1

HEAR-CSO Consultation Toolkit

What is the future of...Global Health Architecture?

Toolkit Version Date: 04/09/2025

This easy-to-use, step-by-step toolkit sets out a process for a public consultation by HEAR-CSO with multi-stakeholders involved in global public health, across the world.

Toolkit Version Date: 04/09/2025

www.hearcso.org

Contents

Glossary

Terms	Definitions
Drivers	Key forces or underlying factors that influence or shape change within a system. Drivers may be internal or external and can include economic, technological, political, environmental, or social dynamics. They often interact and evolve over time, shaping future scenarios.
Foresight	A structured approach to exploring possible futures by identifying trends, drivers, uncertainties and opportunities to inform long-term decision-making and strategy.
Futures Thinking	The mindset and practice of considering multiple plausible futures to anticipate change and guide proactive action in the present.
Scenario	A narrative or model that describes a plausible future state based on the interaction of drivers and uncertainties.
Signals	Early indicators or weak signs of change that may point to emerging trends, disruptions or innovations in their early stages.
Stakeholder Engagement	A participatory process of involving key actors in shaping decisions, aligning efforts ensuring shared ownership of outcomes.
STEEPLE	Categorising signals and trends by S-Social, T-Technology, E-Economic, E-Environment, P-Policy, L-Legal, E-Ethics
Trends	Patterns of change that have already gained momentum and may continue to shape the future over time.
Weak Signals	Early signs of potentially important changes that are not yet widely recognised or understood. Weak signals may indicate the emergence of new trends, disruptions, or innovations and are often detected on the margins of mainstream awareness.
Wildcards	Low-probability but high-impact events or developments that could significantly disrupt current trajectories.

Introduction

What is HEAR-CSO? HEAR-CSO stands for Health Architecture Reimagined – Civil Society Organizations. It consists of civil society and community networks and organisations (WACI Health, UHC2030 CSEM, STOPAIDS, NCD Alliance, GFAN, GNP+, ITPC) coming together as a consortium to focus on systems change.

Why are we having this consultation? Against the backdrop of a global health financial crisis, multi-stakeholder processes are being announced to begin to discuss the future of the development, financial and health architectures. The HEAR-CSO Consortium have developed and secured funding for a process to convene and elevate civil society and communities' visions towards reimagining the global health architecture.

HEAR-CSO will host two global consultations (virtual), ten regional consultations (virtual) and four national consultations (in-person) with communities and civil society over the next few months.

What is the aim of our consultation? The aim is to gather and develop community and civil society visions for the future of the **global health architecture** so that it may become more inclusive, equitable and responsive to their needs. We will generate reports from these consultations to reflect the breadth of visions from civil society and communities that can be used as a resource by civil society and communities in the broader multi-stakeholder processes that are happening this year to make decisions about the future of the global health architecture.

What is global health architecture? **Global health architecture** is systems, organizations, resources and policies that support the health of populations across countries and regions. It includes:

- Healthcare facilities and networks.
- Public health institutions.
- Supply chains for medicines, vaccines, diagnostics and medical equipment.
- Health workforce.
- Data and surveillance systems.
- Governance and accountability structures such as global health partnerships and regulations, coordinating decision-making, priority-setting and oversight of how resources are distributed and used.
- Funding Mechanisms/Channels such as domestic budgets, donor governments, multilateral institutions (World Bank, Global Fund, Gavi, WHO), private foundations, regional development banks, NGOs.
- Mechanisms for sustainability and equity, ensuring financing reaches low- and middle-income countries, addresses global public goods (like pandemic preparedness) and promotes universal health coverage.

What methodology is being used in these consultations? We are using futures-thinking methods, particularly an approach called Causal Layered Analysis (CLA) which was created by Prof. Sohail Inayatullah. This approach has been, and is, used all over the world to engage stakeholders from every walk of life to support decision-making.

There is not one single future, there are many possible futures that are shaped by actions and decisions in the present: the future is not predictable, the future is unfolded.

By asking, "What is the future of global health architecture?", we can capture insights about what is happening in the present that may be shaping that future and envision the futures that we want. This facilitates the strategic thinking and planning about how we make that happen, together.

What are the global drivers of change shaping public health?

Here is an overview of global drivers of change, generating forces that are shaping public health.

People: Demographic & Social Transitions

• Rapid population growth in Low and Middle Income Countries (LMICs), contrasted with aging societies in high-income countries.
 	
  • Urbanization and the push towards smart sustainable cities concentrating health risks and service demands.
 	
  • Shifts in disease burden toward Non-Communicable Diseases (NCDs) and mental health alongside persistent infectious diseases.
 	
  • Rising inequalities in access to care, nutrition, and safe environments.
 	
  • Migration and displacement driven by conflict, climate, and economics

Planet: Climate & Environmental Change
• Climate change reshaping disease patterns (heat stress, vector-borne diseases). • Extreme weather events increasing disasters and health emergencies. • Air pollution, food insecurity, and biodiversity loss worsening global health outcomes. • Push toward climate-resilient health systems and integration of climate-health financing.

Power: Globalization, Geopolitics & Governance
• Multipolar world order (China, BRICS, Gulf states) shifting global health diplomacy and financing. • Tensions between national security/self-interest vs. global solidarity (e.g., vaccine nationalism). • Trust in institutions (WHO, governments, science) increasingly fragile but critical. • Pressure to decolonize global health and give LMICs stronger voice in governance.

Technology: Digital, Data & Biotech Revolution
• Digital health (telemedicine, AI diagnostics, big data) transforming surveillance and delivery.

Toolkit Version Date: 04/09/2025

• Mobile money and Fintech enabling innovative health financing models.
• Biotech breakthroughs (mRNA vaccines, genomics, personalized medicine).
• Risks: digital divides, data privacy, inequitable access.
Finance: Economic Pressures & New Models
• Debt distress and austerity limiting fiscal space for health in many LMICs.
• Shift from donor aid dependence toward domestic resource mobilization.
• Growth of blended finance, impact investing, and outcome-based funding.
• Rising role of multilateral development banks and climate-health finance integration.
Health Security: Emerging & Persistent Threats
• COVID-19 revealed systemic gaps in preparedness and equity.
• Growing threat of antimicrobial resistance (AMR) undermining modern medicine.
• Need for global public goods financing (surveillance, pandemic funds, R&D).

What are some emerging trends shaping Global Health Architecture?

The following appear to be emerging trends that are shaping Global Health Architecture to be more diversified, technology-enabled and climate-linked. However, it also requires greater governance or risk further fragmentation. A core challenge will be nations balancing self-reliance with global solidarity to fund health as both a local service and a global public good.

Digital Health & Data Systems
• Widespread use of AI, big data, and predictive analytics for disease surveillance and outbreak forecasting.
• Expansion of electronic health records (EHRs) and telemedicine especially in low-resource settings.
• Development of global health data-sharing platforms.
Stronger Pandemic Preparedness
• Global early-warning systems.
• Expansion of vaccine manufacturing hubs in Africa, Asia, and LatinAm.
• Investment in stockpiles of essential medical supplies and rapid deployment logistics.
Localization & Decentralization
• Moving towards regional health hubs (e.g., Africa CDC, ASEAN health networks).
• Training community health workers to expand reach into rural and underserved areas.
Climate Resilience

- Recognizing climate change as a health threat multiplier.
- Building climate-resilient hospitals.
- Integrating environmental monitoring into health systems.

Global Health Equity & Access

- Greater focus on decolonizing global health—shifting decision-making power.
- Programmes for equitable access to vaccines, diagnostics, and treatments.
- More emphasis on gender equity in health workforce and leadership.

Public-Private Partnerships (PPPs)

- Pharmaceutical companies, NGOs, and governments collaborating more closely.
- Private sector innovation especially health-tech being integrated into public health systems.

Integrated "One Health" Approach

- Linking human, animal, and environmental health to tackle zoonotic diseases.
- Strengthening cross-sector collaboration between agriculture, veterinary science, and public health.

Innovative Funding

- Shifts toward sustainable domestic financing rather than reliance on foreign aid.
- Use of pandemic bonds and innovative insurance mechanisms to fund rapid response.

Toolkit Version Date: 04/09/2025

Agenda

	Activity	Who	Time
1	Welcome and Scene-Setting	Facilitator	7 mins
2	Ice-Breaker: 10 Year Time-Machine	Facilitator Group	8 mins
3	Part 1: Mapping In The Present	Facilitator Group	45 mins
Energizer/Comfort Break			5 mins
4	Part 2: Preferred Futures	Facilitator Group	50 mins
Energizer/Comfort Break			5 mins
5	Part 3: How to Get There	Facilitator Group	25 mins
6	Wrap Up	Facilitator	5 mins

Welcome & Scene-Setting

Facilitator Guidance	
Activity	**Time**
1	Welcome and Introduce Self	3 mins
2	Scene-Setting	4 mins

Welcome

Welcome to today's consultation workshop where we are exploring, "What is the future of Global Health Architecture?"

I am [name and role].

Please write your names [in the meeting chat/on your label].

We will introduce ourselves to each other in the Icebreaker.

Scene-Setting for Today's Workshop

In today's workshop, we are going to explore using futures thinking, as an interactive experience that enables us to identify the systems of the present – positive and negative – and by exploring Preferred Futures, challenge our assumptions so that we can identify new pathways forward and shape our decision-making and actions today.

Guidelines for the Session

In any consultation, when we are exploring challenges, risks and opportunities, it can elicit strong emotions, feelings and opinions.

Our guidelines for our session are all centred on respect for each other:

➢ Strong opinions, lightly held – imagining, exploring and identifying together can generate strong opinions. Stay open to holding them lightly. Challenge your own assumptions and beliefs.

➢ Listen Closely, Hear Well – listen closely to other members of the group. In this space, respect the space when people share their insights during exchanges. Hear what they are saying, especially what is challenging to explain or say.

➢ Bring Signals – relate your insights back to real, tangible, vivid signals of change happening in the present day, to ensure that our exploration is linked to evidence rather than opinion.

➢ Dream Big – as we imagine our preferred futures, do not simply extrapolate the present but dream big, to the edge of reality and in the space of what might seem ridiculous or impossible. This is what creates the conditions for innovation.

Ice-Breaker

Facilitator Guidance	
Activity	**Time**
1	Time Machine Icebreaker	8 mins

In Person Session Icebreaker

Please close your eyes.

Imagine that you are waking up on this day, 10 years from now.

The first thing that you notice, is the smell. It smells wonderful, like the ground after rain. You breathe in deeply. This is the smell of 'petrichor' – the earth after rain.

Think of a word or phrase that describes how you want this future to feel, to be.

Now, turn to the people on either side of you.

Each person shares their word or phrase.

Now, you can go around again, giving your name and organization.

Online Session Icebreaker

Please close your eyes.

Imagine that you are waking up on this day, 10 years from now.

The first thing that you notice, is the smell. It smells wonderful, like the ground after rain. You breathe in deeply. This is the smell of 'petrichor' – the earth after rain.

Think of a word or phrase that describes how you want this future to feel, to be.

Now, write in the chat your word or phrase, your name, your organisation and where in the world you are.

Part 1: Mapping What Is Happening Today

Facilitator Guidance		
Activity		**Time**
1	Scene-Setting	
2	Headlines	5 mins
3	Systemic Causes	25 mins
4	Worldview-Culture	10 mins
5	Deep Story Metaphor	5 mins

Scene-Setting

We will start by mapping what is happening today in Global Health Architecture, so that we can capture the tangible events and activities that are driving change.

By capturing these in each consultation, we can collate the insights that you share, to get a global picture to inform our strategic thinking and collective decision-making.

Who Is Not in the Room?

It is important to ask ourselves, "Who is not in the room?" so that we are aware of the missing voices and our biases, to support post-colonial and non-extractive explorations.

Headlines Today

Q: What are the obvious problems, concerns, headlines and crises of Global Health Architecture today that you are experiencing in your region?

Here's are examples of headlines:

> ➢ *We're not ready for Pandemic 2.0*
> ➢ *AI and Health-Tech will change everything*
> ➢ *Global Health Funding Is Drying Up*
> ➢ *Major Global Health Initiatives Warn of Service Cuts Amid Funding Gaps*

Capture Insights Activity

Use the template to capture insights with sticky notes.

- Small groups brainstorm headlines and present-day impact on sticky notes.

- Groups cluster notes into patterns/themes.

- Facilitator leads a quick review before moving to Systemic Causes.

Step 1	Use these prompts to complete column 1	• What headlines dominate the news? • What are the challenges you see every day related to this issue? • What statistics are repeatedly cited? • What are the visible crises (e.g., pandemics, shortages, inequities)?
Step 2	Use this question to complete column 2	• Look at these headlines. • What are the present-day impacts on people?
Step 3	Use insights from column 1 and 2 to complete column 3	• Look at the headlines and impacts. • What patterns or themes do we see? • Group them together.
Step 4	Rapid review	• Collective check-in on what has been captured.

HEADLINES	IMPACT ON PEOPLE	CLUSTERS

System Today

Q: What is creating or sustaining these headlines that we have just captured?

We need to identify the signals and trends that are creating headlines.

Signals are tangible, vivid and real events, actions, policies etc that are happening in the present, whether seemingly positive or negative. Capturing signals in the present, especially very weak signals, enables us to stay grounded in facts, over assumptions.

Grouping signals together, enables us to make sense of them, and see trends and patterns.

By capturing what is happening in the present, we are able to explore our futures question in Part 2: we explore what happens when these signals, trends and patterns grow or fade.

Here are some present-day signals of change about Global Health Instructure.

Launch of the €1.5 billion Health Impact Investment Platform for Primary Health Care by WHO, alongside several Multilateral Development Banks (AfDB, EIB, IDB) WHO and multilateral development banks kick off €1.5 billion primary health financing platform with new funds and launch of first investment plans in 15 countries	Fintech and Mobile Phones in Africa boost healthcare How Africa's fintech boom can boost inclusive healthcare | World Economic Forum
At the Imperial College NHS Trust, a **smart stethoscope using AI** diagnoses heart conditions in just 15 seconds, doubling or tripling diagnosis rates for heart failure, atrial fibrillation, and valve disease. https://www.theguardian.com/technology/2025/aug/30/doctors-ai-stethoscope-heart-disease-london	Philippines: Dramatic Expansion of Health Budget Driven by Sin Taxes https://ahpsr.who.int/newsroom/news/item/20-05-2025-the-untapped-potential-of-health-taxes

Capture Insights Activity

Use the template to capture insights.

Step 1	Identify signals	• In small groups, identify signals of change from your own region, providing a clear name and description and website link.
Step 2	Cluster signals	• Place your signals into the STEEPLE category where you think it fits best.
Step 3	Rapid review	• Look across the STEEPLE mapping. • What patterns or themes do we see?
Step 4	Grouping	• Group them together to discover the systemic drivers of change.

SOCIAL	TECHNOLOGY	ECONOMIC

ENVIRONMENT	POLICY	LEGAL

ETHICAL
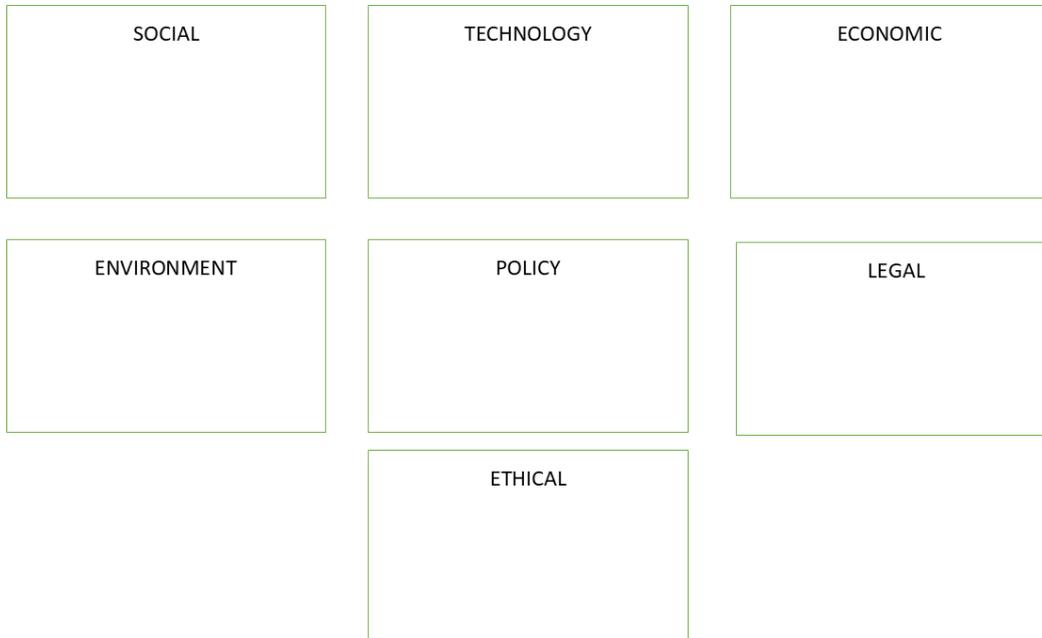
Worldview Today

Q: When we look at the headlines and the system signals, what worldview is created?

This means the cultural narratives, assumptions, beliefs, ideologies and values that JUSTIFY this system.

Here are some examples of worldviews relating to Global Health Architecture.

Treat national taxpayers first	*Global health is a shared responsibility*
We've been funding global health for decades, but problems persist	*Let's reject dependency on foreign aid*

Capture Insights Activity

Use the template to capture insights with sticky notes.

- In small groups reflect on the systems mapping to identify assumptions and beliefs.

- Guided by the Facilitator, reflect on these together.

- Check-in to identify any further assumptions that may emerge.

Step 1	Identify	Identify the worldview by naming assumptions and beliefs.

Step 2	Reflect	Reflect on these together to cluster them into agreeing, competing or conflicting worldviews.
Step 3	Identify	Are there any 'hidden assumptions' that emerge through the clustering?

Deep Story Metaphor Today

Q: What does our mapping reveal about Global Health Architecture?

What is the deep story or image that emerges? What metaphor/s can we give this story?

Here are some examples of Global Health Architecture metaphors.

Health is Global Architecture	*Global Health Finance is a Leaking Bucket*
A net with holes	*A patchwork quilt stitched from unequal pieces*

Capture Insights Activity

- In small groups, come up with some specific metaphors.
- Capture the different metaphors using sticky notes.

Summary of Part 1 Exercise

Our mapping of what is happening today around Global Health Architecture, enables us to identify present-day narratives, assumptions and real signals of change that are happening.

When we gather and reflect on all of these – particularly across all of the consultations - we build a global picture of the systems that we are working in – and what it is that we collectively want to transform.

HEADLINES

SYSTEMIC SIGNALS
- STEEPLE

WORLDVIEW

DEEP STORY METAPHORS

Part 2: Preferred Futures Mapping

	Facilitator Guidance	
	Activity	**Time**
1	Scene-Setting	5 mins
2	Headlines	5 mins
3	Systemic Causes	20 mins
4	Worldview-Culture	10 mins
5	Deep Story Metaphor	5 mins

Scene-Setting

Now, we build on the data and insights that we have captured in Part 1, to imagine Preferred Futures around Global Health Architecture.

We use the same method.

However, this time we step into an alternative future in 10 years. We deliberately choose 10 years+ in order to break our siloes of thinking and assumptions around what might be possible. Remember, the future is not predictable, futures are unfolded.

The Preferred Futures that we imagine are transformational ones, where the changes we want to see have occurred or are in the process of occurring.

Specifically, we want to use the signals, trends and drivers that we mapped in Part 1 and ask ourselves, what might happen if they grow stronger or diminish.

We are asking ourselves, "*What future could we create if we shift the systems, worldviews, or metaphors?*" so that we can see new opportunities and pathways for moving forward, as well as potential risks to manage.

Who Is Not in the Room?

It is important to ask ourselves, "Who is not in the room?" in these preferred futures, so that we are aware of the missing voices and our biases, to support post-colonial and non-extractive explorations.

10 Year Preferred Future Headlines

Q: What are the headlines that you are hearing in your region in this transformational future relating to Global Health Architecture?

Remember to dream big here: you want the headlines to almost seem ridiculous or on the edge of reason.

Capture Insights Activity

Use the template to capture insights with sticky notes.

- Small groups brainstorm headlines and experiences on sticky notes.

- Groups cluster notes into patterns/themes.

- Facilitator leads a quick review before moving to Systemic Causes.

Step 1	Use these prompts to complete column 1	• What headlines dominate the news and conversations?
Step 2	Use this question to complete column 2	• Look at these headlines. • What are people experiencing in their everyday lives?
Step 3	Use insights from column 1 and 2 to complete column 3	• Look at the headlines and experiences. • What patterns or themes do we see? • Group them together.
Step 4	Rapid review	• Collective check-in on what has been captured.

HEADLINES	IMPACT ON PEOPLE	CLUSTERS

10 Year Preferred Future Systemic Signals

Q: What is creating or sustaining these headlines that we have just captured, in our transformational future?

Use the Part 1 System Signals you mapped some signals and trends. Remember, this is a transformational future that you want to be in. Which **positive** signals from 2025, have become stronger and shaped the future that you are now in: what do they look like now?

Group these signals together, to make sense of them, and see trends and patterns.

Capture Insights Activity

Use the template to capture insights with sticky notes.

Step 1	Identify signals	In small groups, identify signals and how they are in this transformational future.
Step 2	Cluster signals	Place your signals into the STEEPLE category where you think they fit best.
Step 3	Rapid review	Look across the STEEPLE mapping. What patterns or themes do we see?
Step 4	Grouping	Group them together to discover what continues to drive change.

SOCIAL	TECHNOLOGY	ECONOMIC

| ENVIRONMENT | POLICY | LEGAL |

| ETHICAL |
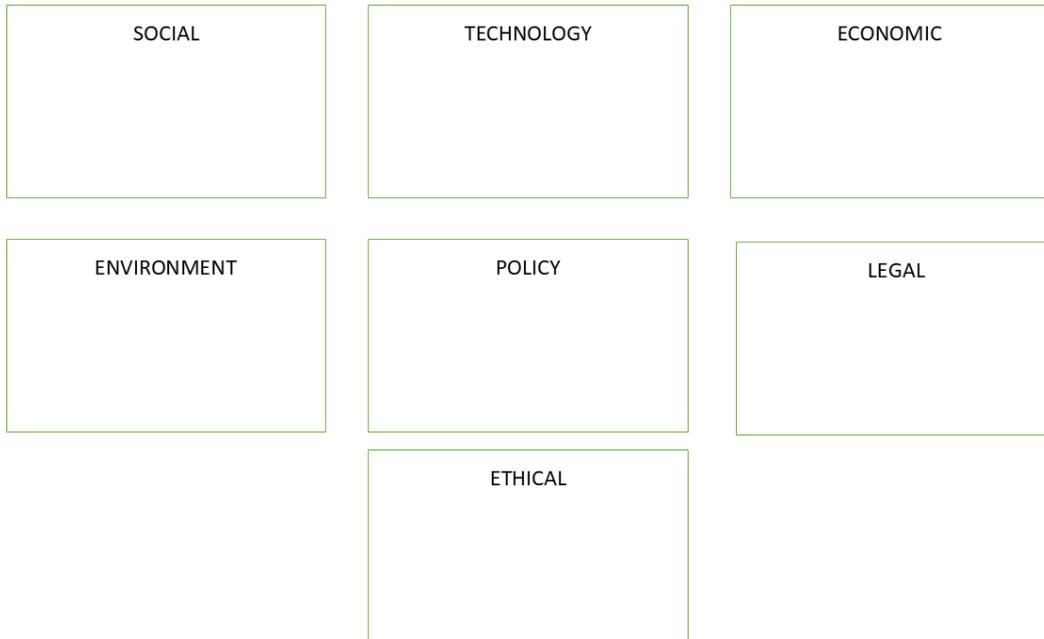
10 Year Preferred Future Worldview

Q: When we look at the preferred future headlines and system signals, what worldview is created in this transformational future?

This means the cultural narratives, assumptions, beliefs, ideologies and values that JUSTIFY this system.

Capture Insights Activity

Use the template to capture insights with sticky notes.

- In small groups reflect on the 10 Year Preferred Future System Signals mapping to identify assumptions and beliefs.

- Guided by the Facilitator, reflect on these together.

- Check-in to identify any further assumptions that may emerge.

Step 1	Identify	Identify the worldview by naming assumptions and beliefs.
Step 2	Reflect	Reflect on these together to cluster them into worldviews.
Step 3	Identify	Are there any 'hidden assumptions' that emerge through the clustering?

10 Year Preferred Future Deep Story Metaphor

Q: What does our mapping reveal about Global Health Architecture in this transformational future?

What is the deep story or image that emerges? What metaphor/s can we give this story?

Summary of Part 2 Exercise

Exploring Preferred Futures together, enables us to talk about the systems that we want to see, building on the present-day signals of change that we want to grow.

When we gather and reflect on all of the preferred futures and the systems within in them – particularly across all of the consultations - we build a global picture of systemic change that we want to create together. That enables us to shape our narratives and decision-making in the present.

HEADLINES

SYSTEMIC SIGNALS
- STEEPLE

WORLDVIEW

DEEP STORY METAPHORS

Part 3: How We Get There

Facilitator Guidance		
Activity		**Time**
1	Scene-Setting	5 mins
2	Back-Casting Exercise	15 mins
3	Rapid Review	5 mins

Scene-Setting

We can now connect our Preferred Futures back to taking action.

We can do this by 'back-casting' from our transformational futures to the present day, helping us to identify actions and decisions.
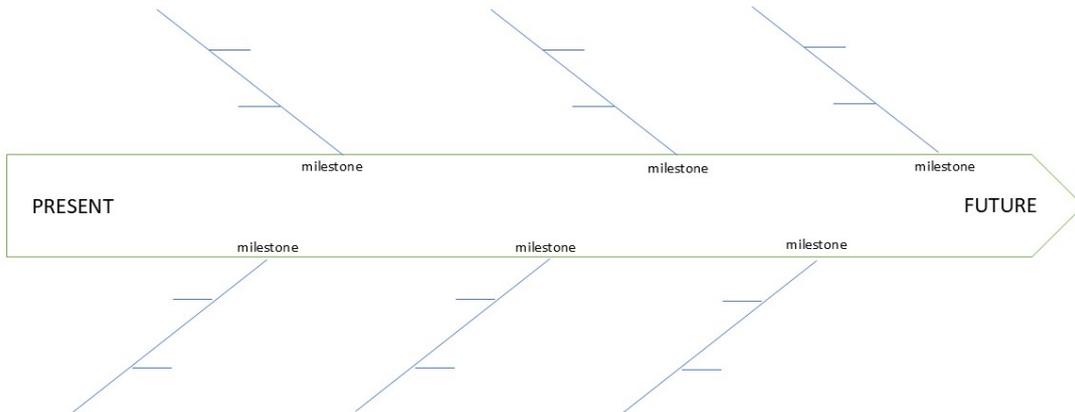
Use the timeline and work backwards - and forward - to identify:

➢ Milestones that need to be in place to achieve this future.
➢ Under each milestone, identify 2-3 core activities that enable the milestone to be achieved.
➢ As you get closer the present, what are the milestones and activities that need to happen to front-load moving towards this future?

Capture Insights Activity
Use the template to capture insights with sticky notes along the timeline.

- In small groups, work backwards from the preferred future to identify 3 key milestones.
- Under each milestone, identify 2-3 key activities need to deliver that milestone.
- If possible, identify which stakeholder group/s need work to together
- Reflect together.
- In small groups, prioritise one next step that could move activities towards the Preferred Futures.

```
                    milestone              milestone         milestone

PRESENT                                                              FUTURE

            milestone              milestone         milestone
```

Summary of Part 3 Exercise

By working backwards from our preferred futures to the present, we start to identify the decisions and actions that we need to take to make change happen.

When we gather and reflect on all of the milestones and activities – particularly across all of the consultations - we build a global picture of the decisions and actions that we need to take in the present.

Wrap-Up

Facilitator Guidance	
Activity	**Time**
1 Closing Summary	3 mins
2 Your Take-Away	2 mins
3 Next Steps	4 mins
4 Thank You	1 min

Closing Summary

We can take a snapshot look at our mapping today – in the online space/on the worksheets – to celebrate our collective exploration of our strategic question, "What is the future of Global Health Architecture?"

- ➢ We mapped real, tangible examples of what is happening in the present.
- ➢ We imagined how they might shape transformational change in Preferred Futures.
- ➢ We journeyed from our Preferred Future to the Present to identify potential actions.

All of this contributes to building a global picture of the systemic changes that we want to create together.

Capture Insights Activity

In a quick round of sharing, what is one-word that captures your experience today and what you will take away from our workshop?

Facilitator can capture this via online Board/flipchart or ask people to write it on a sticky note.

Next Steps

As we complete each consultation workshop, the insights that each group shares will be reflected on and collated to provide key insights, such as:

- ➢ A whole-world/whole-systems map of the signals that you have shared – enabling us to track, add to and keep evaluating their impact.
- ➢ The trends and emerging drivers that you have identified as shaping futures – informing our decision-making and action strategies in the present.

➢ Preferred Futures brief scenarios – sharing separately, as well as seizing the opportunity to combine them into a co-created shared hopeful vision as a community, to create the conditions for innovation in the present.

Thank You

Thank you for your commitment and generous sharing. Stay safe and well.

Annex

The present-day global health system is characterized by aid stagnation, pandemic-driven innovations and fiscal strain, while the emerging drivers include climate finance/health finance integration, digital-fintech disruption, private capital and geopolitical rebalancing. Together, these trends point toward a more multipolar, technology-enabled and climate-aware architecture — but also one at risk of fragmentation unless stronger governance and equity mechanisms are put in place.

Emerging Drivers of Change	
Climate Change & Health Convergence	• Climate finance (adaptation and mitigation) is beginning to merge with health priorities. • Future: climate adaptation funding may be a major new source of health finance, especially for fragile health systems.
Digital Transformation & Fintech	• Mobile money, blockchain, AI, and digital health platforms are reshaping how health services are paid for and financed. • Potential for real-time health financing, micro-insurance, and new accountability tools.
Private Capital & Blended Finance	• Push to attract private investment in health using blended finance, social impact bonds, and health outcome-based financing. • Raises concerns about equity and whether private finance can address public goods.
Geopolitical Power Shifts	• Multipolar financing order: China's Belt and Road Health Silk Road, Gulf sovereign wealth funds, and BRICS initiatives offer alternatives to Western-led aid models. • Governance of WHO, World Bank, and Gavi may face reform pressures.
New Health Security Paradigm	• Health increasingly seen as a security, economic, and climate risk issue, not just a development one. • Expect more cross-sector financing mechanisms (defense, trade, climate, health intersecting).

Equity, Access, and Decolonization Pressures	• Civil society and LMIC governments pushing for fairer distribution of global health funds, local manufacturing capacity, and greater voice in financing governance. • Likely to reshape priorities in how funds are allocated and who decides.
Demographics & Epidemiological Transition	• Aging populations, rising non-communicable diseases (NCDs), and urbanization will demand new financing models beyond the infectious-disease focus. • Chronic care financing mechanisms will become critical.

Present Day Funding Trends	
Shift from Aid Dependence to Domestic Financing	• Donor funding is plateauing or declining for many health areas (e.g., HIV, TB, malaria). • Countries are increasingly pushed to fund their own health systems through taxation, social health insurance, and user-fee reforms.
Rise of Vertical vs. Horizontal Tensions	• Global health financing (e.g., through Gavi, Global Fund, PEPFAR) remains disease-specific, but there's a push toward health system strengthening (HSS). • Tension between targeted interventions and building universal health coverage (UHC) persists.
Pandemic Preparedness Momentum	• COVID-19 led to the Pandemic Fund at the World Bank, more emphasis on emergency surge financing, and growing recognition of health as a global security issue. But sustaining momentum amid donor fatigue is difficult
Debt Distress and Fiscal Constraints	• Many LMICs face debt crises, reducing fiscal space for health. • Governments are struggling to balance health spending with austerity pressures from IMF and creditors.
Expanding Role of Multilateral Development Banks (MDBs)	• World Bank, AfDB, ADB, and others are increasingly central financiers of health systems, often through loans rather than grants, which raises debt concerns.

Toolkit Version Date: 04/09/2025

www.hearcso.org

Rise of Domestic Philanthropy and South-South Cooperation	• Countries like China, India, Brazil, and Gulf states are becoming important bilateral donors. • Philanthropies (e.g., Gates Foundation) remain influential but are shifting focus toward systemic financing innovations.