



**Health  
Architecture  
Reimagined**  
**Civil Society Organizations**

**A collaborative global civil society initiative focused  
on the future of global health.**

# Civil Society and Impacted Communities Inputs and Priorities - as shared in HEAR CSO Consultations

January 2026

# HEAR CSO Consultation Process

- All consultations open to all interested CSOs and members of impacted communities
- All consultations publicized in advance via broadcast communications
- Direct invitations made based on partner and stakeholder mapping conducted by HEAR CSO, regional CSO collaborators (APCASO, Fundación Huésped, ITPC EECA, ITPC MENA) and in coordination with organizers of multistakeholder processes
- Language and accessibility needs queried during registration and met to the fullest extent possible

# Consultation Scope + Reach (1)

- 7 Regional Consultations on “preferred futures” for global health architecture: Asia Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean, Middle East and North Africa, South Asia, Sub-Saharan Africa, Western Europe and North America
- 139 participants from 54 countries representing 107 civil society organizations

## Consultation Scope and Reach (2)

No single disease or topic dominated more than one third of participants' self identified area of work

Areas addressed included health systems, policy and rights-based approaches, primary health care, non-communicable disease, mental health and wellbeing, sexual and reproductive health and rights, access to medicines, pandemic preparedness and response, and infectious diseases including HIV and tuberculosis.

More than 80 percent of participants reported having lived experience that informs their perspective on global health architecture

# Regional Consultations: Who participated?

*Table 1: Regional consultation participation and organisational reach. Countries counted by principal country of CSO operations*

Consultation	# of Attendees	# of Countries	# of CSOs
Africa	27	11	21
Asia-Pacific	24	7	14
Eastern Europe and Central Asia	17	12	13
Latin America & Caribbean	9	6	6
Middle East and North Africa	12	5	9
South Asia	13	5	13
Western Europe & North America	37	8	31
<b>Totals</b>	<b>139</b>	<b>54</b>	<b>107</b>

# HEAR CSO Consultation Methodology

## Causal Layered Analysis

- Focuses on “preferred futures” rather than short-term fixes - transformation, not prediction
- Facilitates multi-level analysis including:
  - Current “sound bites and stories”
  - Information sources for these soundbites
  - World views and social structures that shape these sources
  - Deep stories, myths and metaphors
- Field-tested for accessibility and applicability across geographies, lived experiences, cultures



# HEAR CSO Key Findings Synthesized (1)

- **Guidance and Governance:** A call to reform existing global, regional, national and subnational health bodies with institutionalization of governance structures that include civil society as leaders and decision makers.
- **Coordination of Global Public Goods Access:** A call to reshape the current intellectual property (IP) landscape with emphasis on open science, IP and knowledge-sharing frameworks grounded in equity, South-South collaboration and supportive of autonomy through localized manufacturing.
- **Financing:** A shift towards regional funds jointly governed by civil society and other stakeholders, embedded in an architecture supporting progressive expansion of domestic financing in countries historically dependent on overseas development assistance.



# HEAR CSO Key Findings Synthesized (4)

- **Implementation and Delivery:** A call to re-envision ways of organizing and evaluating health services and needs, including calling for:
  - New indicators on wellbeing, equity, holistic conceptualizations of health and sovereignty;
  - An end to binaries dividing human and planetary health, mental and physical health, and disease-specific responses.
  - Staffing and funding structures that recognize community-led delivery informed by lived experience, for impacted communities, including marginalized populations. For new indicators on wellbeing, equity, health, and sovereignty, an end to binaries dividing human and planetary health, mental and physical health and disease-specific responses.



# Toward Shared Principles for Reform Processes and Outcomes: A work in progress

- Equity as the ultimate goal
- Multisectoral representation, governance and scope
- Leadership and decision-making roles for communities impacted by health inequities as part of broader civil society inclusion
- Transparent, joint decision-making
- Financing and access arrangements aligned with equity and continuity

# How to get involved

- Sign up for HEAR CSO mailing list [news@hearcsso.org](mailto:news@hearcsso.org)
- Share your documents, needs, outputs and ideas - [info@hearcsso.org](mailto:info@hearcsso.org)
- Watch our website [hearcsso.org](http://hearcsso.org) Calendar and process map coming soon!





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**Thank you!**