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How do Global Health Initiatives Contribute to Health Systems Strengthening?

An ISGlobal policy paper

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EXECUTIVE SUMMARY

This analysis by the Barcelona Institute for Global Health, published in June 2025, is particularly relevant in the current international context, marked by the ongoing debate around reforming the global health architecture. The paper examines how three global health initiatives - the Global Alliance for Vaccines and Immunisation (Gavi), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the Global Financing Facility (GFF) - contribute to strengthening health systems in low-income countries, focusing its analysis on Ethiopia and Mozambique.

Health systems strengthening: key to equity and resilience

Health systems strengthening is essential to guarantee the right to health, achieve Universal Health Coverage (UHC) and ensure global health security. The World Health Organisation (WHO) conceptualises this through six interdependent building blocks: governance, financing, human resources, access to essential technologies, service delivery and information systems. However, these blocks require explicit integration of the gender perspective, which is still insufficiently addressed.

Spain has consolidated systems strengthening as a strategic priority of its development cooperation, especially with the approval of its Global Health Strategy in May 2025. This strategy promotes equity-based care, a health workforce adapted to local needs and a governance system aligned with global challenges.

Contributions from global health initiatives

Gavi, the Global Fund and the GFF emerged at the beginning of the 21st century with a mandate focused on tackling specific diseases. Despite criticisms of the impact of such interventions on systems and the role of these initiatives in the global health system, their evolution has incorporated cross-cutting objectives such as equity, systems strengthening and gender equality. These initiatives have developed catalytic and sustainable interventions ranging from supply chain and staff training to surveillance systems and community advocacy.

- Gavi has promoted access to vaccines, supported information systems and strengthened cold chain management.
- The Global Fund has invested in human resources, community systems, laboratories and supply chains, making it the largest multilateral provider of grants to health systems.
- The GFF, unlike the aforementioned initiatives, channels its support through integrated national plans and mobilises internal resources, focusing its action on maternal, newborn, child and adolescent health.

Case studies: Ethiopia and Mozambique

Both countries share structural problems such as lack of human resources, dependence on external funding, limited resilience to crises and the lack of local production of medical supplies.The role of global health initiatives in both cases has contributed significantly to their respective health systems.

- Ethiopia has strengthened immunisation and reduced "zero-dose children" with the support of Gavi, and has expanded access to HIV, malaria and TB treatment thanks to the Global Fund. Meanwhile, the GFF has driven improvements in maternal and child health and domestic resource mobilisation. Ethiopia stands out for its institutional leadership, which has facilitated donor alignment with its national health plan.
- Mozambique, with a greater dependence on external funding, faces the challenges of fragmentation, weak leadership and limited integrational capacity. Despite this, it has improved its vaccination coverage, HIV treatment and reproductive health programmes with support from the three initiatives.

Global health system reform: opportunities and urgency

These document underlines the urgent need for structural reform of the global health architecture. The Lusaka Agenda, launched in 2023, provides a framework for moving towards more equitable, resilient and sustainable systems, prioritising country leadership and coherence among actors. However, its implementation requires a stronger political commitment and a direct link to financing mechanisms. At the present time, it may even be necessary to go further than the commitments made in the Lusaka Agenda.

In this context, the replenishment of Gavi and the Global Fund, together with the 4th International Conference on Financing for Development, represent key opportunities to call for structural transformations. The leadership and independence of the World Health Organisation must be strengthened at the heart of governance, its relationship with other actors in the system and their roles must be redefined, transforming fragmentation into genuine complementarity. Funding must focus on strengthening national systems, local leadership, gender equity and the effective integration of vertical interventions into horizontal frameworks. All of this must start with a conversation between partner countries based on mutual respect and responsibly addressing how to urgently resolve the direct consequences of cuts in cooperation, seeking in the medium term ways to reduce the economic dependence of lower-income countries' health systems on external actors.

INTRODUCTION

Occasionally, the context gives certain documents a relevance that goes far beyond their initial objectives. This is one such case. In June 2025, **the debate on reforming the global health architecture is fundamental, urgent and, in many ways, decisive for the future of the international system and the health of millions of people around the world**. This paper is being published in the midst of a critical few weeks, with the recent approval of the Pandemic Agreement at the 78th World Health Assembly; the launch of the Spanish Global Health Strategy; the imminent replenishment conferences of the Global Alliance for Vaccines and Immunisation (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and the 4th International Conference on Financing for Development in Seville. Each of these milestones is advancing - at a different pace and with a different focus - towards an inevitable transformation of the current model.

This paper brings together an analysis initiated by the Barcelona Institute for Global Health in May 2024, with the aim of understanding how Gavi, the Global Fund and the World Bank's Global Financing Facility for Women, Children and Adolescents (GFF) contribute to health systems strengthening in lower-income countries.[1] Based on this analysis, the paper reflects on the alignment of their respective mandates, developments and interventions to the strengthening and resilience of national health systems, as well as their capacity to integrate cross-cutting approaches such as gender equality.

The report delineates the concept of health systems strengthening, analyses the trajectory and contributions of the global initiatives studied, and examines their concrete impact in Ethiopia and Mozambique. The resulting findings - now more relevant than ever - offer keys to rethinking, strengthening and reorienting the global health ecosystem at a critical moment for its future.

SECTION 1.

What Do We Mean by Health Systems Strengthening and Why Is it Important for the Development of Low-Income Countries?

"They are not only the instruments through which states guarantee the right to health for all people and but also play a critical role in global health security, as they are the first line of response to epidemic outbreaks, pandemics or natural disasters."

The World Health Organisation (WHO) defines health systems as the set of organisations, institutions, resources and people dedicated to improving the health of populations.[2] They are not only the instruments through which states guarantee the right to health for all people and but also play a critical role in global health security, as they are the first line of response to epidemic outbreaks, pandemics or natural disasters.

However, the capacity of health systems varies significantly between countries, depending on their economic resources. In low-income countries, international cooperation in its various forms is essential for their functioning. **Strengthening health systems has therefore become a priority in the development cooperation agenda**, not only as a means to achieve Universal Health Coverage (UHC) - one of the key targets of Sustainable Development Goal 3 - but also as a way to contribute to the set of global health-related targets.

UHC means that all people receive adequate health services without catastrophic expenditure for them or their families (i.e. expenditure that forces them to cut essential spending to cope with healthcare bills). To achieve this, systems must be accessible to the entire population, offer a comprehensive package of services (from prevention to specialised care) and financially protect users.

On the other hand, national health systems are essential to **Global Health Security**. Global Health Security refers to the ability to prevent, detect and respond to cross-border health threats. To this end, the *International Health Regulations (IHR)*, revised in 2005 and updated following COVID-19, provide a binding legal framework to strengthen global cooperation and transparency. This framework was reinforced by the adoption, at the 78th World Health Assembly, of the *International Pandemic Agreement*.

To analyse health systems, the WHO proposes a framework of six interrelated *building blocks*.[3]

- **Leadership and governance**. Ability to formulate policies, oversee their implementation and ensure transparency and accountability.
- **Financing**. Adequate availability of financial resources and protections against catastrophic expenditure.
- **Human resources**. Availability of sufficient, trained, equitably distributed and motivated staff.
- **Access to essential medicines, vaccines and health technologies**. Equitable availability of high-quality, safe and cost-effective essential products.

- **Provision of health services**. Provision of accessible, safe, high-quality and people-centric services.
- **Information and monitoring systems**. Production and use of reliable data for decision-making.

In recent years, this framework has been complemented by the concept of **health system resilience**, i.e. its ability to anticipate, adapt and recover from crises while maintaining its essential functions. The COVID-19 pandemic underscored the urgency of having systems capable of sustaining care under high-stress conditions.

While these building blocks are essential to this study for structuring effective and sustainable health systems, they **do not explicitly incorporate a gender perspective** in their design and evaluation. For example, in **human resources for health**, there is insufficient consideration of the feminisation of the health sector, and how gender roles impact work distribution, remuneration and access to leadership positions. In **service delivery, there** is also insufficient visibility of the cultural, social and economic barriers women face in accessing services of quality and with dignity, tailored to women's needs without androcentric biases. This is a powerful reminder that **effective gender mainstreaming** requires not only disaggregating data by sex and gender, but also **transforming health systems to recognise, respond to and eliminate structural inequalities**.

BOX 1. Strengthening health systems in Spanish Development Cooperation

The strengthening of health systems is a strategic pillar of Spanish Cooperation in the health sector, which has been reflected for years in sectoral *strategies* and plans.

The *Joint Response Strategy of the Spanish Cooperation to the COVID-19 crisis*, approved in July 2020, reaffirmed the priority of strengthening health systems. In 2021, it was complemented by the "*Universal Access Plan*", which boosted the donation of vaccines through multilateral mechanisms for populations with greater access difficulties.

There are two key programmes within the Spanish Agency for International Development Cooperation (AECID) that channel the main contributions to health systems strengthening: the *thematic health programme* and the *specialised medical training* programme. The most important volume of resources that the agency allocates to health work are its contributions to Gavi and the Global Fund (whose specific contribution to health systems strengthening is described in this document).

It is also worth highlighting the prioritised nature of the agency's work on gender equality (one of the guiding principles of Spanish Development Cooperation) and their work on specific sexual and reproductive health programmes, as well as *contributions to the United Nations Population Fund*.

The specific focus on strengthening health systems as a priority axis of Spain's contributions to Cooperation in the Health Sector is consolidated in the *6th Master Plan for Spanish Cooperation* and the *Spanish Global Health Strategy*. In the latter, approved in May 2025, the strengthening of health systems is the first of five strategic objectives, placing access to these systems and progress towards UHC at the centre. To this end, it proposes three specific areas of action:

- Foster collaborative health leadership and governance at global and national levels, which also addresses health systems financing and furthermore, aligns it with global challenges and national priorities.
- Promote the provision of health care services with a perspective of equity of access and non-discrimination.
- Enhance the training of health workers, adapted to the needs of countries and contribute to reducing both the health workforce gap and the brain drain.

SECTION 2.

What are GHIs and How Do They Address Health Systems Strengthening?

"The creation of Gavi and the Global Fund sought access for resource-poor countries and their populations to essential vaccines and medicines for the diseases that pose the greatest burden on health systems and the highest mortality rates."

Global health initiatives (GHIs) were born at the beginning of the 21st century to respond to the high burden of preventable diseases in low- and middle-income countries. Gavi, the Vaccine Alliance, was created in 2000 to improve equitable access to vaccines, while the Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to finance specific programmes against these three diseases. Both drove progress towards the Millennium Development Goals by mobilising resources from multiple public and private actors.

Gavi and the Global Fund share a public-private partnership structure, a focus on measurable results, innovative instruments and funding mechanisms, and grant-based operations in eligible countries. They differ in aspects such as the composition of their boards of directors, the criteria for allocating funds, their mechanisms for planning interventions and their relationship with governments and civil society.

These initiatives were joined in 2015 by the GFF, which focuses on maternal, newborn, child and adolescent health (RMNCAH-N). Unlike its predecessors, this initiative acts as a catalyst by combining grants with World Bank loans, promoting government leadership and national planning. While sharing its focus on results and equity, it is distinguished by its integration into public financing and multi-sectoral planning systems.[4]

2.1. How has health systems strengthening been approached and evolved in global initiatives?

The creation of Gavi and the Global Fund sought access for resource-poor countries and their populations to essential vaccines and medicines for the diseases that pose the greatest burden on health systems and the highest mortality rates. This, at the outset, appeals directly to two of the WHO building blocks, albeit for specific interventions within health systems: **access to essential medicines, vaccines and health technologies; and health service delivery**.

Equity objective

Over the years, both health systems strengthening and gender equality have become central to the work of both initiatives. They have emerged as the cross-cutting elements for achieving the objectives of their original mandates, and are at the heart of achieving the goal of health equity. In both cases, this objective aims to increase the number of people reached by their programmes by prioritising the strengthening of local health systems, both at central and peripheral levels. This emphasis can be seen in their most recent strategies: *Gavi 5.0*/ *Gavi 6.0* and the *Global Fund Strategy 2023-2028*.[5]

BOX 2. Gavi and Global Fund interventions for health systems strengthening

Gavi's work in health systems strengthening has four key areas: [6]

- Provision of specialised support to countries in supply chain management, including the cold chain, as well as training of staff in supply chain management.
- Data collection and digitisation for immunisation, allowing adequate monitoring of aspects such as:
  - -Administration, coverage and equity of immunisation.
  - -Surveillance of vaccine-preventable diseases.
  - -Vaccine Safety Surveillance and Response.
- Leadership, governance, management and coordination for immunisation programmes.
- Promoting demand for immunisation and reaching *"zero dose children"*.

The Global Fund's work in this area focuses on: [7]

- Training programmes for health workers, including community workers.
- Strengthening community health systems that are more connected to local needs and able to reach the most marginalised and vulnerable people.
- Investments in laboratories and diagnostics, digital health systems and epidemiological surveillance systems that increase capacities for early detection and response.
- Supporting healthcare supply chains, including the provision of medical oxygen and respiratory care systems.

Catalytic investments

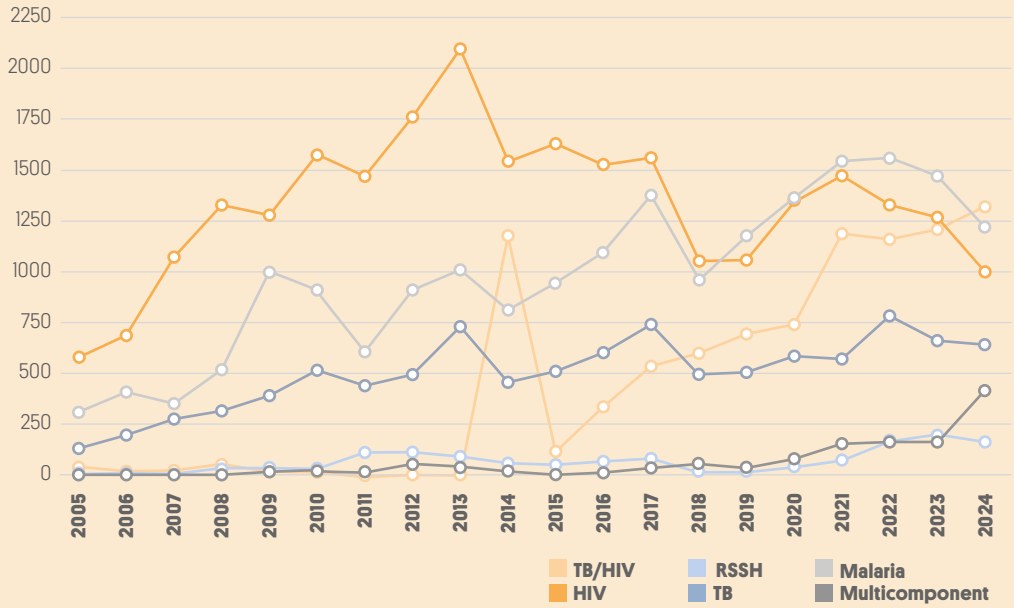
Since their early years of operation, both Gavi and the Global Fund have made specific investments in the health systems of the countries in which they work. These programmes are far smaller in scale than those dedicated to the procurement and distribution of vaccines, diagnostics or treatments. They are intended as catalytic and innovative investments to increase the reach and impact of the health services they provide to populations.

The COVID-19 pandemic was a major disruption to supply chains, especially for vaccines, and put great pressure on health systems. Gavi and the Global Fund responded by mobilising resources beyond their original mandates. Gavi held the Technical Secretariat for the Covax Initiative, which managed procurement and distribution and supported adult vaccination campaigns. For its part, the Global Fund leveraged the COVID-19 Response Mechanism (C19RM), which focused on strengthening health systems and pandemic preparedness, mobilising more than $2 billion (Approximately 1.75 billion Euros).[8]

The Global Fund is revising the way it accounts for contributions to health systems strengthening to include investments in HIV, malaria and TB, all of which have a high impact on health systems. Under this new approach, and with the addition of C19RM funds, it would have allocated US$1.8 billion to health systems strengthening by 2023, making it the largest multilateral provider of health systems strengthening grants.[9]

BOX 3. Gavi and Global Fund health systems investments

Millions of dollars spent since its inception to date	Disease interventions	Health systems strengthening	Multicomponent Investments [10]
	66 803	1497	1379



Sources: Global Fund Data Explorer

Sustainability objective

Another key objective of these initiatives is sustainability, to move forward so that the countries where they operate can finance and distribute vaccines and medicines to the population, with their own domestic resources. To this end, they promote the mobilisation of domestic resources for health and specific programmes such as vaccination and treatment of HIV, tuberculosis and malaria. For example, between 2008 and 2023, Gavi mobilised $1.7 billion from recipient countries to co-finance vaccination programmes.[11] In addition, they influence international markets to make these products accessible, affordable and safe for low-income countries.[12] Both Gavi and the Global Fund apply transition and co-financing policies that set conditions to gradually reduce their support as countries meet certain economic or epidemiological requirements, until they can fully finance these interventions with their own resources.

Finally, although it can only be confirmed by estimates, the major contribution of GHIs to national systems is to alleviate pressure on them. By reducing the burden of major infectious and vaccine-preventable diseases in children, they reduce the demand for care in these systems. For example, in its latest annual report, the Global Fund estimates that its HIV work has averted $1.66 billion inpatient days and $1.36 billion outpatient visits, generating savings of $85 billion that could be spent on other priorities.[13]

BOX 4. Global Financing Facility for Women, Children and Adolescents (GFF)

The GFF promotes country-led investments with a comprehensive approach to reproductive, maternal, newborn, child and adolescent health, incorporating transversally a gender perspective. Its key tool is the *Investment Case* (IC), a plan adapted to the capacities and needs of each country, based on the Theory of Change. The IC identifies priorities, defines concrete interventions and establishes monitoring mechanisms embedded in national institutions.

The IC also requires mapping available resources, thus addressing the fragmentation of external and domestic support. To this end, the GFF has created a specific window for Domestic Resource Mobilisation and Utilisation, which includes technical assistance and support for governance reforms.

GFF funding is complemented by World Bank loans, particularly through results-based programmes. These disbursements are contingent on the achievement of agreed targets, which incentivise institutional improvements and greater efficiency in public health spending.

2.2. Debates on global health initiatives and global health system reform.

Since the creation of the GHIs, there has been a debate between their model of vertical interventions - focused on specific interventions such as vaccination or the fight against HIV, malaria or tuberculosis - and horizontal interventions - focused on strengthening health systems. Criticisms of the former highlight the distortions that targeted funding creates in already fragile health systems. For example, the resources that the programmes of these initiatives make available for specific immunisation interventions, or the control of diseases with higher morbidity such as HIV, tuberculosis or malaria, attract - with better salaries and working conditions - the majority of health personnel in these countries to the detriment of other areas of the health systems such as primary care. A contrast is also noted between the availability of commodities and the provision of quality services for these interventions versus others, where commodity shortages and lack of access to services are the norm. The evolution of these initiatives described in the previous section seeks to address these distortions. While challenges remain, resources for specific interventions within the health system are, at present, essential for its financing.

There is also another debate surrounding the role of these initiatives within the global health architecture. The volume of resources they manage and the high impact of their interventions make the weight of the decisions of their boards and teams decisive for the lives and health of millions of people.[14] These boards, which include diverse actors from the global health ecosystem, both public and private, effectively make critical decisions such as the criteria for countries to be beneficiaries of programmes, or those that determine the allocation of resources to different countries or programmes.

Critics point out that the relevance and impact of these decisions calls into question the centrality of the WHO as the centre of the global health architecture.[15]

The relationship of global health initiatives with the WHO is in fact more multi-faceted and complementary than critics suggest. For example, **Gavi** and **Global Fund** investments are essential to achieving the targets of WHO global strategies in lower-income countries such as the **Immunisation Agenda 2030 (IA2030)**, the **Global Health Sector Strategy on HIV, Hepatitis and STIs 2022-2030**, the UNAIDS **Global AIDS Strategy 2021-2026**, the **Global Technical Strategy on Malaria 2016-2030** and the **End TB Strategy**. GHIs not only mobilise essential resources for their achievement, but also align their interventions with their strategic frameworks and targets, delivering concrete results.

The fundamental problems that can be identified in the contributions of GHIs to health systems strengthening relate to the fragmentation of national health sector planning, the creation of parallel structures, the multiplicity of efforts for the single objective of health systems strengthening and sustainability in lower income countries.[16] The difficulties for several different and large organisations to coordinate and align their interventions can be partly explained by the impact and results orientation that characterises these initiatives. While this model has been a key to mobilising resources and generating significant advances in global health, this same pressure to account for and demonstrate concrete achievements can make it difficult to align actions with national plans, while also limiting the visibility of long-term work in health systems strengthening. Investments in structural capacity, while essential, often have less immediate or easily measurable impacts, thus complicating their integration and prioritisation within frameworks focused on quick and measurable results.

SECTION 3.

Challenges: What Do the Cases of Ethiopia and Mozambique Tell Us?

"The contrast between these two very different realities allows for the identification of common opportunities and problems, in a crucial context for the reform of the global health architecture."

To better understand the impact and obstacles of GHIs on health systems strengthening in low-income countries, this section presents findings from two case studies on Ethiopia and Mozambique.[17] Far from offering an exhaustive diagnosis, the contrast between these two very different realities allows for the identification of common opportunities and problems, in a crucial context for the reform of the global health architecture.

Despite their differences, Ethiopia and Mozambique share **structural challenges that affect the sustainability and effectiveness of their health systems**.

One of the main challenges is to **diversify funding sources and strengthen partnerships between international donors**, in order to reduce dependence on a few actors and promote more coordinated and efficient cooperation.

It is also key to **strengthen national government leadership** in programme planning, implementation and evaluation, as well as to improve **coordination at regional levels** and integrate civil society to ensure responses are aligned with local needs. For example, those arising from the epidemiological transition and its impact on public health priorities in the case of Ethiopia.

The main challenge is to **expand the coverage of essential services** and improve their **accessibility in rural areas**. This implies not only moving closer to the goal of UHC, but also providing adequate care for populations displaced by conflict or natural disasters such as those resulting from climate change. Adaptation to climate change is, in both cases, one of the most urgent emerging challenges.

At the same time, there is an urgent need to **retain healthcare talent** through better working conditions and salaries to avoid losing talent to opportunities abroad or in the private sector.

Finally, **information systems** for evidence-based decision-making must be **improved**, and **local manufacturing of health products must be strengthened** to increase the self-sufficiency and resilience of the system.

Dependence on international funding and donor relations

In both Ethiopia and Mozambique, the financing of health systems relies heavily on international actors, albeit in different proportions and with different implications. In Ethiopia, about **72% of the health budget comes from domestic resources, while in Mozambique more than 56% depends on international donors**.[18] In HIV programmes, **less than 5% of funding is domestic in both countries**, with the rest coming from international sources. However, **the impact of HIV is much**

greater in Mozambique, where it remains the **leading cause of death**, unlike in Ethiopia, where it does **not feature in the top ten**.

A key contrast between the two countries is the **relationship between governments and international donors**. Mozambique shows **greater dependence on and influence from international agencies** in defining health policies and interventions. In contrast, the **Ethiopian** government **exercises strong institutional leadership**, aligning donors around its health sector transformation plan, the current version of which is the *Health Sector Medium Term Development and Investment Plan* and a **pooled funding fund**. However, **the sustainability of this leadership is fragile** due to the talent drain in the health sector. This gap highlights a shared challenge, **the need to build the capacity of local actors to effectively lead and manage the health system** and thus strengthen their position vis-à-vis donors. This capacity building is key to **improving the coordination and integration** of programmes, especially **GHIs**, into national systems. This would help **reduce fragmentation, duplication and bureaucratic burden**.

From the point of view of bilateral donors, there is a **tension between supporting national government-led pooled funds** or funding GHIs and other mechanisms supported by **international financial institutions**. In Mozambique, the **hidden debt scandal of 2014**[19] damaged trust in the government and led to the abandonment by several donors of the health pooled fund *(Prosaude)*, channelling resources into the **GFF** investment project, with **tighter control mechanisms** and a **greater results orientation**. In contrast, **Ethiopia represents the opposite model**: its **SDG Performance Fund** channels bilateral and multilateral resources (such as GAVI, Global Fund, GFF), aligned with the **national health transformation plan**, allowing for greater **coherence and coordination of international aid** under national leadership.

BOX 5. The case of Ethiopia

Main difficulties identified in the health system

General context
- Ethiopia's health system faces multiple challenges linked to climate change, armed conflict and mass displacement.
- Instability and destruction of health infrastructure hinder access to services and lead to staff shortages.
- The epidemiological transition requires adapting the system to non-communicable diseases and mental health, without neglecting infectious diseases.
- Universal Health Coverage (UHC) is far from being achieved; only childbirth is free while insurance covers only 10% of the population.

Funding
- High dependence on international funding which can lead to imbalances in priorities, and risk of funding reduction due to political changes in Ethiopia and donor countries - with particular concern for sexual and reproductive health programmes.
- Domestic resource mobilisation remains limited; local investment and capacity building for sustainability, alongside improved accountability and information systems for efficient resource tracking are needed.

Leadership and Governance
- GHIs have difficulty integrating civil society; there is resistance to programmes such as incorporating sexual health education in schools.
- Coordination between national and regional levels is lacking; empowering local leadership and promoting effective, cross-cutting communication is crucial.

Service Provision
- Large gaps in infrastructure and access, especially in rural and conflict areas.
- Inequalities in access and between primary and hospital care.

Health personnel
- Difficulty in retaining talent due to low salaries and migration to private clinics or abroad.
- Specialised training initiatives exist, but do not guarantee long-term retention.

Information Systems
- Weak capacity to measure impacts and coordinate between actors.
- Urgent need to improve data interoperability, training in data analysis and subsequent integration in health planning.

Access to Medical Products
- External dependency and logistical problems hamper access to medicines and vaccines.

Humanitarian Response
- The system collapses in the face of crises such as droughts and conflicts.
- Access in remote areas is lacking; resilient infrastructure, early warning systems and better multi-sectoral coordination is needed.

Gender Equality
- High prevalence of gender-based violence and lacking sexual and reproductive health care.
- Obstetric, contraceptive and victim support services are lacking.
- There is a need to expand services, strengthen responses to violence and apply gender-sensitive approaches to health policies.

Contribution and impact of global health initiatives

Gavi has been instrumental in expanding immunisation coverage and reducing the number of 'zero dose' children, achieving a 2% reduction between 2019 and 2023.[20] Key initiatives [21] include the incorporation of performance management routines; the transfer of core programme activities to regional and federal health teams; the roll-out of Routine Periodic Intensification of Routine Immunisation (PIRI) campaigns; the deployment of digital tools such as a zero-dose child identification dashboard; and real-time outreach tracking. Efforts to reach zero-dose and immunised children have been particularly focused in conflict-affected regions such as Afar, Benishangul, Gumuz and Somali. These efforts have significantly reduced the number of zero-dose children - by 70% in Benishangul Gumuz and 85% in Afar and Somali.

Community involvement remains a priority, with religious leaders and volunteers leading awareness campaigns to boost vaccine uptake, and health workers, local administrators and community representatives helping to adapt strategies to reach under-served populations. Regular monitoring and documentation of best practices supports informed decision-making and implementation such as the introduction of new vaccines such as HPV, IPV2, yellow fever and COVID-19.

Health information systems are being strengthened through investments in data quality, digital tracking and cold chain management, ensuring efficient service delivery and vaccine potency. With the support of partners such as PATH, UNICEF, WHO and local health authorities, Ethiopia is making significant progress in reducing vaccine-preventable diseases.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has also been central to the prevention, diagnosis and treatment of these diseases. For the period of 2023-2025, the Global Fund has allocated US$ 427.57 million to Ethiopia's health programmes, of which approximately 60% will go to HIV, 27.2% to malaria and 12.7% to TB treatment. The Ethiopian Federal Ministry of Health and UNICEF are the main recipients of these funds, ensuring efficient implementation and coordination. Through these investments, the Global Fund continues to strengthen Ethiopia's health infrastructure, improve disease control efforts and expand access to treatment.

In 2023, 394,488 HIV tests were conducted - of which 201,344 specifically targeted vulnerable populations - and 507,752 people received antiretroviral therapy for HIV. Efforts for Malaria control included the distribution of 13.9 million bed nets, treatment of 3.85 million cases and indoor residual spraying of insecticides in 1.2 million households, while 137,073 individuals received treatment for tuberculosis.[22]

The Global Financing Facility plays an important role in promoting equity and improving maternal, newborn, child and adolescent health. Its *investment plan in Ethiopia [the country's own Health Sector Transformation Plan]* prioritises safe deliveries in the worst performing regions - Afar, Oromia and Somali - while focusing on family planning and adolescent health. Alongside these targeted interventions, the GFF supports health financing reforms aimed at increasing domestic resource mobilisation and improving efficiency, including the expansion of community health insurance to more districts.

These efforts have contributed to notable improvements in key RMNCAH-N indicators, such as a decrease in the under-five mortality rate from 67 per 1,000 live births in 2016 to 55 in 2019. Alongside a reduction in stillbirths from 17.3 per 1,000 births in 2011 to 11.7 in 2016.[23] However, challenges remain, particularly in addressing child undernutrition and moderate to severe wasting, which increased from 7.2 per cent to 11 per cent during the same period. While antenatal care visits (4+ visits) have improved steadily over the years, with an increase of almost 20 per cent from 2010 to 2020, *coverage remains below national targets*.

The data also highlights a positive shift towards institutional deliveries, reflecting improved access to maternal health care services. The increase in deliveries at hospitals and lower level facilities is a reflection of Ethiopia's commitment to decentralising maternity services, ensuring greater accessibility, especially in rural and underserved areas.

BOX 6. The case of Mozambique

Main difficulties identified in the health system

General context
- Mozambique has made progress on HIV, TB and malaria through initiatives such as the Global Fund, PEPFAR and Gavi These programmes, while effective, operate largely outside the national financial system.
- Fragmentation of investments persists, limiting the efficiency and sustainability of the health system.
- The burden of disease, malnutrition and maternal and neonatal mortality remains high.
- Economic and political crises negatively affect the system's response capacity.

Funding
- High dependence on external funding, vulnerable to changes in donor priorities.
- GHIs operate with structures parallel to the national system, making integration and monitoring difficult. The Ministry of Health prioritises funding and adapts strategies, but needs to rebuild trust and achieve sustainability.

Leadership and Governance
- Excessive bureaucracy and disconnection between ministries hinders efficiency.
- Funds such as PROSAUDE face significant delays in disbursements.

Provision of Services
- Insufficient infrastructure; the population has to travel up to 14 km to access basic care.
- COVID-19 further aggravated limitations, affecting vaccination campaigns.
- Disconnect between central planning and district resource allocation, with an urgent need to expand the health network in rural areas.

Health personnel
- Lack of trained staff and poor geographical distribution, concentrated in Maputo and provincial hospitals, with few opportunities for training and adaptation to the needs of the country.
- The loss of staff to the non-government sector further weakens the system.

Information Systems
- The existing data management system suffers from poor data quality and overburdens healthcare staff. There is a lack of robust data management and integration systems.
- GHIs rely primarily on vaccination-related data.

Access to Medical Products
- Allocation imbalance; excess availability of certain drugs (antimalarials) and lack of basic ones (paracetamol).
- Medical prevention is neglected in the face of treatment.

Humanitarian Response
- The north of the country is critical for forced displacement and the Global Fund prioritises emergency response in its current strategy.
- Organisations such as PATH and MSF work with the government to assist displaced populations.

Gender Equality
- MISAU integrates gender into health policies.
- Barriers persist for rural women (domestic work impedes access to health care).
- Effective implementation of gender policies is limited and there is no specific ministry for gender issues.

Contribution and impact of GHIs

Gavi has a special focus on addressing **"zero-dose" children**. They have launched a recovery plan for 2023-2024 to complete the vaccination of 250,000 children, with support from the World Bank, focusing on emergency and resilience interventions with the aim of restoring vaccination rates to pre-COVID levels. Between 2019 and 2022, there was a **74% reduction in children with zero doses**, reflecting the effectiveness of targeted interventions.[24] Official 2023 figures from UNICEF and WHO show a 15 percentage point increase in DTP3 (diphtheria, tetanus, pertussis) coverage after falling from 85% in 2019 to 55% in 2022, DTP3 coverage rebounded to 70% in 2023, demonstrating the recovery process.[25]

Key investments include expanding the monitoring system in all districts, improving data accuracy through electronic immunisation registries (EIRs) in 187 health centres, and improving vaccine supply chain management through cold chain maintenance. Gavi has also supported 100% of REC *(Reaching Every Child)* community focal points and training of health workers, improving service delivery. In addition, demand generation efforts through media campaigns have aimed to reach 95% of the population, ensuring widespread awareness of immunisation.

The **Global Fund** has played a key role in strengthening the health system in Mozambique, working in partnership with Gavi and the World Bank through a health system strengthening plan (2021-2023). However, coordination challenges persist that hinder full integration.

In terms of funding, Mozambique is the Global Fund's second largest investment portfolio[26] to which it has committed more than $3 billion to date. In April last year, *new grants of almost $771 million were launched*, 3% more than the previous cycle, with the aim of strengthening the fight against HIV/AIDS, TB and malaria until 2026.

HIV/AIDS remains the top priority, with 95% of its funding coming from external sources, mainly from the Global Fund and PEPFAR, which have provided $160 million and $405 million, respectively, in the past year. Thanks to these investments, the number of people on antiretroviral therapy (ART) has grown from 300,000 in 2012 to more than 2.1 million in 2023, reducing AIDS-related deaths from 71,756 in 2006 to approximately 42,000 in 2023. The overall goal is to reduce HIV infections by 25% and related deaths by 30% by 2025.

In TB, screening and treatment programmes have been strengthened, with 109,964 people treated in 2022. By 2026, the goal is to increase the MDR-TB treatment success rate to 90%.

Malaria has also received significant investments. Between 2021 and 2023, more than 22 million insecticide-treated bed nets were distributed and almost 2 million households were covered with indoor spraying, reducing the spread of the disease.

The new investments aim to achieve 81% ART coverage by 2025, reduce new HIV infections by 25%, improve TB treatment success rates and ensure universal access to malaria diagnosis, treatment and vector control. In addition, these grants also include strategies to address human rights and gender barriers, ensuring a more inclusive approach to the health response.

The **Global Financing Facility** has been key to Mozambique's progress in **reproductive, maternal, newborn, child and adolescent health** since joining the initiative in 2015.[27] Its main objective is to reduce preventable deaths in these groups by mobilising and aligning health financing with priority areas.

A central component has been improving sexual and reproductive health education, increasing health spending and strengthening health services through performance-based financing in district hospitals and frontline health centres. In addition, the GFF takes a systemic approach to address bottlenecks in nutrition, adolescent health and human resources, including strengthening community health workers. Initially received with caution, the mechanism has been successfully aligned with the government's health strategies.

Through its country investment case, the GFF prioritises lagging sectors, promotes coordination between health partners and encourages **domestic resource mobilisation** to ensure sustainable financing. While Mozambique has made progress on some indicators - such as increasing the public budget for health from 10% in 2016 to 15% in 2021 - structural reforms remain limited.

Despite funding challenges, health indicators show remarkable improvements. The GFF's commitment to data collection and results-based programming ensures that health strategies remain evidence-based and effective in improving **maternal, newborn, child and adolescent** health **(RMNCAH)** in Mozambique. These data attest to the reduction of infant mortality (under-five) from 97 per 1,000 live births in 2011 to 60 in 2022, and neonatal mortality from 29.9 per 1,000 live births in 2011 to 24 in 2022.

SECTION 4.

Conclusions and Recommendations: Notes for Reforming the Global Health Architecture

"The International Conference on Financing for Development, despite not having a specific focus on global health, offers an undeniable opportunity to reach critical agreements and commitments. Spain, as the host country - that has just approved a global health strategy with which it aspires to international leadership in this field - must mobilise its political capital to the maximum to advance towards this transformation."

The world is at a turning point for the future of global health. The combination of multiple crises - health, economic, geopolitical and climatic - is straining the international health cooperation architecture to its limit. This has been exacerbated in recent months by announcements of cuts in the cooperation budgets of major international donors in the field of global health. The dismantling of USAID alone could result in the deaths of 14.5 million people, including 4.5 million children under the age of five.[28]

This critical juncture calls for deep, courageous and coherent system reform. It is not just a matter of adjusting mechanisms or launching new initiatives to coordinate efforts: we are facing what could be the last real opportunity to drive structural change to strengthen health systems, particularly in resource-poor countries, in a sustainable, resilient and equitable way.

Lusaka Agenda

In this context, **the Lusaka Agenda** has emerged as an ambitious and technically sound proposal for action. It has led to closer collaboration between global initiatives such as Gavi and the Global Fund, for example in the area of health systems strengthening.[29]However, this agenda cannot become just another proposal that loses traction in its implementation. The international community - and most especially the donors that have adopted Lusaka as a benchmark - has a clear responsibility - **their support must be consistent, sustained and coherent**.

BOX 7. The Lusaka Agenda

The ***Lusaka Agenda*** was launched on 12 December 2023, coinciding with the celebration of the international day of Universal Health Coverage. It stems from the ***Future of Global Health Initiatives (FGHI)*** process, launched in late 2022 under the leadership of Kenya and Norway. It was designed to assess how six GHIs - Gavi, Global Fund, GFF, CEPI, Unitaid and FIND- could most effectively move towards UHC, prioritising a country-led approach. It identified five concrete proposals for action:

1. Strengthen contributions to primary health care (PHC).
2. Catalyse sustainable, domestically funded health services and public health functions.
3. Strengthen joint approaches to achieve equity in health outcomes.
4. Achieving strategic and operational coherence.
5. Coordinate approaches to products, research and development (R&D), and regional manufacturing to address market failures and global health policies.

Since its launch, support for this initiative has been extended and consolidated in spaces such as the World Health Assembly, the G7 and G20, and the African Union. For example, the *African Centres for Disease Control and Prevention (Africa CDC)* holds the continental secretariat of the initiative for its implementation in Africa. It is also recognised in the Spanish Global Health Strategy as an agreed framework to guide global health system reform.[30]

The consensus around the Lusaka Agenda should be the driving force to accelerate the reforms it proposes, which, however, are not being carried out with the necessary urgency. Indeed, the *Center for Global Development points out* that in the current critical situation, we need to go further than the Lusaka Agenda in reforming the global health architecture. It points to donors of GHIs as the key actors to raise the demand for transformations, at a critical time when both Gavi and the Global Fund are engaged in their respective replenishment campaigns. The proposal for immediate action would be to link replenishment contributions to concrete reforms and accountability mechanisms that allow progress to be measured.

Global health financing

A key component of this transformation, towards which progress is urgently needed, is **a new financing model for health systems in resource-poor countries** that not only fills the most pressing gaps in the short term, but also lays the groundwork for **reducing external dependency in the medium and long term**. This transition must be guided by principles of sustainability, leadership of local actors and equity.

BOX 8. Key health financing issues in Africa [31]

Africa faces a health financing crisis compounded by a 70% drop in Official Development Assistance (ODA) between 2021 and 2025, undermining key programmes such as immunisation, HIV and pandemic preparedness. Heavy reliance on external funds, which account for up to 30% of health spending in low-income countries, is combined with rising public debt (USD 81 billion in repayments between 2023 and 2025), which drastically reduces the fiscal space available for health.

Domestic investment remains insufficient, with only three countries meeting the Abuja commitment to allocate 15% of the national budget to health. Moreover, only 16 countries have up-to-date national health plans and financing, thereby limiting strategic planning. The high burden of out-of-pocket spending (30%-60%) impoverishes millions, while the shortage of more than 6 million professionals and low digitalisation affect the quality and efficiency of the system.

90% of medical products are imported, exposing countries to global crises. This is compounded by the misalignment of ODA with national priorities and weak governance, which prevents funds from being channelled through public systems. Finally, there remains political resistance to introducing taxes or innovative mechanisms to finance health.

During the first months of 2025, global health financing has been specifically addressed in various multilateral and regional forums. The 78th World Health Assembly adopted *resolution WHA78.12*, which urges states, both donors and recipients of international aid, to take concrete steps to strengthen public financing for health, prioritising primary care and reducing out-of-pocket payments that create financial hardship for individuals and families.It also calls on global health initiatives, donors and financing agencies to align their funding with national priorities and systems, channel funds through public budgets and improve transparency, and explore innovative financing mechanisms to reduce the health financing gap. Finally, it emphasises concrete technical support measures to be provided by the WHO for all of the above.

For its part, the Africa CDC has published a *specific strategy* to address financing challenges in Africa with the aim of transforming the current acute crisis into an opportunity to reduce its dependence on external financing. It is based on three pillars: **(1) Domestic resource mobilisation:** increasing domestic public spending on health, ideally leading at least 20 countries to meet the target of 15% national budget allocation under the Abuja Declaration; **(2) Innovative financing:** implementation of solidarity taxes (on airline tickets, alcohol, telephone services) and diaspora bonds to raise funds; **(3) Blended finance:** incorporating private capital through public-private partnerships; allocating funds to health infrastructure, supply chains and local production; and reducing dependence on imports. It incorporates a cross-cutting focus on governance and transparency to strengthen institutional capacities and oversight systems.

Keys and opportunities for global health system transformation

Between June and December 2025, several milestones will define the future of the global health system and its financing. These include, the replenishment of Gavi (*which has set a target of $9 billion*) and the Global Fund (*targeting $18 billion*, and the *4th International Conference on Financing for Development in Seville*. All of these present an opportunity to demand concrete and forceful transformative action. Donor countries and institutions, in partnership with resource-poor countries facing a critical short-term situation for financing their health systems, need to push for this together.

The International Conference on Financing for Development, despite not having a specific focus on global health, offers an undeniable opportunity to reach critical agreements and commitments. Spain, as the host country - that has just approved a global health strategy with which it aspires to international leadership in this field - must mobilise its political capital to the maximum to advance towards this transformation. To do so, it must work hand in hand with the European Union and its Member States, which include the main international donors for global health, as well as with lower-income countries from the Global South, and regional organisations that must drive the essential core of all these transformations: national health systems.

Based on the work carried out by the Barcelona Institute for Global Health on how GHIs contribute to the strengthening of health systems, there are some emerging keys to guide this transformation:

- **International organisations, regional agencies and the UN system** must redefine their roles more clearly in relation to GHIs, including bilateral donors. The centrality, leadership and economic independence of the WHO within the system must be strengthened. Cooperation should be oriented towards alignment, complementarity and efficiency, rather than fragmentation of efforts or competition for resources.
- GHIs, for their part, **have demonstrated unquestionable value** through their focus on outcomes, ability to mobilise funding (including the creation of financial innovation mechanisms and instruments), equity-based orientation, and role in regulating pharmaceutical markets. This experience should be built upon, while deepening their role in **the transformation for the strengthening and sustainability of health systems**. To this end, it is essential that they have the necessary financial muscle provided by their respective replenishments. Their donors, in addition to the demand for system transformation, must commit to funding that is critical today for health systems in resource-poor countries.
- **Strengthening health systems must be at the centre of the global agenda**. Not as a discourse, but rather as a budgetary and operational priority. This means supporting institutional reforms, improving national and regional governance, and ensuring universal access to quality services. Specific focus on immunisation or the fight against infectious diseases with the highest incidence are high-impact interventions for these systems that, nevertheless, must be integrated into this common effort in a clearer and more visible way.
- **The promotion of gender equality** must be at the heart of this transformation. Global initiatives must maintain and expand their commitment in this area, actively contributing to removing structural barriers to women's access to health services on both the demand and supply side.
- **Strengthening national management capacities**, especially in terms of leadership, planning and accountability, must be a priority. The bureaucratic burden

cannot continue to increase meaninglessly. Indicators and reporting systems must be geared to improving impact, not to apportioning credit between agencies or projects.

- Finally, **the time calls for ambitious, coordinated and political action at the highest levels**. Technical commitments are not enough. **Political leadership must rise to the challenge**, mobilising resources, redefining the rules of the game, and placing equity, sustainability and resilience at the heart of the new global health system. If we fail to do so, we will not only be squandering a historic opportunity, but compromising the health of millions of people for decades to come.

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