Health Architecture Reimagined
Civil Society Organizations

Summary: HEAR CSO Middle East and North Africa Regional Consultation

4 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 4 December 2025 Middle East and North Africa Regional Consultation, which was co-convened and facilitated by ITPC MENA.

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

Introduction

The content in the summary that follows was drawn largely from participants' inputs into the pre-consultation causal layered analysis exercise. In discussion during the consultation, participants emphasized that engagement with the concept of 'global health architecture' is nascent within regional civil society organizations, with substantial community-based and -led discussions needed to build familiarity with and advocacy on this topic.

Current Context: "Global Health Is an Emergency Room, Not a Wellness Center"
In their inputs into the Causal Layered Analysis pyramid, participants described a health landscape across the Middle East and North Africa marked by geopolitical instability, shifting global priorities and chronic underinvestment, producing systems that feel oriented toward crisis rather than long-term wellbeing. They described funding flows that respond primarily to perceived threats to security or the global economy, while sustained needs—especially noncommunicable diseases, primary care and the long-term health needs of displaced populations—receive insufficient attention. Participants highlighted how recurrent crises, including protracted conflicts and large-scale displacement, strain national health systems such as Jordan's, where public infrastructure must serve both citizens and substantial refugee populations with limited and unpredictable support.

Participants described a worldview dominated by securitisation, where political will to collaborate globally is limited and responsibility for health investment is rarely shared. They noted diminishing global solidarity, dramatic reductions in international health assistance and a tendency for powerful actors to set priorities without adequately considering regional expertise or lived experience. At the same time, participants emphasized that affected communities hold invaluable insights, and that local knowledge, humanitarian field observations and regional research efforts remain among the most trusted sources of information. These community-rooted perspectives—surfaced through frontline service delivery, civil society networks, national data systems and regional collaborations—were seen as essential to understanding current realities and imagining more equitable, sustainable and prevention-focused futures.

Preferred Future: Health as a Perennial Olive Tree

Guidance and Governance

In the preferred future, governance in the MENA region is grounded in solidarity, equity and a recognition that health is inseparable from social, environmental and economic determinants. Participants envisioned a global architecture where political power is more evenly distributed, with decision-making that values local knowledge and lived experience rather than privileging high-income countries or external expertise. Communities are meaningfully involved in setting priorities and shaping implementation, ensuring that policies reflect real needs rather than crisis-driven assumptions. International, regional and national health plans are interconnected, supported by coherent structures for global governance rather than the fragmented arrangements identified today. Cross-sectoral collaboration becomes the norm, and the region benefits from genuine international cooperation that places health at the heart of shared priorities. In this future, health equity and security guide global health, and the MENA region helps to define—not simply receive—the direction of global health governance.

Financing

Participants imagined a future where global health financing is built on solidarity, shared responsibility and human rights principles. Funding is sufficient, predictable and equitable, supporting long-term resilience rather than short-term crisis management. Instead of being allocated only when a threat can be linked to a specific country or geopolitical interest, financing flows transparently to where needs are greatest, including countries hosting large displaced populations. Proposals such as a regional solidarity health fund resonate with this vision, enabling collective investment in cross-border challenges and ensuring no country carries a disproportionate burden. Updated global agreements, such as the Pandemic Accord and International Health Regulations, include mandatory funded mechanisms to support hosting nations during health emergencies. Longer-term financing for chronic conditions, including NCDs and mental health, is reinforced through mechanisms like the Global Financing Facility. In this future, funding structures nourish health systems like a perennial olive tree—deeply rooted, sustainable and designed to benefit generations.

Coordination of Access to Global Countermeasures and Other Public Goods

Participants articulated a preferred future in which access to countermeasures, technologies and other public goods is coordinated through systems that are integrated, anticipatory and grounded in solidarity. Regional cooperation on health data sharing and pandemic preparedness creates a resilient, interconnected MENA health defense shield capable of addressing threats collectively. Information systems—such as Jordan's vision of a fully interoperable national HIS—provide real-time, disaggregated data to guide evidence-based decisions for prevention, NCD management and emergency response. One Health becomes a foundational framework, recognizing the interdependence of human, animal and environmental health and supporting cross-sectoral action on climate, food systems and planetary health. In this future, global health is understood as a woven tapestry—each thread representing a country, community or institution whose integrity is essential to the strength of the whole. Shared countermeasures, transparent data systems and equitable access

mechanisms ensure that all people benefit from advances in science and collective preparedness.

Implementation and Service Delivery

The preferred future for service delivery is one in which health systems across the MENA region move beyond emergency responses to offer comprehensive, preventive and community-anchored care. Participants described a future where mental health services are fully integrated into primary care, destigmatized and universally accessible. Health equity becomes a prerequisite for regional stability and human development, driving investments that strengthen prevention, chronic disease management and long-term system resilience. Communities have their rights to health protected and live in environments designed to support wellbeing, reflecting a shift away from fragmented or temporary interventions for displaced or marginalized groups. Local expertise and lived experience guide the design and delivery of programs, ensuring that services are culturally grounded and responsive. Intersectoral action becomes the norm, breaking down silos between humanitarian, development, climate and health actors. In this future, people benefit from systems built for continuity and care rather than crisis, supported by sustained financing, coherent governance and a shared commitment to wellbeing across the region.

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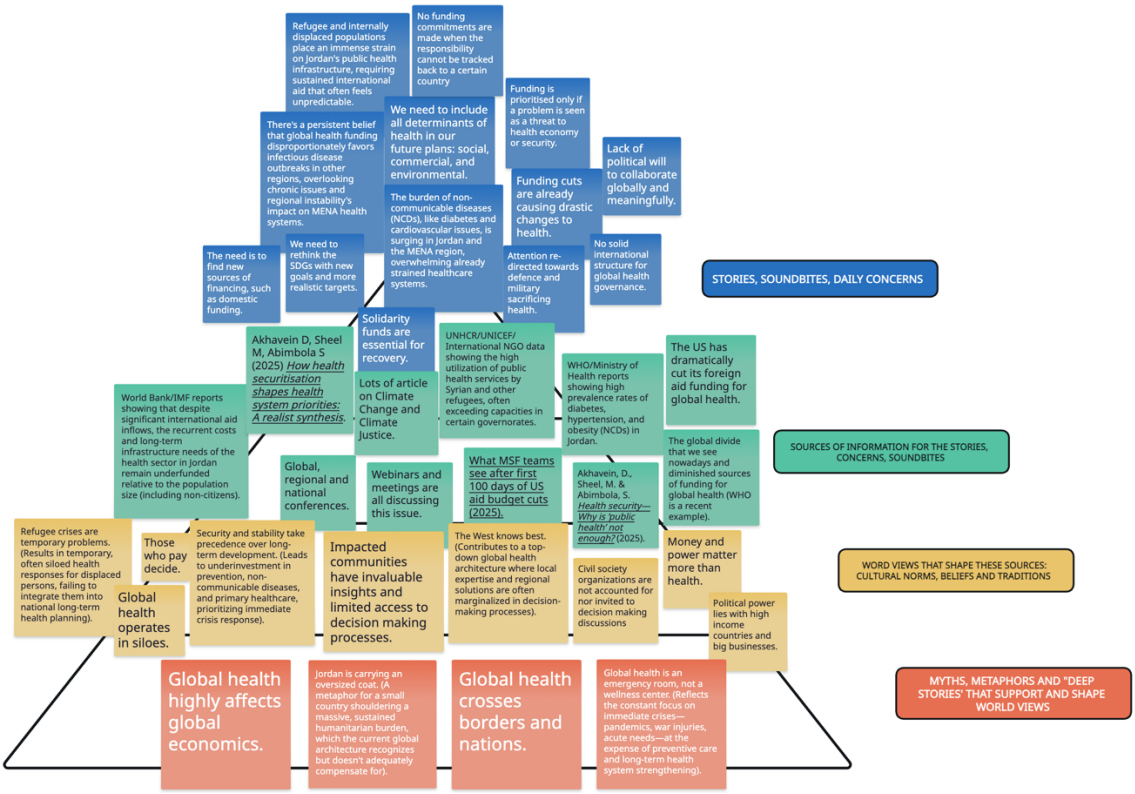
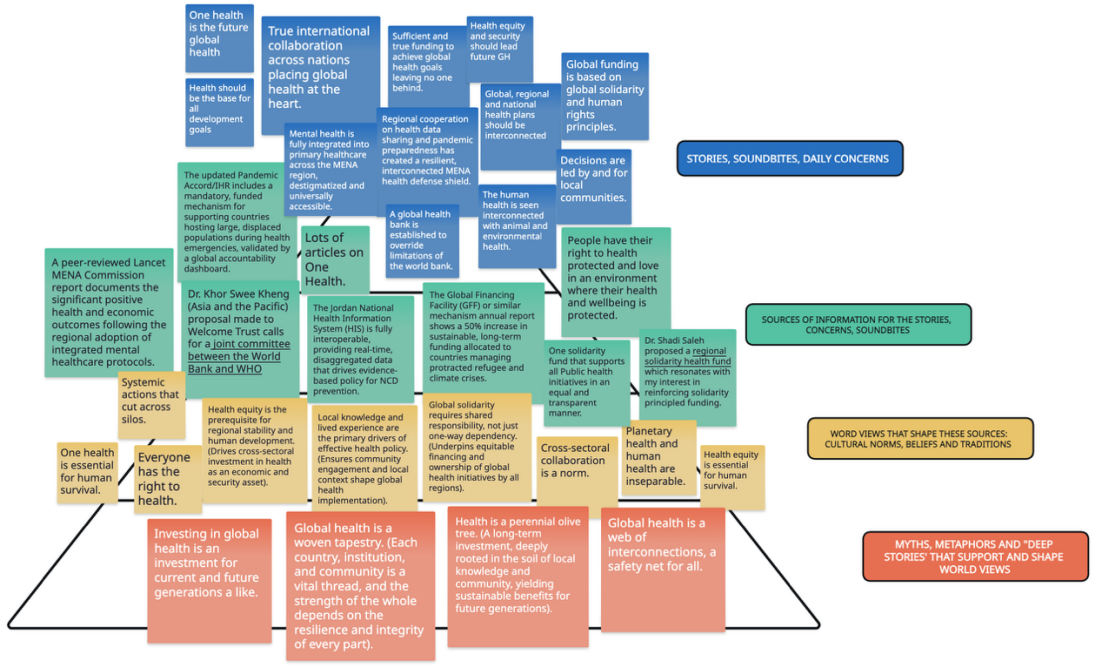
CAUSAL LAYERED ANALYSIS: CURRENT CONTEXT



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