

## FREQUENTLY ASKED QUESTIONS

### Global Health Architecture Reform

#### A Women's, Children's and Adolescents' Health and SRHR Lens

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## What is the “global health architecture” and why is it being reformed?

The global health architecture sets norms and priorities, mobilizes finances, and coordinates actions to advance global health through its institutions, partnerships, financing arrangements and governance. Current reform discussions seek to streamline its mandates, bring key actors together, improve coordination, and align financing with country-led strategies.

It is widely acknowledged that the existing architecture is far too complex and fragmented. It needs to become more efficient, collaborative, country-driven, and accountable if it is to be fit for purpose and sustainable. Fiscal pressure is also shaping the reforms debate: OECD preliminary data show that official development assistance from DAC members and associates fell by 23.1% in 2025 compared with 2024, the largest annual contraction on record.

**Sources:** [WHO consultation on GHA reform](#); [Joint Political Declaration on GHA reform](#); [OECD preliminary 2025 ODA data](#)

## Which reform processes and political moments are most relevant?

Several reform processes are running in parallel: the WHO-hosted joint process requested by the Executive Board, the Joint Political Declaration on the Reform of the Global Health Architecture adopted in Lyon on 7 April 2026, the Lusaka Agenda on the evolution of global health initiatives, Africa CDC’s African High-Level Ministerial Committee on Global Health Architecture Reform, civil society work through HEAR CSO, and institutional reform efforts such as the Gavi Leap.

These processes are quite diverse: political declarations, member state and regional processes, civil society platforms, and institutional reform programmes. Together they create a 360 degree approach to reform and an opening to align reform on critical needs, including: country leadership, sustainable financing, primary health care, equity, inclusive governance, and better coordination.

**Sources:** [WHO consultation on GHA reform](#); [Lyon Joint Political Declaration](#); [Lusaka Agenda overview](#); [Africa CDC AHLMC launch](#); [HEAR CSO](#); [Gavi Leap](#)

## What does the Lyon Joint Political Declaration commit to, and why does it matter for WCAH and SRHR?

The Joint Political Declaration adopted in Lyon on 7 April 2026 by G7 leaders calls for a more efficient, collaborative, country-driven, and accountable global health architecture. It explicitly commits to: placing primary health care at the heart of resilient health systems; safeguarding sexual and reproductive health and rights; promoting equitable access to health and innovation; advancing inclusive governance and civil society engagement; and supporting a One Health approach.

For WCAH advocates, this language matters: it provides a political basis for demanding that SRHR and WCAH be built into reform design, financing decisions, indicators, and accountability - not treated as assumed outcomes.

**Sources:** [Lyon Joint Political Declaration](#)

## What is the significance of African leadership in the reform agenda?

At the World Health Summit Regional Meeting in April 2026, African ministers launched the African High-Level Ministerial Committee on Global Health Architecture Reform (AHLMC), led by Africa CDC. Its expected outputs include an African position paper, negotiation packages for key global processes, a 2026–2030 reform roadmap, a financing and mutual accountability framework, and regular reporting to AU policy organs.

This leadership matters for WCAH because the burden of preventable maternal, newborn, child, and adolescent deaths is concentrated in Africa. Country-led, regionally grounded reform is more likely to reflect the real priorities of high-burden communities and health systems.

**Sources:** [PMNCH article on AHLMC launch](#); [Africa CDC announcement](#); [WHO maternal mortality fact sheet](#); [UNICEF child mortality data](#)

## Why must WCAH and SRHR be central to reform?

WCAH and SRHR are core tests of whether health systems are equitable, resilient, and rights-based. In 2023, around 260,000 women died during or after pregnancy - 92% of them in low- and lower-middle-income countries. In 2024, 4.9 million children died before age five; nearly half were in fragile and conflict-affected settings.

SRHR covers a broad package: contraception, fertility and infertility care, maternal and perinatal health, STI prevention and treatment, and protection from sexual and gender-based violence. WHO affirms that access to these services is a human right and a core component of UHC.

**Sources:** [WHO maternal mortality fact sheet](#); [UNICEF child mortality data](#); [WHO SRHR overview](#)

## Are WCAH and SRHR absent from reform discourse?

The public record is mixed. Some high-level reform texts now explicitly reference SRHR, including the Lyon declaration. But many reform discussions use broad systems language - efficiency, coordination, country ownership, domestic financing, primary health care - that will only deliver for WCAH if translated into concrete service packages, ring-fenced financing protections, measurement and ongoing monitoring stems, and accountability arrangements.

Securing references to WCAH and SRHR is necessary but not sufficient. Explicit language must be followed by operational commitments: named services, protected financing, inclusive governance, sex- and age-disaggregated data, and measurable outcomes.

**Sources:** [Lyon Joint Political Declaration](#); [WHO consultation on GHA reform](#)

## Why does financing matter so much for WCAH and SRHR?

Financing decisions will determine whether reform protects essential services or quietly erodes them. ODA fell sharply in 2025, with the steepest declines in least developed countries and sub-Saharan Africa. WHO recommends that comprehensive SRH services be included in national health benefit packages, that priority-setting be guided by equity, rights, and gender equality, that women and girls participate in leadership, and that sufficient resources be provided to civil society actors and accountability mechanisms.

Reform must therefore protect essential WCAH and SRHR services, commodities, data systems, workforce investments, and community accountability mechanisms, while supporting the shift to country-led, domestically financed health systems.

**Sources:** [OECD preliminary 2025 ODA data](#); [Lusaka Agenda overview](#)

## What is the WHO-hosted process, and what is at stake at WHA79?

WHO's Executive Board has asked WHO to convene global health actors to design a joint process for transforming the global health architecture. The aim is to streamline mandates, improve coordination, and align financing with country-led strategies — through a more inclusive, transparent, and efficient approach.

WHA79 is taking place in Geneva from 18 to 23 May 2026. As WHO's decision-making body, it is a key moment for Member States and partners to shape the principles, scope, participation, and accountability arrangements of reform.

**Sources:** [WHO consultation on GHA reform](#); [WHO WHA79 page](#); [WHO Constitution](#)

## What should WCAH and SRHR advocates ask for?

Advocates should ask reform leaders to: explicitly name women, children, adolescents, and SRHR in reform frameworks; protect financing for essential services, commodities, data systems, and community accountability; ensure meaningful participation of women-led, youth-led, community, and Global South organizations; and measure progress with data disaggregated by sex, age, income, geography, disability, and context.

Advocates should also push primary health care reforms to specify the WCAH and SRHR services they will deliver: contraception, maternal and perinatal care, STI prevention and treatment, protection from sexual and gender-based violence, adolescent-responsive services, immunization, nutrition, and newborn and child health.

**Sources:** [WHO SRHR overview](#); [Lyon Joint Political Declaration](#); [UNICEF child mortality data](#); [WHO maternal mortality fact sheet](#)

## What are the priority advocacy windows in 2026?

The most immediate window is WHA79 (May 2026), where Member States and partners will shape the WHO-hosted reform process. Other key windows include the Lyon declaration follow-up, Africa CDC's AHLMC process, Lusaka Agenda implementation, civil society engagement through HEAR CSO, and governance-level discussions within major global health institutions as reform becomes operational.

The message across all these windows should be consistent: reform must deliver measurable gains for women, children, and adolescents; safeguard SRHR; protect essential services during transition; and strengthen country-led systems without diluting rights, equity, or accountability.

**Sources:** [WHO WHA79 page](#); [Lyon Joint Political Declaration](#); [Africa CDC AHLMC launch](#); [Lusaka Agenda overview](#); [HEAR CSO](#); [Gavi Leap](#)