



Summary: HEAR CSO Consultation Africa Regional Consultation 20 October 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 20 October Africa Regional Consultation.

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 CONSULTATION PREFERRED FUTURES SUMMARY

Background

HEAR CSO definitions for global health and global health architecture are included in full in the Annex to this document. In brief, consultation participants are invited to engage with areas of health architecture including (i) guidance and governance, (ii) coordination of access to global public goods, (iii) financing and (iv) implementation and delivery. Consultations use Causal Layered Analysis to map multiple levels of information, from the “stories and soundbites” that define the context, to the “sources” of information and evidence that confirm or contradict those stories, on to the “world views” that are the context for the creation of explanations and finally to the “myths and metaphors” that underlie these realities. The full causal layered analysis for the present and future are included in the Annex. The final phase of mapping milestones and key activities to reach these preferred futures is ongoing, and will include additional consultative work through early 2026.

Preferred Future Narratives

Guidance and Governance

Preferred Future: Peaceful Elephants, Thriving Grasshoppers

In this future, the traditional proverb “when the elephants fight, the grasshoppers suffer,” is replaced with a decolonized, cooperative community-centered approach to leadership and decision-making rooted in the people’s power. In this future, no single set of stakeholders has the power to reshape the landscape or trample on the priorities of any other group, and the policies and priorities are deeply rooted in national and community systems. In this future, rural communities play a decisive role in structuring and governing the health systems that serve them, with technological tools that support remote care deployed with community involvement and consent. Donors are transparent about their decision-making processes, and investments in health anywhere are understood as investments in health everywhere. Power imbalances, dominance and subordination are replaced with balance, equity and cooperation.

Enabling Policies, frameworks, approaches and agencies include:

- Full global participation in open and transparent data sharing with the World Health Organization
- Full realization of African government commitments to healthcare investments outlined in the Abuja declaration
- Legislated policies on funding public health, especially NCDs, are implemented and accountable with civil society partnerships

Impacts of these and other steps and actions:

- Longer life expectancy
- People are aware of policy changes and budget monitoring strategies.
- Organisations will be actively engaged in creating, implementing and utilizing transparency policies for accountability and improving outcomes

Access to Public Goods

Preferred Future: The Thriving Forest

In this future, health systems are trees, nourished by equity in access to global public goods (also known as “medical countermeasures.”

Enabling Policies, frameworks, approaches and agencies include:

- Inclusion of accountability provisions in the Pandemic Accord
- Achievement of equity in access to internet and digital health transformation (consider digital health/E-Health infrastructure as public good) - allowing preservation, adaptation and strengthening of systems used on COVID-19 to assess and respond to needs in rural and under-served communities, supporting allocation of necessary countermeasures
- Regional commitments to health financing agendas - made accountable by approaches that consolidate and review regional progress to attaining commitments
- Sufficient funding for community-based and -led accountability activities to ensure equitable access to all countermeasures
- Health strategies that emphasize and prioritize preventive medicine, and uplift and integrate traditional medicines and remedies with biomedical solutions.

Financing

Preferred Future: The Well Spring

In this future, global health financing is a wellspring that does not run dry. Regional health sovereignty indices offer evidence that African-based and -led decision-making, manufacturing and resourcing have shifted countries from dependency to inter- and in-dependence. In this future, economies are stable, relieved of debt burden and have sufficient fiscal space for investments in health. Countries have found creative and innovative health financing mechanisms, such as the use of remittances from diaspora communities to

support domestic systems. Countries' economic health is not measured solely by gross domestic product (GDP), but also in terms of wellness indicators and metrics, including population health.

Enabling Policies, frameworks, approaches and agencies include:

- Innovative financing mechanisms
- Revised measures of economic health
- Debt restructuring and relief
- Creation/adoption of health sovereignty indices

Implementation and Delivery
Preferred Future: The Living Shield

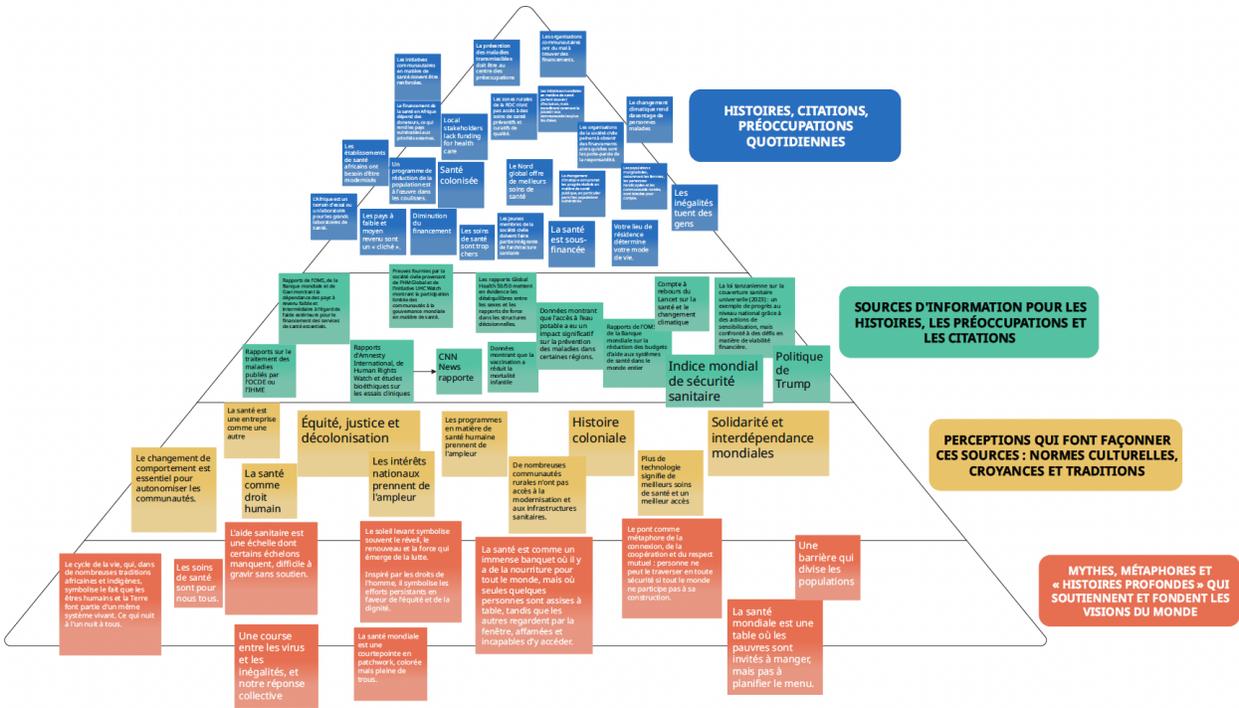
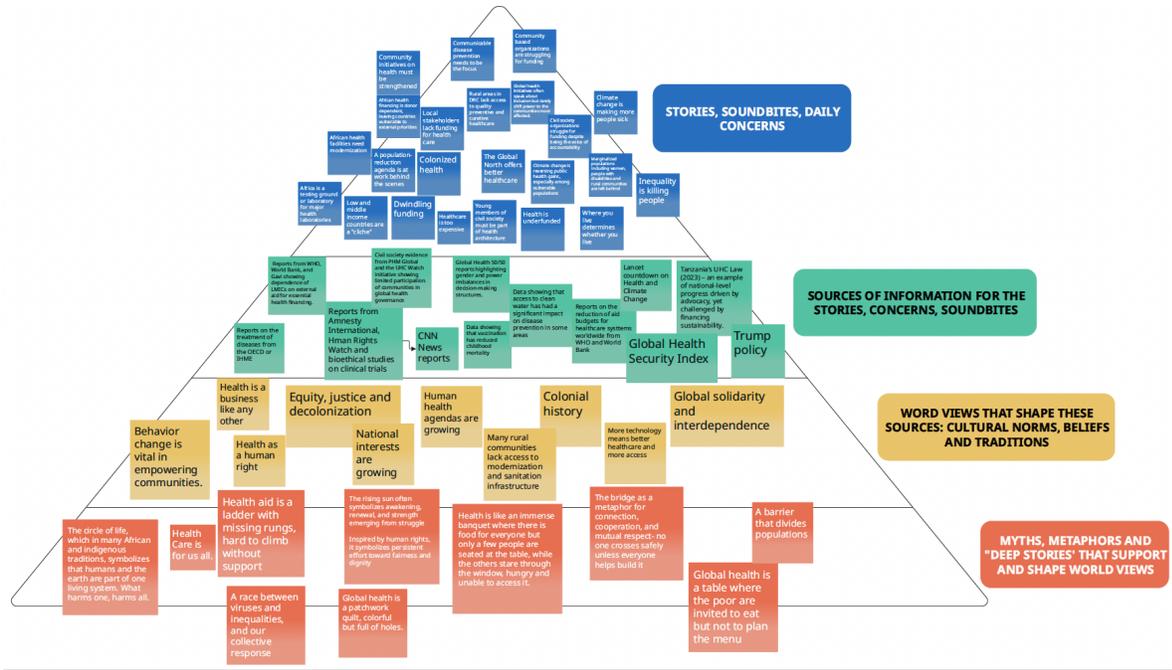
This future is supported by the deep metaphor of a people joining hands in a global circle, forming a living shield that protects everyone from disease, so that health is shared by all. In this is achieved through and defined by multistakeholder governance and decision-making at every level of reformed health systems that take full advantage of artificial intelligence and digital health. Preventive medicine is prioritized and normalized—check-ups and routine care are understood by all as valuable, and are fully accessible. Traditional and “Western” remedies and approaches are no longer in tension or conflict, but co-exist in holistic health offerings. Young people are highly engaged, as are people with disabilities and marginalized and criminalised groups.

Enabling Policies, frameworks, approaches and agencies include:

- Guidance and service delivery models that support integration of traditional and biomedical remedies
- Health system reform that replaces technocratic or single-skill cadres with multistakeholder task teams
- Youth engagement and training
- Training on e-health and digital health tools
- Leadership by and for people with disabilities and other groups that traditionally receive but do not design services

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CURRENT CONTEXT



PREFERRED FUTURES

