Health Architecture Reimagined
Civil Society Organizations

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HEAR CSO October 2025 Consultations Summary

Background

This document presents a synthesis of the common and distinct content emerging from four regional consultations conducted in October 2025 with civil society groups from Western Europe and North America, Africa, South Asia, and Latin America.

These consultations are part of the Health Architecture Reimagined: Civil Society Organizations (HEAR CSO) initiative, created to ensure that the perspectives, priorities, and innovations of community and civil society actors are central to ongoing discussions about the future of global health architecture.

Consultations with civil society groups from the Middle East and North Africa, Eastern Europe and Central Asia, and the Asia Pacific region will be held in December 2025, which will also bring the launch of a global survey. In 2026, HEAR CSO will convene additional consultations and national engagements to map concrete pathways for change. The document is therefore a living reflection of converging ideas, diverse regional framings, and evolving pathways toward a more equitable and inclusive global health architecture.

Outreach

The regional consultations are open to all CSOs interested in participating. A global "launch call" attended by more than 300 civil society representatives shared this open invitation, and led to significant interest from across regions. In addition to the open call, participants were identified via mapping conducted through members of the HEAR CSO Steering Committee networks and collaboration with the conveners of the Wellcome Trust-supported multistakeholder meetings. Participant registrations were assessed on the basis of geography, focal area of work and other parameters to inform outreach prior to each call.

Each consultation had 30-40 individuals registered in advance. The virtual sessions, each 2.5 hours long, had 10 to 30 civil society participants, with additional inputs received via pre- and post-consultation surveys from individuals who did not participate. To date, participation has reached CSOs working across health and related sectors, including , mental health, non-communicable diseases, pandemic preparedness, health systems strengthening, sexual and reproductive health, HIV, TB, and malaria. Participants represented community-based organizations, key population networks, youth and women's movements, and multi-country advocacy coalitions. Gaps in demographics,

geography and content will be addressed in the activities planned for the duration of this initiative (through Q2 2026).

Approach

The consultations used Causal Layered Analysis (CLA), a participatory futures and systems-thinking method developed by Sohail Inayatullah. CLA invites participants to explore change across four interconnected levels: the litany, or the surface issues and narratives that dominate current discourse; the systemic layer, which identifies the social, economic, and institutional structures producing those issues; the worldview layer, which surfaces the cultural beliefs, ideologies, and power relations that shape the system; and the mythic or metaphorical layer, where deep stories, symbols, and collective emotions influence how people understand and experience the world.

Working through these layers enables participants to move beyond describing problems to reframing systems and imagining preferred futures—visions of what just and equitable global health governance could look like if underlying assumptions and power dynamics were transformed.

Participants then translated those visions into explicit and implicit actions: concrete policy reforms, governance changes, or social shifts needed to make preferred futures possible. These include tangible proposals such as the creation of regional health funds, institutional reforms, or leadership models, as well as the normative and cultural shifts required to sustain them.

Analysis across regions was organized using HEAR CSO's four domains of global health architecture: guidance and governance, coordination of global public goods access, financing, and implementation and delivery.

Shared Assessments of the Present and Visions for the Future

Across the consultations, participants articulated a current context defined by inequities in funding, access to medicines, tests and vaccines, and decision-making power, particularly for civil society groups. Colonial histories and legacies, capitalism and environmental degradation figured as defining elements in all consultations, with notable regional variations in the characterization of roles and responsibilities. For instance, both Latin American and African participants articulated clearly how they felt their region was perceived by people from other geographies, whereas South Asia and Western Europe/North America consultations did not include this type of reflection on external perceptions. The stories and soundbites of the present in all regions included a profound sense of collapse, calamity, scarcity and loss of progress. At the same time, and in all

regions, community-led and -defined programming, visions and agendas were identified as sources of power and energy.

Shared visions of the future

Participants agreed they wanted:

- A global health architecture that is **participatory**, with communities as co-decision-makers
- Systems that are **equitable**, with fair distribution of resources and power
- Approaches **grounded in community realities**, not imposed from outside
- Strong **South–South collaboration**, complemented (not dominated) by North–South partnerships
- **Trust and transparency**, supported by open data and action against mis- and disinformation
- Health treated as a **public good**, and progress measured through wellbeing, equity, and shared prosperity

Turning to the preferred futures, participants across consultations shared aspirations for a global health architecture that is participatory, equitable, and grounded in the realities of communities. In this preferred future, interdependence leads to equitable distribution of resources across geographies and communities, with regionally specific funding and governance structures that embed and include civil society fostering South-South collaboration including on technology transfer and manufacturing. This South–South collaboration complements and balances North–South partnerships.

In the preferred future, trust and transparency are restored through open data access, structured approaches to identifying and neutralizing mis and disinformation. Health is treated as a public good and global, national and regional indices reflect a prioritization of multifaceted wellbeing (mental and physical, human and planetary, communal and individual).

The future Imagined is one of restored trust and balance, where power, knowledge, and resources flow both ways, and where communities are recognized not as beneficiaries but as co-designers of the systems that govern health and wellbeing.

Myths and Metaphors

The metaphors developed through the Causal Layered Analysis process capture how participants understand change—not only in technical or policy terms, but as shifts in meaning, identity, and power.

Region	Metaphors and Deep Stories	Interpretive Notes
Africa	The Peaceful Elephants and Thriving Grasshoppers; The Living Shield; The Wellspring	A vision of protection, interdependence, and shared survival. Power is cooperative rather than extractive, and wisdom is grounded in community and nature.
Latin America and the Caribbean	A Renovated Architecture Built on Restored Trust; Bridges of Hope; Mother Earth and the Circle of Life	Renewal and repair are central themes. The region's metaphors call for healing historical fractures and rebuilding institutions as spaces of trust.
South Asia	Millions of Lamps Dispelling Darkness; The Thread of Healing; The Web of Compassion	Imagery centers on illumination, community connection, and collective resilience.
Western Europe and North America	The Human Family; The Commons; Community Tames the Tech Goliath	The focus is on solidarity, shared responsibility, and ethical restraint. Power is recast through empathy and cooperation.

Pathways to Preferred Futures: Shared and Regional Actions and Milestones, 2025–2030

The table below reflects milestones and activities explicitly identified and implicitly suggested during HEAR CSO in-person consultations and the futures-mapping work conducted prior to them. An implicitly suggested activity may refer to a policy reform or systemic change required to achieve a preferred outcome, such as expanded civil-society

involvement in governance. This is a working, living pathway document that will be validated and expanded as the consultative processes continue.

Domain	Shared Milestones	Actions and Priorities Per-Region	Indicative Activities
Guidance and Governance	Establish co-governance structures linking governments, communities, and civil society. Reform global and regional health bodies (WHO and regional offices including PAHO and SEARO, African Union and its agencies, Africa CDC) to institutionalize participation, transparency, and accountability. Strengthen legal and policy frameworks that recognize civil society as co-decision-makers.	Africa: Multistakeholder governance inclusive of CSOs adopted as the norm at every level of national health systems and in the context of regional fund(s) - see financing; governance inputs by CSOs supported via expansion of social-contracting and accountability mechanisms. Latin America: Formal CSO participation in PAHO/WHO reform and regional dialogue structures. South Asia: Joint planning and oversight bodies integrating ministries and CSOs.	Governance review and reform design. Operationalized co-governance and transparency systems.

		Western Europe/North America: Inclusion of non-state leadership in global coordination platforms and treaty-design processes.	
Coordination of Global Public Goods Access	Expand regional manufacturing of medicines, diagnostics, and vaccines. Develop open-science, IP, and knowledge-sharing frameworks grounded in equity. Create global and regional mechanisms for ethical technology and AI governance.	Africa:;Regional regulatory cooperation and open-data transparency. Latin America: South–South research and open-knowledge networks; regional regulatory and production capacity. South Asia: Digital health and adolescent information platforms. Western Europe/North America: Global R&D and AI-governance frameworks; equitable-access agreements replacing TRIPS.	Regional and South-South knowledge-sharing systems developed. Continued expansion and refinement of ethical digital health systems and solutions embedded in a decolonized governance structure. .
Financing	Establish regional and thematic health funds	Africa: Establishment of	Fund(s) and capitalization in the

	with shared governance by governments and civil society. Commit to sustainable domestic financing targets and mechanisms such as debt restructuring, progressive taxation, and community-managed financing.	regional and community-managed health-fund components under a continental 'Health Sovereignty' framework; implementation of the Health Sovereignty Index to track equitable financing flows. Latin America: Launch of a Latin American Regional Health Fund with CSO co-management. South Asia: 5% of GDP allocated to health; South Asian Mental Health Fund. Western Europe/North America: Unity Fund for key and marginalized populations; advocacy for tax and debt-justice frameworks.	context of expansion of innovative financing approaches and continued, if reduced, contributions from traditional donors, potentially grounded in the "GPI" approach to foreign aid. Expansion and iteration of global, regional and national financing systems.
Implementation and Delivery	Strengthen human-resource capacity, leadership, and service-delivery models that reflect local priorities and community realities.	Africa: Leadership programs for people with disabilities; integration of traditional healers and community providers in service	Inclusive delivery models that actualize objectives of "integration" (across diseases, mental and physical health,

	Institutionalize youth leadership, gender equity, fair work, and the inclusion of lived experience as expertise.	delivery. Integration of traditional and biomedical strategies and interventions. Intentional expansion of digital tech to bridge urban-rural health divides. Continued community-led monitoring. Latin America: Community analysts embedded in regional observatories and disease-surveillance systems. South Asia: Youth-led accountability and fair-work frameworks for health workers. Western Europe/North America: Partnerships linking cultural, scientific, and faith-based leadership in digital and ethical-health initiatives.	urban/rural and key population identities) are institutionalized, evaluated and implemented with community input. New indicators on wellbeing, health, equity and sovereignty developed to track and assess needs, gaps and achievements across systems.