Health Architecture Reimagined
Civil Society Organizations

Summary: HEAR CSO Asia Pacific Regional Consultation

10 December 2025

Background

The Health Architecture Reimagined Civil Society Organizations Consortium (HEAR CSO) launched in September 2025 with the goal of creating forums for civil society working across health topics and domains of global health architecture to discuss and explore visions for the futures of global health architecture. HEAR CSO is convened by diverse groups including the Civil Society Engagement Mechanism for UHC 2030, the Global Network of People living with HIV, International Treatment Preparedness Coalition, Noncommunicable Diseases Alliance, Stop AIDS UK and WACI Health. Through 10 regional consultations, global and national engagements, HEAR CSO is generating visions and priorities to support civil society engagement in multistakeholder processes. This summary was created for participants in the 10 December 2025 Asia and Pacific Regional Consultation, which was co-convened and facilitated by APCASO.

Approach

The outcomes summarized in this document are based on the "Causal Layered Analysis"

(CLA) approach. HEAR CSO developed a toolkit and methodology based on CLA for its consultation because of CLA's ability to help surface transformative solutions. Instead of simply reacting to the current state of the world, CLA invites teams to question existing narratives, reframe problems, and envision alternative futures. For example, while a Problem Tree Analysis might identify a lack of health facilities in rural areas as a cause of poor health outcomes for some populations, CLA would take this further by asking 'What institutional systems contribute to this lack of health facilities?, 'What societal beliefs about health or rural communities might limit equitable access?,' ' What cultural narratives reinforce ideas around who deserves health care on demand'. By using this approach, our consultations move towards "preferred futures" that address systemic barriers, change perceptions, and create realities that rely on social transformation.

Causal Layered Analysis involves exploring a challenge through four distinct layers. In the HEAR CSO methodology, these are called "stories" (the soundbites, headlines or concerns that keep you up at night), the "sources" (data, evidence, community points of view that support the stories), "worldviews" (the social structures in which this data or evidence is created–ie who decides on research agendas, indicators, metrics of human health), and finally "myths and metaphors" (the deep stories and images that underlie our sense of reality.) Each layer provides a different perspective, helping teams move from immediate symptoms to deeper, systemic causes and transformative solutions. The "pyramids" of causal layered

analysis for the present and the preferred future are included in this document.

HEAR CSO approaches global health architecture in terms of four domains or areas: governance, coordination of access to public goods, financing and service delivery and implementation. These definitions are included at the end of the document.

Consultation Summary

Current Context: "Beggars Can't be Choosers"

In the causal layered analysis of the current context, participants described a health landscape across the Asia–Pacific region marked by widening inequities, politicized decision-making, shrinking civic space and persistent barriers to essential services. They spoke of systems that often treat health as a privilege rather than a right, where people's access depends on where they live, how much they can afford, or whether they are recognized as citizens. Participants described specific challenges such as overcrowded hospitals, lack of resources for patient education, and limited or rudimentary services that reflected a world view in which some lives are valued more than others, and conditions of scarcity reinforce that people should be grateful for what they have, rather than advocating for what they deserve and need.

Participants described under-resourced primary care, gaps in health literacy, workforce shortages and dramatic shifts in donor priorities that have caused civil society groups to lose vital funding. There is a sense of funding collapse caused in part by the retreat of global partners who have stepped back from earlier commitments. At the same time, participants emphasized the continued strength of community-based dialogue, shared lived experience and community-led monitoring, describing these as among the most trusted and grounded sources of information. These conversations—whether through support groups, community networks, local forums or CLM processes—were seen as vital spaces where people articulate what they face, make sense of changing systems and sustain the collective voice needed to push for a more equitable and responsive health architecture.

Preferred Future: Health at Everyone's Fingertips

Guidance and Governance

In the preferred future, governance across the Asia–Pacific region is shaped by human rights commitments, inclusion and meaningful community leadership. Participants imagined governments that genuinely listen to their people, with community voices clearly heard at policymaking levels and influencing decisions rather than reacting to them. Decision-making is shared between governments and communities, recognizing that a country's direction is determined not only by its leaders but by its peoples. Civil society organizations are acknowledged as essential, providing the checks and balances needed for accountable governance, and are formally contracted to deliver services and support oversight.

Community-led monitoring becomes routine, feeding structured, grounded information into national systems. In this future, no human is illegal, gender diversity is normalized and regional collaboration replaces narrow nationalism, producing governance arrangements that are transparent, people-centered and collectively shaped.

Financing

Participants envisioned a future in which health financing is treated as a true national and regional priority. Public resources are directed toward strong, rights-based systems, while donors recognize that premature withdrawal harms both communities and global interests. Many middle-income countries still contend with deep inequities and fragile systems, and participants emphasized that they must remain eligible for multilateral and bilateral support. The Philippines was offered as an example: a country that, in the preferred future, continues to receive Global Fund support beyond current eligibility assumptions, reflecting donors' recognition of ongoing needs. In this future, financial protection expands as people become aware of and able to claim their entitlements, reducing out-of-pocket burdens and preventing households from falling into poverty. Community-driven fundraising complements—but does not replace—public responsibility, while CSOs evolve toward financial sustainability and meaningful participation in national systems. Financing arrangements reinforce fairness, accountability and shared prosperity.

Coordination of Access to Global Countermeasures and Other Public Goods

Participants imagined a region where access to global countermeasures, digital tools and other public goods is coordinated equitably and governed with community values at the center. Communities have ownership over aspects of the technologies they rely upon, and information systems—guided by improved and unbiased artificial intelligence—provide trustworthy, validated and multilingual content that advances genuine language justice. Remote care, digital health tools and accessible platforms support people wherever they live, ensuring that information and services are available at their fingertips. Strong regional collaboration ensures that countries work together to strengthen supply chains, regulate technologies and share essential knowledge, enabling even remote or marginalized communities to benefit from innovations. In this future, global public goods are shared fairly, transparently and in ways that support local agency and resilience.

Implementation and Service Delivery

The preferred future for implementation and service delivery is one in which health is truly for all, with systems that are people-centered and community-tailored. Participants described friendly, acceptable and accessible services that reach those who have historically been marginalized or excluded. Mental health and physical health sit at parity, supported by universal access regardless of community or economic status. Primary care systems are strengthened and integrated with community health workers and volunteers to provide continuity, prevention and responsive care grounded in lived realities. Digital and remote services complement in-person care, making information and treatment readily accessible. Community knowledge and experience guide the design of interventions, while improved

supply chains, expanded diagnostics and lower-cost treatments ensure quality and equity. In this future, people have the literacy, tools and supportive environments they need to care for themselves and to shape the health systems that serve them.

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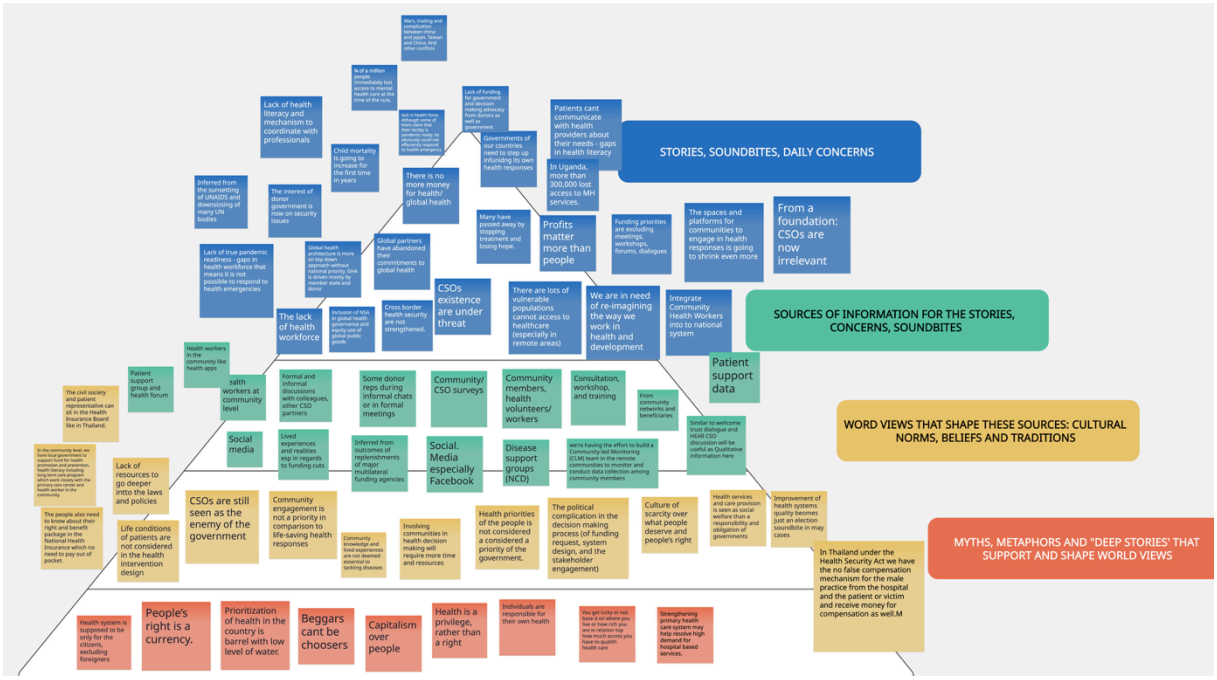
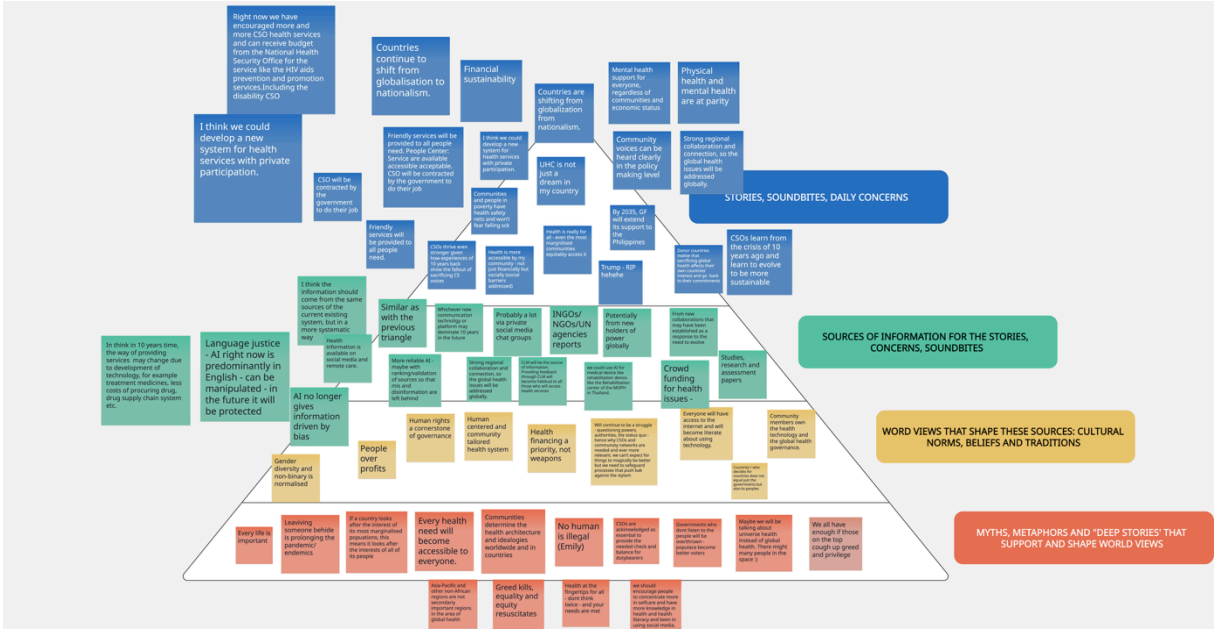
CAUSAL LAYERED ANALYSIS: CURRENT CONTEXT



CAUSAL LAYERED ANALYSIS: PREFERRED FUTURE



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Our working definitions

Global health: the field of study, research, and practice concerned with health equity everywhere.

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

Our working definitions, cont'd

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

Guidance and Governance

Relates to how a health system is governed, and focus on issues such as policy authority, organizational authority, commercial authority, professional authority and about how stakeholders are involved in health systems decisions and on what terms. Also informs approaches to cross-border externalities such as disease surveillance and information sharing

Coordination of Global Public Goods Access

Development of new health products, international norms and standards, IP, knowledge generation and sharing, global surveillance, policy and implementation research, market shaping, risk shifting

Financing

Relates to how finances flow through health systems, and focus on how systems are financed, types of funding organizations, how to remunerate providers, how products and services are purchased and the incentive structures for consumers

Implementation and Delivery

Relates to how health services are delivered, accessed and catered to meet local priorities, and focus on factors that determine how care is designed to meet consumers' needs, by whom care is provided, where care is provided and with the supports used to those providing and receiving care