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GLOBAL HEALTH



From commitments to country delivery: what partners and governments need to do

Make 'Health Works' Really Work for People's Health: Civil Society Policy Forum, International Monetary Fund–World Bank Group Annual Meetings

13 October 2026



National Health Compacts are a critical step, now we must deliver

575M

people reached with health services by end-March 2026, toward the 1.5 billion target for 2030



National Health Compacts

Health plans with Cabinet or Presidential backing. 16 launched in Tokyo, similar number expected by end-2026

Co-financing partnerships

\$2bn each with Gavi and the Global Fund

UHC Knowledge Hub

WBG, WHO and Japan: policy support and peer learning

Health Works Leaders Coalition

Gets governments and partners behind national plans.



Financing now has to follow the plan

National Governments

Reforms, costed national priorities and stronger national systems

Partners

Align financing & ways of working behind govt-defined priorities.

Civil Society & Communities

Help shape priorities, track commitments, and feed back on services.

1. Map

all resources against Compact priorities: domestic & external, on- & off-budget

2. Find gaps

see what is financed, where duplication sits, and what is missing

3. Mobilize

additional resources against remaining gaps

Building visibility: Uganda's partner portal, Zambia's resource mapping and proposed "virtual budget"; Sierra Leone' expenditure tracking



Public resource maps make mutual accountability possible. Give civil society a formal seat in Compact governance and reviews.



Global alignment now has to become country-level alignment



Global partners

WBG co-financing with Gavi and the Global Fund critical; MOUs and shared frameworks



National Governments

Align financing, planning cycles, reporting and ways of working behind Compact priorities



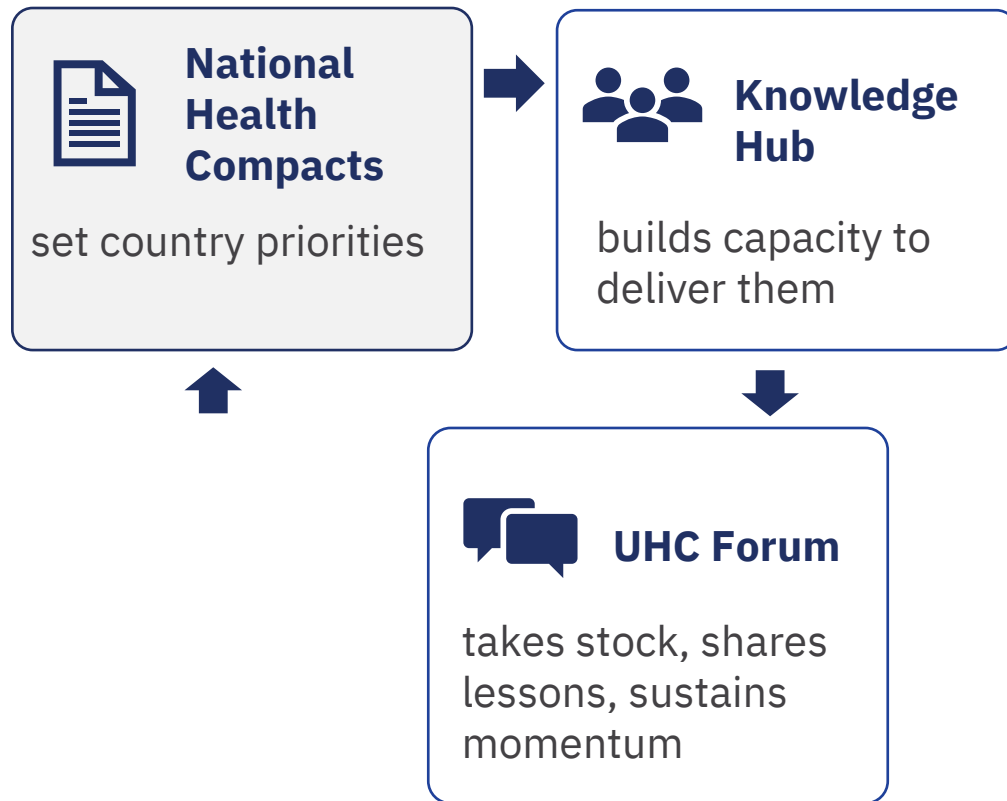
Civil society has a voice in GHI processes. Bring it into Compacts and not in parallel tracks.

Opportunities for partners

- **GHIs:** More financing for systems priorities and where possible, on-budget
- **World Bank:** Support government-led coordination; measure impact on specific services and populations
- **Bilateral donors:** Clearer direction and sufficient risk appetite to use country systems



Make the Hub & Forum work for National Health Compact implementation



A capacity-building and peer-learning arm for implementation

- Domestic resource mobilization
- Health financing and PFM
- Resource mapping
- Workforce financing
- **Social accountability and community engagement**



Back implementation with World Bank Group resources across public and private, with all partners, and above all, domestic financing.



Reach can become quality only through health workers



Training more health workers will not expand services unless countries can work across this spectrum.

Connect workforce planning with financing and fiscal space: HRH gap analysis, investment and absorption planning, training and retention strategies.



A resilient health system, with health workers as the backbone, is what makes universal health coverage possible.



Three shifts to make Health Works work for people

1

Financing follows the plan

Mutual accountability: map, align and fund behind Compact priorities

2

Global alignment has to translate to country alignment

GHI financing on-system and on-budget; boards set direction and risk appetite

3

The Hub and Forum can support National Health Compact delivery

Capacity building, backed by WBG public and private resources and domestic financing



Across all three: institutionalize civil society and community participation, from Compact governance to the Hub and the UHC Forum

Success ultimately is, if countries can ensure that all their residents have access to quality health services when needed, even when external financing is no longer available.





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Thank you!

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