa acknowledges the vital role of the GHA, it also recognises that meaningful reform must begin at home.

3.2.2. Introducing the Reforms

The collated reflections from the Dialogue envisioned a redesigned GHA, broadly structured into three thematic areas: Structural Reform - Sovereignty and Governance; Operational Reform - Financial and Investment Mobilisation; and Functional Reforms - Systems, Data, and Delivery Mechanisms.

Thematic Area 1

Structural Reform: Sovereignty and Governance

Respondents recommended that a reimagined GHA be designed to ensure that African nations are co-architects of global health governance under sovereign leadership. To enable this, the structural reforms were outlined as follows:

- **Unified African Voice: Establishing a unified African negotiating position** on GHA reform, coordinated through the AU and Regional Economic Communities (RECs). This collective voice must strengthen Africa's position in global decision-making fora, moving from symbolic inclusion to substantive influence.

"Africa must achieve internal unity before engaging the world. Unity should not be compromised... without it, other efforts would be ineffective." - Key informant participant

- **Fiscal Justice:** A reformed GHA should embed financial justice—through debt relief, fair lending, and equitable fiscal governance—as a foundation for health equity. It should expand fiscal space via innovative instruments, mobilise private investment, and align the global financial architecture with GHA reforms through coordinated leadership by the AU, AfDB, and ECA.
- **Parity in Decision Rights:** Achieving parity in decision-making authority on governing boards of global health institutions, relative to Africa's burden and stake in global health, is essential. Africa's role in global initiatives such as the Global Fund and Gavi needs to shift from symbolic to actual influence and co-architecture in governance. This will ensure Africa's agency and true representation, turning symbolic presence into real parity.
- **Accountable, Apolitical Leadership:** Shifting from reactive, donor-driven governance to proactive, sovereign leadership that is inclusive, accountable, and equity-focused. Strengthening Africa's health systems requires professionalised leadership, merit-based appointments, and long-term succession planning, supported by a continental initiative to promote good governance, peer review, and leadership development for future health leaders.
- **Mandate Harmonisation and Coordination:** Reviewing and unifying mandates of global and regional health bodies to reduce duplication and fragmentation, emphasising collaboration and synergy over competition rather than creating new institutions.
- **Inclusivity and Participation:** Institutionalising **meaningful, structured, and sustained participation** of civil society, youth, and other community actors across all levels of health governance, ensuring gender parity and using feedback loops rather than mere consultations.
- **Shift from Aid to Partnership:** Reforming global cooperation mechanisms to **embed mutual accountability and transparency** in financing frameworks, phasing out rigid conditionalities in favour of **co-financing** and **performance-based partnerships**. The role of external funding should shift to **aligning with nationally defined and AU-endorsed priorities.**

"PHC is the organising principle, partnership is the cooperation norm, and fiscal justice is the enabling condition." - In-person dialogue participant

Notable Areas of Divergence

Divergence persisted around the sequencing of reforms. Some prioritised financing as the foundation for governance, while others argued that governance and coordination should come first. The debate centred on whether support should be tied to internal accountability reforms or focus on reshaping financial systems to enable sustainable, country-led health financing.

Thematic Area 2

Operational Reform: Financial and Investment Mobilisation

To build on the reflections of the failures outlined in section 3.1 above, respondents focused on financial sovereignty and effective financial flows within the GHA for operational reform:

- **Domestic Resource Mobilisation:** Financial mobilisation must start at home by **expanding domestic health budgets, leveraging private sector resources,** and **strengthening public financial management.** This requires institutionalising needs-based, equity-focused allocation and creating mechanisms to channel domestic revenues, e.g., taxes and fines, directly into health investments.
- **African-Controlled Funding Mechanisms:** Establishing an **African solidarity fund** for health, financed by African governments and their friends, controlled directly and exclusively by African governments through RECs for a timely response.
- **Pooled and Integrated Financing:** Adopting a **system-thinking approach** by pooling fragmented funds, departing from vertical, disease-specific funding toward a One Health approach.
- **Economic Case for Health:** Clearly documenting the **economic case for investing** in health to address the misconception of health as an expenditure, thereby unlocking domestic and continental resources.
- **Narrative Control and Storytelling:** Improving the way Africa documents and communicates its holistic health investments — "measure, narrate, and own the story."

"The reality is we are paying the vast majority of our health care, it's just that we have not given it the visibility it actually deserves..." - Key informant participant

- **Institutionalise Accountability and Measurement:** Creating independent accountability mechanisms to close the implementation gap. Implementing internal (country-to-country) and external (Africa-to-GHA) peer review, e.g., leveraging the African Peer Review Mechanism (APRM) to monitor representation, influence, and reform progress.
- **Ensure Community and Civil Society Participation:** Ensuring meaningful, structured inclusion of civil society, youth, and community actors in decision-making, planning, budgeting, and accountability as outlined in the World Health Assembly (WHA) Resolution on Social Participation, ensuring governance is responsive to lived realities and not tokenistic.

Notable Areas of Divergence

While most participants emphasised the need for clearer mandates and stronger cooperation among regional institutions, such as the AU, a few voices called for a single coordinating authority to overcome past coordination failures.

Thematic Area 3

Functional Reform: Systems, Data, and Delivery Mechanisms

Stakeholders outlined that a reformed GHA must redesign systems, metrics, and delivery mechanisms to be effective, responsive, and aligned with Africa's needs. Therefore, it should be built on a new functional model defined by sovereign, resilient, and integrated delivery systems. The specific functional reforms were defined as:

- **Integrated Service Delivery with PHC as a Vehicle:** Participants recommended making PHC the **default platform** for vertical programmes, with aligned budgets and integration plans, to shift health systems from reactive to proactive, equitable, and resilient. They also called for performance metrics to focus on PHC, equity, and continuity of care rather than solely on disease-specific outputs with aligned budgets and integration plans.
- **Data Sovereignty and Interoperability:** Building an **African Health Data and Governance Framework** to strengthen data sharing and systems. This framework must ensure that African health data is **stored, managed, and used** within the continent to protect national sovereignty and enable monetisation through value addition (e.g., clinical trials). A **unified, interoperable data information system** is crucial for aggregating data from various systems.

"Africa must develop its own publication systems and houses to take charge of its knowledge." - Open survey respondent

- **Local Manufacturing and R&D:** Developing a sustainable, competitive, and self-reliant African industry for diagnostics, vaccines, and therapeutics, coordinated through regional frameworks (such as the African Medicines Agency (AMA) and the African Continental Free Trade Area (AfCFTA)), supported by **increased financing and technology transfer, with R&D investment meeting or exceeding 0.1% of GDP**.

"Africa is saying: we don't just want vaccines delivered to us, we want the capacity to produce them ourselves ... The world must adjust to this new reality." - Key informant participant

- **Workforce Development and Retention:** Addressing chronic shortages and brain drain through ensuring fair remuneration, leveraging telemedicine, and harmonising accreditation systems across the continent to enable health care workers to be recognised across borders.
- **Monitor commitments into actions:** Participants proposed using per capita health investment as a practical indicator to monitor the Abuja Declaration commitment.
- **Leveraging Technology:** Utilising technology and Artificial Intelligence (AI) as a "backbone" for a new digital health infrastructure to boost operational efficiency, cut costs, and increase productivity.

4. Reform Pathways: Shaping Africa's Future in the Global Health Architecture

The consolidated set of high-level pathways illustrated below is intended to guide continental action, inform global negotiations, and anchor continued dialogue among governments, regional institutions, global health actors, and civil society. These pathways were shaped by the interactions across the structural, operational, and functional dimensions of the global health architecture analysis.

The early consultations captured the lived realities of how the current GHA operates and generated consensus on persistent constraints. The Kigali Dialogue then shifted the discussion from challenges to pathway options. Finally, the expert review convening in Johannesburg served to refine and distil these ideas, stress-testing them for practicality, political traction, and complementarity with ongoing continental initiatives. Discussions focused on urgent areas of change, political feasibility, and African agency in building a coherent, resilient, and sovereign health ecosystem.

The pathways are centred on Africa's Sovereignty and engagement in the GHA as a co-architect. To achieve this, five pathways were proposed and are illustrated below:

1. **National Health Agenda Sovereignty:** Revisiting the principle of "local first", this covers actions that start and are led at a member state level, and the interactions global health actors have with national governments.
2. **Financial Sovereignty:** This demonstrates that achieving overall sovereignty is inextricably linked to a nation's ability to exercise the power and authority to sustainably fund its overall goals, navigate shocks, and manage obligations as a global health actor.
3. **Data Sovereignty:** Recognising the role that data plays in decision-making and its ability to generate insights for the global health system, this pathway demonstrates the importance of ensuring that member states are recognised as the primary authorities directing the collection, storage, processing, and distribution of data to ensure it benefits the population and accelerates regional prosperity.
4. **Product Sovereignty:** Developing a sustainable, competitive, and self-reliant industry for medical products is critical to ensuring a holistic response to global health system needs, where African countries are seen as producers of medical products for themselves and for the global ecosystem.
5. **Leadership Reform:** Governance remains a pivotal lever in ensuring that Africa is truly seen as a co-architect of the GHA; therefore, this pathway illustrates a series of actions that ensure Africa speaks in one voice, particularly when managing negotiations at the member state level, to regional engagements in the global health system, while prioritising accountability and transparency.

4.1. National Health Agenda Sovereignty

Reform Objective: Making the Lusaka Agenda demand of "One Plan, One Budget, One Report."2 a reality while reducing vertical disease-specific programmes and ensuring that funding is centred on PHC.

Reform Action	Reform Route
• Member states strategically leverage influence to negotiate and set the agenda as part of the current replenishment cycle and fundraising period • Direct funding toward PHC while tracking health system metrics to evaluate progress and performance of this strategic change to support an investment case • Consolidate donor coordination platforms and advocate for longer and more aligned budget cycles to allow for efficient and effective national programming	• Constitute a "buyers' club", targeting core donors, including the Global Fund, Gavi, philanthropy partners, UN organisations and programmes
• Negotiate for strategic repositioning of member states to facilitate enhanced social service investments, aspiring towards graduation of countries, and triggering negotiations on sunset clauses	• World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD)
• Make a "Public Goods Goal3" or a "Universal Social Infrastructure Goal4" the central ask in the SDG successor negotiations (as opposed to a narrower health window or even pandemic goal)	• Post-SDG Agenda
• Use existing African champions and initiatives to integrate and implement pathways illustrated as part of the Dialogue	• Accra Reset and AU Champions

Note: *Relevant Reform Areas:* ***Functional Dimension****-Integrated Service Delivery with PHC as a Vehicle,* ***Operational Dimension****-Pooled and Integrated Financing,* ***Structural Dimension****-Mandate Harmonisation and Coordination*

4.2. Financial Sovereignty

Reform Objective: Leverage the appropriate use of Debt-for-Development Swaps[5] (Debt-Swaps) whose objectives adopt a multi-sectoral approach (including health and other social services), fostering growth and financial sustainability for member states.

Reform Action	Reform Route
• Cohesive and collaborative negotiation and coordination to assess, and where appropriate, adapt and implement Debt-for-Development Swaps that prioritise overall national and regional aspirations/goals, adopting a multisectoral lens • Document and exchange good practices and motivate for broader consideration during Spring meetings	World Bank IDA and IBRD, Ministries of Finance/Treasury, and intergovernmental coordinating bodies

Note: *Relevant Reform Area:* ***Structural Dimension****-Fiscal Justice*

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2 One plan, One Budget, One Report 1P1B1R: A Strategic Approach to Health Financing Amid Constrained Budgets

3 Public Goods Goal: A framework that treats health as a global public good—non-excludable and non-rivalrous—where investments benefit all of humanity equally, requiring collective financing and shared responsibility rather than market-based or charitable approaches.

4 Universal Social Infrastructure Goal: An approach that embeds health systems within broader social infrastructure (like education, water, sanitation), recognising that population health depends on interconnected public services that provide universal access and strengthen the foundational capacities societies need to function equitably

5 Debt for Development Swaps are agreements to trade sovereign debt with one or more liabilities between a government and an individual or set of creditors [Debt for Development Swaps: An Approach Framework]

Reform Objective: Coalesce and align resource mobilisation efforts at a continental and national level, detailing a clear objective for consolidated funding.

Reform Action	Reform Route
• Galvanise investments into the African Epidemic Fund, including strategic engagement to encourage Member State contributions • Initiate political dialogue on prioritising health (beyond technical input), at the domestic and continental level • Communicate the investment case clearly to increase policy consistency, especially between health, trade, and finance functions • Engage African philanthropy and diaspora communities • Engage national governments for better integrated planning between national level priorities funded by Treasury and regional funding instruments, e.g., African Epidemic Fund • Document and communicate member states' financial contributions to global and regional health institutions	African Epidemic Fund and return on investment documentation
• Translate the Abuja Declaration commitment into practical, actionable steps (including per capita) and enforce the African Scorecard on Domestic Financing for Health	National accountability platforms, Lusaka scorecards, and regional peer review mechanisms

Note: *Relevant Reform Areas:* ***Functional Dimension****-African-Controlled Funding Mechanisms,* ***Operational Dimension****-Domestic Resource Mobilisation*

4.3. Data Sovereignty

Reform Objective: Prioritise the restructuring of the research ecosystem, detailing steps towards data benefit sharing and data protection through a robust African Health Data and Governance Framework that protects national sovereignty and enables monetisation through value addition.

Reform Action	Reform Route
• Secure benefit sharing conditionalities and benefits (of various kinds, such as technology transfer) in PABS	Pathogen Access and Benefits Sharing (PABS) system and pandemic preparedness framework
• Develop an Africa data information system anchored within the Africa CDC as a Digital Public Infrastructure (DPI) (public good) for African countries	African unified, interoperable data information system
• Adopt a use-case-based approach to test and refine existing data frameworks and adjust continental and national accords as needed (e.g., Malabo Convention) • Develop an African Policy Framework and Model Law on African Health Data for responsible local storage, and transfer of data on the continent, and responsible sharing and use under an emergencies framework (for rapid adoption and domestication) • Convene an expert meeting to explore data-specific requirements • Invest in knowledge management: Learn from Centres of Excellence and other initiatives to strengthen national knowledge repositories and management approaches through stronger data democratisation at national and regional levels (including PRM)	African Union Framework

Note: *Relevant Reform Area:* ***Functional Dimension****-Data Sovereignty and Interoperability*

4.4. Product Sovereignty

Reform Objective: Coordinate efforts within regional framework initiatives on local manufacturing and strengthen collaboration to foster a sustainable, competitive, and self-reliant medical products industry.

Reform Action	Reform Route
Local Manufacturing • Advance regulatory harmonisation to support local manufacturing and accelerate implementation of licensing regimes under AMA • Strengthen concurrent processes in accordance with existing AU Summit decisions • Strengthen the local supply chain initiative under the AfCFTA to prioritise concrete trade facilitation measures	Africa Medicines Agency (AMA), Africa Continental Free Trade Agreement (AfCFTA)
Local Procurement for Demand Certainty • Document and share information regarding existing manufacturing capacities of essential medicines to support the AU Summit target for Global Health Initiative (GHI) procurement • Pilot the operationalisation of the AU decision mandating the Africa CDC, UNECA, and Afrexim Bank to develop local procurement approaches for predictable and reliable demand	African Union, United Nations Economic Commission for Africa (UNECA)
Technology Transfer Enablement • Develop a detailed, collective African position and agenda for technology transfer enablement at the intersection of Intellectual Property (IP), trade, and health to support the 30% global procurement target for essential medicines, and for new medicines • African leaders' capacity building to ensure compulsory licensing uptake, including through better coordination between dockets	Ministries of Trade, African Union, Africa Medicines Agency (AMA), Africa Continental Free Trade Agreement (AfCFTA)

Note: *Relevant Reform Area:* ***Functional Dimension****-Local Manufacturing and R&D*

4.5. Leadership Reform

Reform Objective: Support a coordinated negotiation approach that promotes parity and a unified African voice while upholding the principles of transparency and accountability at a national, regional, and global level.

Reform Action	Reform Route
Global Negotiations/Board Representation • Establish informal, agile leadership groups for rapid information exchange and empowerment during global negotiations/board representation • Develop a continental playbook for these pathways and the prescribed roadmap for implementation	African Union Commission
Bilateral Negotiations • Equip African Member States with guidance on how to engage in bilateral negotiations between member states, including terms of engagement and structure • Exchange knowledge and best practices through agile information sharing mechanisms to strengthen negotiation position	African Union Commission
Process Outcome Dissemination-Accountability • African leaders conference • Roadmap implementation • Engage in movement communication mechanisms	Social media platforms, scorecard outcome communication, and intergovernmental showcase platforms

Note: *Relevant Reform Area:* ***Crosscutting***

5. Conclusion

The Africa Dialogue affirmed that meaningful global health reform requires both internal consolidation and external engagement. Africa must strengthen its health systems, institutional structures, and regional coordination mechanisms to wield genuine influence in global health governance.

Stakeholders across the continent must work collaboratively and with one voice to address the failures highlighted in the GHA and build on the outlined reform pathways. Africa's voice is clear and resounding; these reforms are not only timely but necessary to move towards a more just and coherent global health system that reveals Africa as a co-architect. A reimagined GHA must: be cohesive rather than fragmented or duplicative and uphold the principle of sovereignty rather than dependency in all aspects of global health architecture reform.

Key follow-up actions recommended by participants are, first, to align and engage with the regional and global processes, events (key moments and policy windows e.g Ministerial Meeting in Accra Ghana, the AU Summit e.t.c), and institutions that can take the recommendations forward. These include continental initiatives to address the failures illustrated in this document and beyond. Second, showcase this body of work from the Africa Regional Dialogue and advocate for the proposed reform pathways to gain traction at the national, regional, and global levels through political and social channels, as well as across sectors. Finally, it is to ensure that participants and additional stakeholders who may not have been involved in this initial series of dialogues are continuously engaged and convened to break down the reform pathways into actions that different state and non-state actors can implement.

In summary, while this series of dialogues consolidated reflections into a set of reform pathways, it was abundantly clear that this is the first of several intentional steps needed to create meaningful change in the GHA, particularly for the African continent.

6. Annex: List of Organisations/Countries Engaged

Organisation	Actor	Country
Accra Compact Ghana	State/National Government	Ghana
ActionAid	CSO/NGO	Tanzania
AfCFTA Secretariat	Development Partner	Kenya
Africa Breast Cancer Council	CSO/NGO	Continental
Africa Bureau at Merck	Private Sector	Tunisia
Africa CDC	Regional Bodies	Continental
Africa CDC Bingwa Plus Initiative	Youth/CSO	Multi-country
Africa CDC Youth Advisory Team for Health (YAT4H)	Community and Social/Youth	Multi-country
Africa Centre For Health Systems And Gender Justice	CSO	Kenya
Africa Global Health	Development Partner	Multi-country
Africa Health Business	Private Sector	Kenya
Africa NCDs Network	Development Partners	South Africa
Africa No Filter	CSO	Nigeria
Africa Union	Regional Bodies	Continental
African Centre for Rapid Evidence Synthesis	Academia/Research	Uganda
African Centre of Excellence for Genomics of Infectious Diseases	Academia/Research	Nigeria
African Constituency Bureau	Regional Bodies	Continental
African Institute for Development Policy (AFIDEP)	Regional Bodies	Kenya
African Medicines Agency	Academia/Research	Mali
African Population and Health Research Centre (APHRC)	Academia/Research	Multi-country
African School of Governance	State/National Government	Rwanda
African Union Development Agency–NEPAD	Regional Bodies	South Africa
Afrika Kwanza Health Impact	Developmental Partner	Rwanda
Ain Shams University	Academia/Research	Egypt
Ambassador For Youth and Adolescent Reproductive Health Programme	CSO/Youth	Kenya
Amref Health Africa	Development Partner	Multi-country
Assane Seck University	Academia/Research	Senegal
Autism Swaziland	CSO/NGO	Eswatini
Autonomous District of Lakes	State/National Government	Cote d'Ivoire
Baobab Institute	Academia/Research	Senegal
BelaRisu Foundation	Community and Social	Ethiopia
BIORAC	Private Sector	Kenya
Busi Tema University	Academia/Research	Uganda
Cameroon Baptist Convention Health Services	CSO/NGO	Cameroon
Cheikh Anta Diop University of Dakar	Academia/Research	Senegal
CHESTRAD Global	Development Partners	Nigeria
Climate Resources for Health Education	Regional Bodies	Continental
Coalition for Epidemic Preparedness Innovations (CEPI)	Multilateral Agencies	South Africa
Coalition of Blood for Africa	CSO/NGO	Kenya

Organisation	Actor	Country
Community of Sahel-Saharan States	Regional Bodies	Continental
Community Voices Network	CSO/NGO	Kenya
Development & Relief Initiative	CSO/NGO	Uganda
Directorate of Healthcare and Quality	State/National Government	Mauritania
DTH Lab	Private Sector	Cameroon
E&K Consulting Firm & Brunswick	Private Sector	Kenya
East African Health Research Commission	Regional Bodies	Continental
East Central and Southern Africa Health Community	Regional Bodies	Continental
ECOWAS Regional Agency for Agriculture and Food	Regional Bodies	Continental
Egypt Healthcare Authority	State/National Government	Egypt
Egyptian Medical Association	State/National Government	Egypt
Enderase Youth Association	CSO/Youth	Ethiopia
Ethiopian Public Health Institute	Academia/Research	Ethiopia
Evidence-Based Solutions	Academia/Research	South Africa
Federal Ministry of Health and Social Welfare	State/National Government	Nigeria
Forum Galien Africa	Academia/Research	Senegal
GAVI, The Vaccine Alliance	Multilateral Agencies	Global
GE Healthcare	Private Sector	Uganda
GENI & KEBE Lawyers	Private Sector	Senegal
Global Financing Facility	Development Partners	Ethiopia
Guinea-Bissau Office, WHO Regional Director for Africa	Regional Bodies	Continental
Haramaya University	Academia/Research	Ethiopia
Harvard T.H. Chan School of Public Health	Academia/Research	Regional
Health Systems Trust	Private Sector	South Africa
HENNET – Health NGOs Network	CSO	Kenya
HOPE Worldwide Botswana	Development Partners	Botswana
HREP Malawi	CSO	Malawi
Impact Global Health	Development Partners	Kenya
Initiative for Sustainable Health	Youth/NGO	Sierra Leone
International Centre of Medical Research of Franceville	Academia/Research	Gabon
International Finance Corporation	Multilateral Agency	Senegal
International Working Group for Health System Strengthening	Development Partners	Ghana
KEMRI-Wellcome	Academia/Research	Kenya
Kenya Healthcare Federation (KHF)	Private Sector	Kenya
Kenya Social Health Authority	State/National Government	Kenya
Knowledge Translation Unit	Academia/Research	South Africa
Kofi Annan Foundation	Academia/Research	Multi-country
KwaZulu-Natal Department of Health	State/National Government	South Africa
Leadership Lab Yetu	Academia/Research	Zimbabwe
Makerere University	Academia/Research	Uganda
Mano River Union (MRU)	Development Partner	Côte d'Ivoire

Organisation	Actor	Country
Medicines for Malaria Venture	Development Partners	Ghana
MEDSAF	Private Sector	Nigeria
Ministry of Health	State/National Government	Benin
Ministry of Health	State/National Government	Ghana
Ministry of Health	State/National Government	Niger
Ministry of Health	State/National Government	Morocco
Ministry of Health	State/National Government	Namibia
Ministry of Health	State/National Government	South Africa
Ministry of Health	State/National Government	Uganda
Ministry of Health	State/National Government	Eswatini
Ministry of Health	State/National Government	Tanzania
Ministry of Health	State/National Government	Rwanda
MSI Reproductive Choices	CSO/NGO	Burkina Faso
Muhimbili University of Health and Allied Sciences	Academia/Research	Tanzania
Nala Feminist Collective	Community and Social	Egypt
National Department of Health	State/National Government	South Africa
National High Council of Health Security "One Health"	State/National Government	Senegal
Nigeria Health Watch	CSO	Nigeria
Novartis Global Health	Private Sector	Kenya
Njala University	Academia/Research	Sierra Leone
Ouagadougou Partnership Women Leadership Accelerator (OWLA)	Academia/Research	Benin
Pasteur Institute of Dakar	Academia/Research	Senegal
Pathfinder International	Development Partner	Multi-country
PGWOCADE Foundation	CSO/NGO	Tanzania
PHARM Perform	Private Sector	Togo
Planned Parenthood Global	Regional/Youth	Benin
Project PINK BLUE	CSO/NGO	Nigeria
Prosperia	Private Sector	Morocco
Qhala	Private Sector	Kenya
Reaching the Last Mile Fund	Development Partner	Nigeria
Results for Development	CSO/NGO	Nigeria
River State	State/ National Government	Nigeria
Rwanda Health Communication Centre	State/ National Government	Rwanda
Rwanda NGOs Forum on HIV/AIDS & Health Promotion	CSO	Rwanda
Sadar Institute	Development Partners	Somali
Science for Africa	Academia/Research	South Africa
SEPHIRE - Tunisia Pharma Trade Association	CSO/NGO	Tunisia
Shefa Al Orman Hospital	State/National Government	Egypt
South African Institute of International Affairs (SAIIA)	Private Sector	South Africa
Southern African Parliamentary Support Trust	CSO	Zimbabwe
Spice Warrior TZ	CSO	Tanzania

Organisation	Actor	Country
SRHR Africa Trust	CSO	South Africa
European & Developing Countries Clinical Trials Partnership	Academia/Research	South Africa
Syndicate	Private Sector	Nigeria
Target Malaria	CSO/NGO	Uganda
Teal Sisters	CSO/NGO	Zambia
The Institute for Global Health and Development	Academia/Research	Guinea-Bissau
Their World	CSO/NGO	Tanzania
Tiko Africa	NGO	Multi-country
Tony Blair Institute for Global Change	CSO/NGO	Ethiopia
UNAIDS	Development Partners	Uganda
Universidade Eduardo Mondlane	CSO/NGO	Mozambique
University Mohammed VI Polytechnic	Academia/Research	Morocco
University of Cape Town	Academia/Research	South Africa
University of the Witwatersrand	Academia/Research	South Africa
Village Reach	Development Partner	Multi-country
WACI Health	CSO	Kenya
WaterAid	CSO/NGO	Niger
Way Forward Youth Africa	CSO/Youth	Uganda
West African Health Organisation (WAHO)	Development Partner	Benin
Western Federation of African Private Sector for the Health	Private Sector	Ghana
White Ribbon Alliance Kenya	CSO/NGO	Kenya
Wits Health Consortium	Academia/Research	South Africa
Women's Global Network for Reproductive Rights	CSO	Regional
World Health Organisation	Regional Bodies	Continental
World Health Organisation EMRO	Regional Bodies	Continental
Y-ACT	CSO/Youth	Multi-country
Young Women's Christian Association	CSO/NGO	Tanzania
Youth Vision	Community and Social	Mozambique
UN Economic Commission for Africa	Regional Bodies	Continental

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.