

# Spain: Emerging Leadership in Global Health

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## EXECUTIVE SUMMARY

Five years into the pandemic, global health is experiencing a moment of **extreme fragility**, marked not only by multiple crises, but also by a **structural transformation** that is redefining actors, funding and principles. This document analyses the central components of this turning point and the role that Spain can play in it.

Firstly, **health multilateralism is experiencing its deepest crisis**, just when it is most needed. The erosion of the 2030 Agenda, the displacement of health in favour of priorities such as security and energy transition, and the stagnation of historic advances (maternal and child mortality, HIV, malaria) reveal a **loss of momentum**. Growing geopolitical fragmentation hinders consensus and slows down collective action.

Secondly, the institutional ecosystem is **stretched to the limit**. The World Health Organisation (WHO) is suffering from unprecedented financial deficits and political pressures, including the withdrawal of the United States. The proliferation of vertical funds and regional platforms has created a **fragmented architecture** that needs to be reviewed. The 2025 Pandemic Treaty offers an exceptional opportunity, but it will depend on **stable funding and political will**.

Thirdly, global funding is declining at the worst possible time. Cuts in development aid and fiscal constraints threaten essential services, putting millions of lives at risk. Although new actors such as China are gaining weight, their contributions respond to geopolitical interests, increasing **lack of coordination**. The challenge is not only more resources, but **sustainable mechanisms aligned with long-term priorities**.

Furthermore, the Global South is demanding to stop being a passive recipient and become a key **political actor**, claiming health sovereignty, productive capacity and fair representation. These demands express a shift in the distribution of international power and are essential to the **legitimacy of the system**.

In this context, the **emerging leadership of Spain** stands out, moving in the opposite direction to the withdrawal of other donors. The Spanish Global Health Strategy 2025–2030, the reinforcement of Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the WHO, and the launch of the Global Health Action Initiative shape a profile based on **equity, sustainable financing and multilateralism**. Spain can act as a **bridge between regions and sensibilities**, reintroducing health as a global public good.

The next twelve months will be **decisive**. There is a real window of opportunity to strengthen the WHO, reorient funding and balance the voice of the Global South. The decisions made in 2026 will determine whether global health enters a cycle of decline or a phase of **renewed and sustainable cooperation**.

# Introduction

**“This document opens with a broad diagnosis of the overlapping crises affecting multilateralism, global health governance and financing mechanisms. It then outlines Spain’s emerging leadership in global health, highlighting both the challenges and opportunities ahead.”**

Just five years ago, a pandemic paralysed the world. Despite the many lessons that could have been learned and that could have led to a structural strengthening of the global health system, the year 2025 defines a critical context and the reconfiguration of the international order that conditions its evolution.

To understand the implications of all this, this document begins with a broad diagnosis of the simultaneous crises affecting multilateralism, health governance and financing mechanisms, highlighting how geopolitical polarisation, institutional fragmentation and the weakening of global commitments are jeopardising historic advances in maternal and child mortality, communicable diseases and universal health coverage.

Against this backdrop, Spain’s emerging leadership in global health is presented, based on initiatives launched in 2025. These include the approval of the Spanish Global Health Strategy, increased contributions to Gavi and the Global Fund, the return to the WHO Executive Board and the Global Health Action Initiative launched at the 4th Conference on Financing for Development held in Seville.

Finally, the challenges and opportunities of this leadership are highlighted, as well as the need to build a new international consensus to ensure the sustainability and equity of the global health system.

# An Unstable and Vulnerable International Context for Global Health

**“Four major axes of transformation and structural crisis can be identified that shape the present and immediate future of global health.”**

Global health is at a turning point marked by profound changes in the multilateral architecture, growing geopolitical tensions, and shifts in funding and governance priorities. This context calls for a rethinking of international action, the role of historical and emerging actors, and the collective capacity to respond to health threats that transcend borders. Based on current trends, four major axes of transformation and structural crisis can be identified that shape the present and immediate future of global health.

## Crisis of multilateralism, the global development agenda and its guiding principles


The multilateral project, which for decades provided a framework of stability and cooperation focused on health as a global public good, is currently undergoing a process of significant weakening. The confluence of multiple factors (geopolitical polarisation, macroeconomic crises, regulatory setbacks and ideological disputes) has eroded the consensus that underpinned the 2030 Agenda and fundamental principles such as equity, gender equality and the universality of the right to health.

The crisis of multilateralism is expressed, first and foremost, in the **fragmentation of priorities** within the international system. The prolonged impact of the economic slowdown and the reordering of political priorities have reduced the fiscal space of many donor countries and created pressure to reallocate resources to national security, energy transition or migration containment agendas. As a result, health cooperation has ceased to occupy a central place on the global development agenda, weakening collective governance mechanisms.

Secondly, a **regulatory setback** is observed in key areas such as women's rights, sexual and reproductive health, and gender equality. The internal political dynamics of several states, coupled with the growing influence of anti-rights movements (e.g., women's sexual and reproductive rights) in multilateral spaces, make it difficult to renew international commitments consistent with health equity. This has led to goals once considered fundamental losing political traction or being subject to renegotiation.

Finally, the shift towards a **multipolar order** has reduced the capacity of multilateral organisations to coordinate responses. The coexistence of powers with divergent agendas (the United States, China, the European Union and a diverse Global South demanding a greater role) has complicated decision-making, slowing down critical institutional reform processes and reducing the capacity to respond to health crises quickly and cohesively.

TABLE 1.  
What is at stake?

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- All of this is jeopardising the unprecedented achievements of the last two decades, driven by the global development agenda that has focused the international community's efforts on achieving the Sustainable Development Goals (SDGs).
  - Maternal mortality has fallen from 385 deaths per 100,000 births in 2000 to 197 in 2023. The target set in the Sustainable Development Goals is to reduce it to 70 deaths; achieving this target by 2030 would save 700,000 women.<sup>1</sup>
  - The mortality rate for children under 5 has fallen by 52% between 2000 and 2023. In absolute terms, this means a drop from 10.1 million child deaths in 2000 to 4.6 million in 2023.<sup>2</sup>
  - With regard to neonatal mortality, in 2023 there were 17 deaths per 1,000 live births, a 44% decrease compared to 2000. The target for 2030 is 12 deaths per 1,000 live births, which, if achieved, could save 8 million newborns.<sup>3</sup>
  - The number of new HIV infections fell to 1.3 million in 2023, and HIV-related mortality has been reduced by more than 60%, from more than 2 million deaths in 2004 to between 630,000 and 830,000 in 2023.<sup>4</sup>
  - Between 2000 and 2015, malaria mortality was reduced by almost half, but since then there has been a stagnation and decline in these figures, resulting in 263 million cases of malaria and nearly 600,000 deaths in 2023. Ninety-five per cent of these deaths occurred in sub-Saharan Africa, and three out of four were among children under the age of five.<sup>5</sup>
  - The slowdown in progress on the global health agenda over the last decade is also evident in the level of coverage of essential health services. In 2021, more than half of the world's population was not covered by these services, and in 2019, more than 2 billion people faced catastrophic household expenditure because they had to pay out of pocket for necessary services and products. Even before the pandemic.

## Crisis in multilateral health institutions and difficulties in coordinating global health security

The weakening of multilateralism has direct effects on the architecture and governance of global health. The institutions responsible for coordinating preparedness, alert and response to health emergencies are experiencing structural tensions that limit their operational effectiveness. The WHO, which is the political pillar of the system, is simultaneously facing a crisis of political legitimacy and the challenge of operating in an ecosystem where multiple state and non-state actors proliferate. It also faces a structural funding crisis that jeopardises its operational autonomy and long-term planning capacity.

The decision by the United States (and Argentina) to withdraw from the WHO as of 2026 opens up an unprecedented scenario. As one of the main financial contributors and a key partner in technical cooperation, its departure not only implies a **significant budgetary loss**, but also a geopolitical readjustment that calls into question the WHO's ability to maintain its hitherto recognised operational leadership. This withdrawal creates a vacuum that other actors, especially China, are seeking to fill.

Europe aspires to maintain its position as a global reference in the field of health by combining the efforts of EU institutions and Member States. However, the new international geopolitical and financial context is prioritising the regional defence agenda and has led some of the main Official Development Assistance (ODA) donors, such as the United Kingdom, France and Germany, to announce severe cuts to their cooperation budgets. For example, in the case of France, between 2022 and 2024, French ODA was reduced by \$2.3 billion. The draft budget for 2026 proposes additional cuts of more than €00 million.

At the same time, the proliferation of regional initiatives, philanthropic foundations, public-private partnerships and thematic platforms has, in practice, created a model of **distributed but fragmented governance**. The action of these initiatives has been fundamental to the progress outlined above in global health. However, interventions in specific areas of public health and specific diseases reduce the capacity for long-term structural response.

The **Pandemic Treaty**, adopted by the World Health Assembly in 2025, represents an attempt to reverse this trend through a profound reform of global health governance. Its success will depend on the ability to strengthen the institutional powers of the WHO, ensure equitable access to medical countermeasures during emergencies, and strengthen surveillance and preparedness systems. However, its implementation is taking place in an extremely volatile political context (for example, not all states that participated in the negotiations have signed it, such as the United States), in which geopolitical tensions, industrial interests and growing demands from the Global South converge.

### **Funding crisis, economic dependence and fragmentation of global health financing mechanisms**

Global health financing is under considerable pressure. The combination of budget cuts, macroeconomic crises and competing national priorities has reduced the availability of resources from traditional donors. This phenomenon is exacerbated by the **structural financial dependence** that persists in many low- and middle-income countries, whose fiscal capacities do not allow them to sustain resilient health systems without international support.

The withdrawal of the United States, coupled with the volatility of official development assistance, has left a space that other actors are trying to fill, but without yet achieving a stable redistribution. China, for example, has announced significant financial commitments (including an additional contribution of \$500 million to the WHO) as part of a health diplomacy strategy that reinforces its global presence. However, this funding responds to geopolitical logic rather than criteria for systemic strengthening, which increases the risks of fragmentation.

In addition, global financing mechanisms remain **highly segmented**, based on vertical funds targeting specific diseases or limited interventions, with little integration into national budgets. The lack of sustainable and predictable resources limits the planning capacity of health systems and perpetuates relationships of dependency rather than promoting autonomy and resilience.

In this context, the objectives of the Pandemic Treaty (which require stable investment in preparedness, surveillance and response capacities) increase the strain on an already weakened financial architecture. Without new flexible and long-term financing agreements, the effective implementation of the treaty risks being severely compromised. And with it, the international framework for strengthening global health security.



Throughout 2025, various analyses and studies have attempted to quantify and measure the impact of all this:

- The Organisation for Economic Co-operation and Development (OECD) estimates that in 2025 there will be a decline in Official Development Assistance of between 9 and 17 per cent, on top of the 9 per cent cut in 2024. <sup>6</sup>
- The WHO warns that cuts in foreign aid are already causing serious disruptions to health systems: in a rapid survey conducted between March and April 2025, 70% of WHO country offices reported disruptions in emergency preparedness and response, 66% in public health surveillance, 58% in service delivery, 56% in humanitarian aid, and 54% in the health workforce. <sup>7</sup>
- According to studies carried out by ISGlobal's Health Impact Assessment Group, cuts in ODA across OECD countries could lead to 22 million additional deaths by 2030, including 5.4 million children under the age of five.<sup>8</sup> A previous study estimated that 14 million deaths could be prevented as a result of the dismantling of USAID. <sup>9</sup>

### Demands for health sovereignty in the Global South

A distinctive feature of the current moment is the growing prominence of the Global South, which is demanding fairer conditions in health governance. African, Latin American and Asian countries have articulated stronger demands for **health sovereignty**, focusing on three main areas: local production capacity, regulatory autonomy and stable financing for their health systems.

During the Covid-19 pandemic, the geographical concentration of vaccine production, supply shortages and unequal access to health technologies highlighted the structural vulnerability of many regions. This has led to a strong political push towards the development of **regional manufacturing capacities**, from vaccines to essential medicines and medical supplies. Regional bodies such as the African Union have taken on a central role in this agenda.

In addition, the Global South is calling for a **profound reform of the WHO**, aimed at increasing its autonomy, democratising decision-making and ensuring more equitable representation. These demands are articulated not only as technical demands, but as expressions of a structural change in the distribution of international power.

Finally, there is a growing consensus on the need for **less volatile financing mechanisms** that allow for long-term investment planning and do not depend exclusively on the fluctuating priorities of external donors. This vision coincides with the aspiration to make international cooperation an instrument of effective support, but not of subordination.



## Spain and Global Health: Leadership Based on Actions, Values and Strategic Vision

**“The diplomatic, financial and institutional initiatives deployed since 2025 reveal an explicit political will to make global health a pillar of Spanish foreign policy and cooperation.”**

Over the last year, Spain has promoted an ambitious and coherent agenda that positions it as an emerging player in global health governance. The diplomatic, financial and institutional initiatives deployed since 2025 reveal an explicit political will to make global health a pillar of Spanish foreign policy and cooperation. This positioning serves a dual purpose: to contribute to a more coherent, equitable and sustainable global health system and, at the same time, to strengthen Spain’s capacity to influence key multilateral debates. Understanding this emerging leadership requires analysing what Spain has done in recent months, what experiences, values and initiatives underpin this aspiration, and why these actions are relevant and potentially transformative for the international system.

### Performance of Spain: a cycle of strategic initiatives

Since early 2025, Spain has rolled out a series of measures that show political determination and growing sophistication in its foreign policy on global health. The main milestone is the [Spanish Global Health Strategy 2025–2030](#), presented in May 2025. It’s the first comprehensive strategic framework that sets out priorities, vision and action mechanisms in global health. The strategy establishes universal health coverage, the One Health approach, sexual and reproductive rights, and cooperation based on equity as its guiding principles. Beyond its technical content, the strategy sends a clear political message: global health is being incorporated as a structural and cross-cutting priority of the state.

At the same time, Spain has strengthened its financial profile in a context in which the main donors have announced cuts. In June 2025, the Prime Minister announced a **30% increase in Spain’s contribution to Gavi**, reaching 130 million for the period 2026–2030. This commitment reinforces the focus on immunisation and prevention as essential pillars of global public health. A few weeks later, at the Seville Conference on Financing for Development, Spain announced a **contribution of €145 million to the Global Fund** for the 2026–2028 cycle, an increase of 11.5% over the previous cycle. This once again positions Spain as a stable and strategic donor in the fight against HIV, tuberculosis and malaria, strengthening its credibility as a multilateral ally.

Added to this is **Spain’s membership of the WHO Executive Board for the period 2025–2028**, one of the key decision-making bodies in global health governance. This allows Spain to participate directly in strategic debates at a particularly sensitive time, when the WHO is undergoing reform processes and seeking to secure more stable and flexible funding.

Alongside this reinforced political presence, the Spanish Agency for International Development Cooperation (AECID) signed a new agreement with the WHO, which includes **€5.25 million in flexible funding** and is part of a broader commitment of **€60 million for 2025–2028**. The commitment to flexible funding is particularly significant: it strengthens the WHO’s institutional capacity and demonstrates a willingness to take risks and support the basic functioning of the organisation, beyond specific projects.

The political momentum took on a more structural dimension with the presentation in Seville of the [Global Health Action Initiative](#), backed by multilateral organisations and fifteen countries. Its objective is twofold: firstly, to renew countries' commitment to a more agile and coordinated global health ecosystem, emphasising the promotion of universal health coverage through inclusive, resilient and sustainable national health systems; secondly, to call on global health organisations and initiatives to propose concrete reforms that improve coherence, efficiency and collaboration, with a view to presenting a joint roadmap. The initiative combines an integrative vision and a search for consensus among the multiple actors involved, particularly those from the global south. This places Spain at the heart of the debates that will define the crucial aspects of global health financing and governance in the future.

This initiative is also part of a broader political framework: the [Seville Plan for Multilateralism](#), which includes explicit measures to move towards sufficient, sustainable, predictable and flexible global health financing. In this way, Spain is articulating an approach that combines diplomacy, financing and regulatory objectives.

### The foundations of Spanish leadership: values, experiences and challenges

Spain's aspiration to play a significant role in global health is underpinned by several structural elements. Firstly, it is based on the historical experience of **a universal, public and equity-based national health system**, one of the distinctive features of Spanish political and social identity. This experience lends legitimacy and coherence to the priorities that Spain promotes internationally: resilient systems, robust primary care, equity, prevention and rights.

Secondly, Spain's geostrategic position allows it to act as a bridge between Europe, Latin America and Africa, with credibility in all three areas and without the image of a hegemonic actor that often hinders cooperation. This ability to build trust and promote consensus is a diplomatic asset that aligns well with the needs of the current global health system, marked by geopolitical tensions and institutional fragmentation.

However, this ambition is not without risks. **Political and budgetary continuity** is a critical factor: leadership in global health requires medium- and long-term commitments that exceed electoral cycles. There are also challenges of **inter-ministerial coordination**, given that global health involves administrative responsibilities in the areas of health, foreign affairs, cooperation, science, economy and finance. Spain also competes in a dynamic international environment where established and emerging actors (the EU, China, new donors) seek to define alternative models of governance. Likewise, the implementation of the Action Initiative will require building broad alliances and managing divergences between regions and institutions. International credibility will depend not only on Spain's rhetorical commitments, but also on its capacity for execution and its technical and diplomatic leadership.

## The importance of Spanish leadership and its transformative potential

Spain's growing prominence in global health transcends the health sector. It responds to a strategic vision in which health becomes a driver of diplomatic influence, international cooperation and security. In a global context marked by pandemic threats, climate crises and persistent inequalities, strengthening health is a way of protecting global public goods and, at the same time, safeguarding national interests.

This leadership can translate into concrete benefits. Spain can play a key role in the **reform of the WHO**, especially in moving towards more stable and flexible funding and promoting a less fragmented and more democratic architecture. It can also influence debates on **sustainable financing**, placing equity and the mobilisation of domestic resources at the centre of the agenda. At the political level, Spain can serve as an interlocutor between regions and contribute to making global governance more inclusive and representative. At the industrial level, it can promote the local production of health technologies, supporting health sovereignty and the diversification of supply chains.

Finally, a coherent and sustained global health agenda strengthens **Spain's soft power**, opens up opportunities for bilateral and multilateral cooperation, and contributes to the achievement of the Sustainable Development Goals, especially SDGs 3 and 17.

### SECTION 3.

## Conclusions: Responsibility at a Historic Crossroads

**“One of the main challenges is to properly define and sequence the building of international consensus among multiple actors to ensure the political and financial traction of all these changes.”**

Throughout 2025, various international factors have intensified the urgency of reforming the global health governance and financing system. The gaps revealed by the Covid-19 pandemic have reached the institutional, regulatory and financial core of the international ecosystem, in a context marked by successive crises and rapid geopolitical realignment.

In recent decades, health has established itself as an area of global action in which the efforts of multiple actors of diverse nature have enabled unprecedented progress in reducing maternal and child mortality and combating highly lethal infectious diseases in lower-income countries. However, these achievements are now at risk of suffering a global setback. A regional analysis shows the profound inequality that exists in access to health services, technologies and innovations, and a specific look at sub-Saharan Africa reveals a global emergency in the face of the risk of financial collapse of health systems that are highly dependent on international aid.

All of this goes beyond traditional development narratives and poses a direct threat to global health security. Health is reaffirming itself as a global public good that can only be provided through robust multilateral action at a decisive moment of transformation in the international order. The way in which the most urgent needs begin to be addressed in the coming months will lay the foundations for a new system of global health governance and financing. Currently, a multiplicity of international initiatives (the common position being developed by the European Union for

its member states; the initiative led by the Wellcome Trust; Accra Reset) promoted by different actors are working to build a new global consensus that redefines the global health ecosystem.

The transformations underway must respond to critical needs that could result in the loss of millions of lives in the coming years and, at the same time, lay the foundations for structural reform that guarantees the sustainability of the system and a more equitable distribution of power in decision-making spaces. One of the main challenges is to **properly define and sequence the building of international consensus among multiple actors to ensure the political and financial traction of all these changes.**

In this context, **Spain has established itself in 2025 as a player with a vocation for international leadership**, based on an active commitment to multilateralism as the central axis of its foreign policy and its role as a bridge between Europe, Latin America and Africa. This leadership is also supported by a health, regulatory, training and research system capable of guaranteeing universal access to health services, products and innovations. This is reflected in the Global Health Strategy, which proposes a coordinated vision between the different areas of government and administration to organise Spain's contributions to global health.

During 2026, Spain must consolidate this leadership both domestically and internationally. At the national level, it is essential that the implementation of the governance mechanisms provided for in the Global Health Strategy **strengthens spaces for coordination and dialogue that allow for the articulation of a national vision on global health**, with added value and oriented towards equity, to which all actors contribute from the strengths of our own system.

Internationally, Spain must ensure that its initiatives and proposals **incorporate perspectives on reforming the system**, paying particular attention to those from the Global South. At the same time, it **must generate as much political traction as possible to promote concrete actions** that enable an effective and sustainable response to the most pressing health needs around the world, thus contributing to saving the millions of lives that are at risk in the current context.




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## To learn more

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