

# Centering Women's, Children's and Adolescents' Health in Global Health Architecture Reform

Group Statement from the Ministers of Health of the Global Leaders for Women's, Children's and Adolescents' Health (the GLN): Ethiopia, Liberia, Malawi, Senegal, Sierra Leone, South Africa (chair), Tanzania, Somalia, Spain

The Global Leaders Network (GLN) welcomes the growing political momentum to reform the global health architecture at a time of profound disruption and opportunity. As governments and institutions work to build a system that is more coherent, efficient, country-led, and financially sustainable, it is essential that these reforms deliver for those who need them most.

We commend the G7 Joint Political Declaration on Global Health Architecture Reform, which reaffirms sexual and reproductive health and rights as a key component of a reformed system. This recognition sets a critical precedent: what is explicitly named in global health governance is more likely to be protected, financed, and implemented.

We also welcome the strong and unified leadership demonstrated by African Member States through the launch of the African Union's Council of Ministers on the Global Health Architecture, convened by Africa CDC. This milestone signals a decisive shift toward more sovereign, regionally driven health systems that reflect the priorities and realities of countries and communities. These efforts reinforce the importance of equity, domestic financing, and accountability as foundational pillars of reform.

As global health reform processes advance, there is a critical opportunity to further strengthen their ability to deliver for the health and rights of women, children, and adolescents (WCAH), including sexual and reproductive health and rights (SRHR). Experience shows that explicitly prioritizing these areas helps ensure they are consistently protected, financed, and translated into impact.

At a time of declining official development assistance, increasing fragility, and mounting climate and conflict-related pressures, essential services for women, newborns, children, and adolescents are among the most vulnerable to disruption. Without deliberate safeguards, reform efforts risk unintentionally reversing hard-won gains and deepening inequities.

Centering WCAH is not a sectoral concern, it is a test of whether global health reform is meaningful. The survival and well-being of women, children, and adolescents reflect the strength, equity, and resilience of health systems overall. A global health architecture that cannot protect a woman during childbirth, ensure a newborn receives timely care, or support an adolescent's health and rights cannot be considered fit for purpose.

The GLN therefore calls on all stakeholders to ensure that ongoing reforms:

- **Explicitly prioritize WCAH and SRHR** within global health architecture frameworks, rather than assuming they are covered under broader commitments to equity or primary healthcare;
- **Protect and increase financing** for essential WCAH services, commodities, and data systems, including through domestic resource mobilization and innovative financing approaches;
- **Embed inclusive governance and accountability**, ensuring leadership from the Global South, and meaningful participation of women-led and youth-led organizations, supported by age- and sex-disaggregated data; and
- **Safeguard WCAH in crisis and transition contexts**, including within pandemic preparedness, humanitarian response, and climate resilience efforts.

The GLN stands firmly behind efforts to reform and strengthen the global health system. However, reform will fall short if it repeats one of the most persistent failures of the past: treating women's, children's, and adolescents' health as outcomes that can be assumed rather than priorities that must be explicitly protected. Investing in WCAH will ensure a prosperous future and well-being for the whole world.