

WORLD BANK GROUP ANNUAL MEETINGS · BANGKOK 2026

Make Health Works Really Work for People's Health: The Role of Civil Society and Communities

Civil Society and the Transformation of Global Health Architecture and Finance

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THE FINANCING SHIFT

The money has already moved

<\$40bn

Health aid to Africa in 2025,
down from \$80.3bn in 2021

\$66bn

Africa's annual health financing
gap

1 in 2

African countries where
out-of-pocket payments are the
main source of health financing

94% of civil society respondents see a funding crisis; 89% say community-based services are losing resources.

Sources: IHME projection; Africa CDC and UNECA; UNECA, September 2026; HEAR CSO Global Survey, 2026

THE ARCHITECTURE SHIFT

The rules are being rewritten in four places

December 2023

Lusaka Agenda

Global health initiatives align behind national plans and systems

August 2025

Accra Reset

African leaders set health sovereignty as the organising goal

December 2025

Health Works

National Health Compacts to reach 1.5 billion people by 2030

May 2026

WHA79

Member States endorse a joint process to reform the global health architecture

84% of civil society respondents say Global North donors set Global South priorities.

WHAT CIVIL SOCIETY TOLD US

Ready to engage, but not in the room

73%

are moderately or highly ready to engage in global health architecture reform

8.5%

have clearly taken part in a process framed as architecture reform

The barrier is access to the process, not capacity or interest.

Source: HEAR CSO Global Survey, 2026. 285 responses from 70+ countries; 97% civil society, 80% with lived experience

WHAT CIVIL SOCIETY TOLD US

What civil society wants built

69%**Domestically
financed systems**

Built on community-designed and community-led services, which 60% also rank in the top tier

53–62%**Strong regional
platforms**

Regions set agendas, negotiate and procure together, with more bargaining power

72%**Global public goods,
broadly defined**

Data and surveillance, research and development, and procurement as shared goods

On more decision-making seats, respondents split: 38% top tier, 45% lower.

WHY IT MATTERS

What civil society brings to the transition



Follow the money

Budget analysis, expenditure tracking and community-led monitoring show whether allocations become services



Reach who is missed

Communities deliver to, and speak for, the people that formal systems reach last



Build the demand

Domestic health budgets grow and hold when citizens ask finance ministers and parliaments for them

These are functions of a working health system, not an add-on to it.

WHAT WE ASK

Three asks for Health Works and its partners

1

Decide jointly, and show how

Co-design National Health Compacts and reform processes with communities; publish who was involved and how their input was used

2

Fund communities directly and predictably

89% say community-based services are losing resources; domestic and external financing should both reach them

3

Make every compact public and trackable

90% say equity agreements are not enforced or financed; protect continuity of services through the transition

IN CLOSING

**Health Works will work for people
when people help to design it, finance it
and hold it to account.**

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