

EVENT SUMMARY REPORT



APRIL 27-30, 2026 | NEW YORK CITY, NEW YORK

The New World Order of Global Health

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A NOTE FROM OUR EXECUTIVE DIRECTOR



**ELIZABETH
ASHBOURNE**

Executive Director, PQMD

On behalf of PQMD’s Board and team, thank you to everyone who joined us for the 9th Annual Global Health Policy Forum - and to those who didn’t make it to NYC, we’re glad to share a look inside this year’s discussions as PQMD marks our 25th anniversary.

This year’s Forum opened with a simple observation: while global health has always navigated disruption, this moment feels different. The pressures we are seeing today - financial, political, and operational - are happening at once, and they are influencing health systems and priorities in different ways.

Over three days, we didn’t try to land on a single answer. Instead, we focused on understanding what’s changing and what it means in practice. We examined the broader forces at play and how those shifts are showing up in countries and communities, and what it will take to keep delivering quality access to healthcare in more uncertain environments.

A few themes came through clearly.

- Many of the challenges we’re navigating are no longer temporary - they’re becoming part of the operating environment.
- Leadership is being shaped at the country and regional level, alongside a wider range of actors influencing how solutions are developed and delivered.

- Our community must focus on delivery - What it takes to make things work in practice; getting products to the last mile; supporting health workers; and making sure emerging policies actually increase access to quality medicines and services.

What continues to define this Forum and PQMD is the way this community shows up - with candor and practical insight, always leading with humanity and a spirit of honesty. We share an unwavering commitment to collaboration that translates into real progress.

To those who joined us, thank you for your time, perspective, and openness. To those who could not attend this year, we hope this report offers a meaningful window into the conversations - and we look forward to welcoming you to next year’s Forum in Europe, April 2027.

Our work continues, and we look forward to building on it together.

With gratitude,
Elizabeth “EJ” Ashbourne



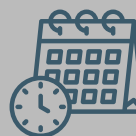
180+

Attendees



100

Organizations



28

Sessions



61

Speakers



Pre-Event | April 27: FINANCE WORKSHOP

New Pathways for Financing Health

Ahead of the Forum, PQMD convened a members-only, half-day Finance Workshop led by Karen Wilson, Founder & CEO of GV Partners and PQMD Advisory Board Member, to examine how global health work is being financed in a more resource-constrained environment. The session looked at the evolving financing landscape across philanthropy, blended finance, impact investing, and private capital, while also considering how expectations around efficiency, measurable impact, and sustainability are reshaping the sector. Participants discussed the growing shifts from traditional donor models toward approaches that blend social impact with investment principles. They also shared the challenges of aligning funders, implementers, and governments around shared definitions of value and success.

The program helped frame a conversation that carried through the Forum: financing models matter, but they are only useful when tied to practical solutions that improve outcomes on the ground. Participants explored how priorities differ across risk, return, and impact, and discussed what it takes to build credible, investable models that respond to real health system needs. The main message of the morning: The “innovation” is not the financing instrument itself, but the solution it helps make possible.



VOICES FROM #PQMDGHPF2026

“These conversations don’t stop in the sessions—they turn into partnerships.”





Day I | April 28: EXECUTIVE FORUM

The Global Health Reset

The Executive Forum opened with a shared recognition that global health is entering a period of profound recalibration - one defined not by isolated crises, but by sustained, overlapping pressures reshaping how the system operates. Participants were invited to step back and make sense of a landscape marked by fiscal constraint, geopolitical fragmentation, and evolving leadership dynamics, while also acknowledging that many of these trends have been building over time.



Global health is undergoing a structural reset shaped by geopolitical instability, fiscal pressure, conflict, climate vulnerability, and declining trust in traditional development models. The conversation emphasized the need to move from fragmented systems toward more integrated, interoperable, country-led, and impact-focused approaches that can better serve fragile and crisis-affected settings.

- Gaps in global leadership are compounding inequality and slowing coordinated response, creating a “new world disorder”.
- Disconnected systems across funding, data, and delivery are limiting efficiency and scale.
- Future financing will require a broader mix of domestic resources, private capital, and regional collaboration.

“The risk is not that we go and work in these places. The risk is that we don’t work in these places.”

KEYNOTE CONVERSATION: FRAMING THE RESET - THE GEOPOLITICAL & FINANCIAL LANDSCAPE

Rt. Hon. David Miliband • Joy Phumaphi • Dr. Jeffrey Sturchio



Global health cooperation is in a period of disruption and recalibration. Drawing on decades of experience, the discussion highlighted both the impact and limitations of past approaches and underscored the growing role of national governments and non-state actors in shaping what comes next.

- Decision-making must be at country level, bringing both ownership and coordination of national health priorities.
- In the past, vertical programs delivered results but left gaps in long-term system strength. There has always been plenty of room for improvement.
- A wider set of actors must now be invited to be part of coordination and leadership to meet the needs of specific countries.

“It’s horrible. It’s messy. But it’s not hopeless.”

FIRESIDE REFLECTIONS: LOOKING BACK TO LOOK AHEAD – LESSONS FROM GLOBAL HEALTH DIPLOMACY IN TIMES OF TRANSITION

Dr. Laura Hoemeke • Jimmy Kolker



VOICES FROM #PQMDGHPF2026

“When the scale of the challenge feels overwhelming, these conversations remind us why the work matters - and that we’re not alone.”



“Innovation comes from constraints - and this moment is forcing smarter, more impactful solutions.”



As traditional funding models and institutional roles continue to evolve, leaders are rethinking how global health organizations sustain access, mobilize capital, and respond to rising uncertainty. The discussion emphasized agility, diversified revenue, stronger partnerships, private sector engagement, and the need to pair innovation with trust, community insight, and measurable impact.

- Uncertainty - not just resource constraints - is a major barrier to action.
- Organizations are expanding beyond traditional donor models to unlock new sustainable financing, using new technologies, and embracing scalable solutions.
- Progress will depend on combining strengths across sectors and disciplines.

“If people think things are going well, they charge ahead. If people know things are going poorly, they charge ahead. When people have no idea what’s going on, that’s when people freeze.”

EXECUTIVE PANEL: REDRAWING THE MAP – LEADERSHIP, LEVERAGE & THE FUTURE OF GLOBAL HEALTH COOPERATION

Dr. Afua Basoah • Mark Chataway • Suzanne Ehlers • Dr. Allison Goldberg • Amy Weaver



Day 2 | April 29: GLOBAL HEALTH POLICY FORUM

Delivering Access in a Reordered World

Building on Day 1's system-level framing, Day 2 moved from sense-making to implementation: how global political, financial, and institutional changes are being felt in countries, partnerships, and delivery systems. Discussions focused on what it takes to sustain access in practice, from country leadership and health workforce capacity to AI, supply chains, crisis response, and last-mile delivery.



KEYNOTE : THE NEW WORLD ORDER OF GLOBAL HEALTH

Dr. Peter Singer

As global health enters a period defined less by disruption and more by redesign, this keynote challenged participants to move from analysis to action. It highlighted how strengthening accountability, accelerating country-led innovation, and aligning health investments with economic priorities can help build more sustainable, scalable systems in a changing global landscape.

- Clearer accountability can sharpen coordination and investment decisions.
- Innovation is shifting from Global North-led models to locally driven solutions, with a focus on scaling within and across countries.
- Linking health to economic outcomes can unlock stronger domestic investment.



As global momentum builds around reforming global health cooperation, this conversation explored how emerging consensus - from the Lusaka Agenda to the Accra Reset - is reshaping the system's future design. It highlighted a transition toward country-led models, stronger regional coordination, and a more streamlined global architecture, while underscoring the urgency of translating shared principles into practical action.

- Private sector engagement is shifting from donor support to long-term system investment and direct country partnership.
- Scientific infrastructure and data systems must be built for equity, with open access and shared benefits for participating populations.
- Equity remains the guiding principle, balancing global coordination with country ownership and execution.

SPOTLIGHT CONVERSATION - REIMAGINING GLOBAL HEALTH ARCHITECTURE: FROM LUSAKA TO ACCRA - WHAT COMES NEXT?

Dr. John-Arne Røttingen (Virtual Speaker) • Dr. Jeffrey Sturchio



VOICES FROM #PQMDGHPF2026

“Access to medicines involves more actors than I realized - and collaboration is what turns good intentions into real impact.”



As countries navigate tighter financing, rising demand, and growing pressure on health systems, this session explored what it will take to sustain and strengthen health systems in the current climate. The discussion emphasized the need to re-engineer primary healthcare, strengthen domestic financing, engage broader sectors beyond health, and better support governments in scaling locally relevant innovation.



- Trust in health systems is eroding, particularly in primary health care, even as demand for care as a right continues to rise alongside economic development.
- The pressure to deliver and reinvent primary health care is intensifying. Populations are growing, needs are rising, and gaps toward the SDGs continue to widen.
- Traditional financing models are weakening, with less predictable and more fragmented funding that often misaligns with national priorities.
- Space must be created for social innovation; system constraints are most acute in implementation capacity, including workforce, procurement, diagnostics, and supply chains.

“We need to make health more demand driven. We need to focus more on people and their needs.”

HEALTH UNDER PRESSURE: THE GLOBAL LENS

Pape Amadou Gaye • Dr. Laura Hoemeke • Joy Phumaphi

As health systems face rising demand and constrained public financing, this one-on-one highlighted how private-sector, technology-enabled care models are expanding access to quality, affordable services - particularly for emerging middle-class populations. Drawing on real-world experience from Bangladesh, the discussion underscored the growing role of integrated primary care models, blended delivery approaches, and new financing pathways to sustain and scale access.



SCALING AFFORDABLE HEALTHCARE: LESSONS FROM THE FRONTLINES

Mark Chataway • Sylvana Quader Sinha (Virtual Speaker)

- Integrated “click-and-brick” models - combining physical clinics with digital platforms - are enabling scalable, patient-centered care anchored in primary health services.
- Greater emphasis is being placed on structuring capital effectively and leveraging blended finance, including the role of Development Finance Institutions (DFIs), to support sustainable growth.
- Practical delivery approaches - including expanded testing, patient education, and remote monitoring - are being used to reduce unnecessary hospitalization and manage care more efficiently.

“Healthcare scales at the rate of trust - and trust takes time to earn.”



VOICES FROM #PQMDGHPF2026

“Nothing gets delivered in isolation. At its core, global health is collaboration.”



“The resilience and ingenuity of frontline systems left a lasting impression.”

Domestic policy decisions are placing new pressure on U.S. healthcare access, prevention, and public health infrastructure. The discussion focused on Medicaid funding reductions, the financial strain on community health centers and public health departments, and the urgent need for stronger partnerships, prevention-focused investments, and a sustainable healthcare workforce.

- Primary care deserts, combined with coverage loss and ongoing policy shifts, are directly impacting access and health outcomes.
- Community health centers and safety net providers remain highly responsive to local needs but are under increasing pressure to deliver more with fewer resources.
- Prevention and community-based approaches—nutrition, early childhood, and local outreach—are key to sustaining access and reducing long-term strain.

“We say health is a human right in this country, but our policies do not reflect that.”



HEALTH UNDER PRESSURE: THE DOMESTIC LENS

Joe Dunn • Dr. Manisha Juthani • Erica Tavares

Policy goals become meaningful only when they translate into sustained access at the country and community level. The discussion emphasized the need for deeper public-private partnerships, more responsive procurement and delivery models, stronger engagement with faith-based and local health networks, and practical approaches that connect innovation, financing, trust, and implementation.



- The rising burden of NCDs is reinforcing the need for integrated approaches that link prevention, delivery, and a stronger economic case for investment.
- Public-private partnerships are becoming more operational, with private sector capabilities integrated as core to delivery.
- Faith-based organizations play a central role in care delivery, particularly in building trust, shaping health-seeking and preventative behaviors, and extending community information reach; but often overlooked partners for planning, finance and data.
- Procurement is increasingly viewed as a bridge to access when designed as a co-creation process aligned with system needs.

“Access only becomes real when policy works at the point of care.”

FROM POLICY TO PRACTICE: BUILDING SUSTAINABLE ACCESS THROUGH PARTNERSHIPS, MARKETS & SYSTEMS

Doug Fountain • Chirfi Guindo • Allison Neale • Dr. Derek Yach

Recent U.S. policy changes are reshaping global health assistance, with a focus on bilateral agreements, country co-investment, health sovereignty, and implementation at the national level. The discussion highlighted both the ambition and complexity of moving toward more country-led systems while maintaining continuity, scaling innovation, and engaging a broader set of partners.



- U.S. global health priorities remain closely tied to broader foreign policy and security agendas, with health competing alongside other diplomatic priorities.
- Ongoing restructuring and shifts in funding and agency roles are affecting procurement, partnerships, services and country-level coordination.
- MOUs are being deployed as a key tool to support co-investment, integrate parallel systems, and transition accountability more clearly to country leadership.
- Not all countries require MOUs, but where used, they are helping define priorities across commodities, data systems, labs, and workforce with more focused metrics.
- Data sharing, supply chain continuity, and conditionality are shaping engagement, with greater emphasis on transparency and alignment.
- There is growing interest in scalable innovation and implementation, with opportunities for collaboration across donors, private sector, and faith-based partners.

SPOTLIGHT SESSION: U.S. POLICY CONSIDERATIONS SHAPING GLOBAL HEALTH

Jeffrey Graham • Dr. Jeffrey Sturchio

Implications for PQMD members & partners: *The shift toward country-led systems is already creating real disruption across the global health ecosystem. While uncertainty remains - particularly around funding flows and implementation - it was emphasized that the transition is still evolving and openness to partner input was signaled, highlighting a critical window for organizations to engage, adapt, and help shape how these changes translate on the ground.*

There is an escalating health access challenge facing communities across the Middle East amid conflict, displacement, infrastructure damage, and restrictions on humanitarian delivery. The discussion underscored the severe strain on health systems in Palestine and Lebanon, while also highlighting the importance of sustained partnerships, local procurement, mobile care models, and cross-border collaboration to keep essential services moving in highly volatile conditions.

- Delivery of care is severely constrained by disrupted supply routes, limited facility access, and operational barriers, along with ongoing security challenges.
- Protection of healthcare workers and continuity of essential medicines are critical priorities amid sustained system strain.
- Conflict conditions are reversing decades of progress in areas such as maternal health and disease control, with long-term impacts on health systems.
- Mobile care, local sourcing, and regional collaboration are essential stopgaps.

“What’s happening now is not just acute - it’s chronic, and it is going to affect generations to come.”



SPECIAL SESSION - MIDDLE EAST IN FOCUS: HEALTH ACCESS AMID CRISIS

Dr. Firass Abiad (Virtual Speaker) • Sean Carroll • Dr. Rand Salman • Matan Sivek



VOICES FROM #PQMDGHPF2026

“Medicines alone don’t create access—systems and partnerships do.”



“Even when we aim to be collaborative, we often default to top-down approaches. Listening - really listening - is where we need to start.”

Frontline health workers have a central role in sustaining access, strengthening primary care, and reaching underserved communities. The discussion highlighted the scale of the global health workforce shortage, the need to better support and retain providers, and the importance of designing systems around people, communities, and practical service delivery realities.

- Workforce shortages are driven by high training costs, long timelines, migration, and sustained stress in unstable environments.
- A shift is underway from “train and deploy” to “sustaining and supporting” health workers over time.
- Community engagement and trust are central to effective care delivery and long-term system resilience.
- Task-sharing, community-based models, and expanded self-care approaches are emerging as practical solutions to extend reach and capacity.

“There is no health system without the health worker.”



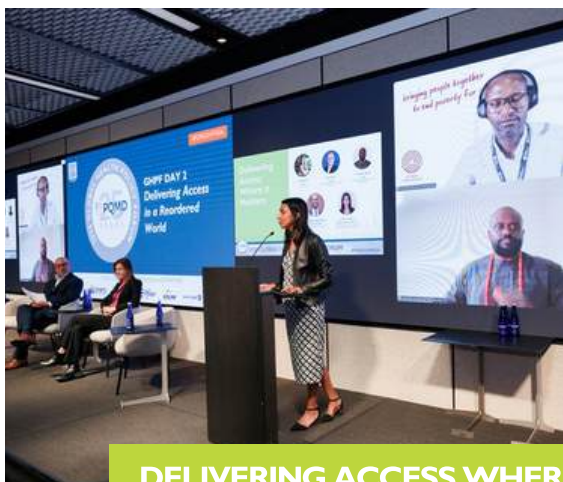
HEALTH SYSTEMS: STRENGTHENING THE FRONTLINE

Dr. Verónica M. Arroyave • Prof. Dr. Mwayabo Jean Claude Kazadi • Dr. Uche Ralph-Opara • Dr. Kate Tulenko

This session moved from strategy to execution, examining how medicines and health products actually reach patients through procurement, logistics, distribution, and last-mile delivery. Speakers underscored that access depends on operational discipline, resilient partnerships, reliable data, and delivery models that align with national priorities and can adapt when systems are under pressure.

- Operations are the primary determinant of access, with performance across supply chains ultimately shaping whether products reach patients.
- Digital platforms and data-enabled models are improving procurement, distribution, and market access, particularly in fragmented markets.
- Affordability is strengthened through scale, pooled procurement, and integration with payment systems and government priorities.

“Access is an operational outcome.”



DELIVERING ACCESS WHERE IT MATTERS

Joanna Bichsel • Kevin Burlew • Temitayo Erogbobo & Vincent Monde Simangolwa (Virtual Speakers) • Kavita Sood-Isaacs

Artificial intelligence is being piloted and deployed in real-world health delivery - particularly in low-resource settings. This session asked the question, what will it take to move from promising experiments to scalable, sustainable impact? Panelists emphasized that AI is not a standalone solution, but a tool that must be intentionally designed to strengthen - not replace - human-centered care systems.



AI IN HEALTH DELIVERY: WHAT'S COMING, WHAT COUNTS & WHAT IT TAKES TO SCALE

Anna Carter • Saba Husain • Dr. Ricardo Baptista Leite (Virtual Speaker) • Dr. Neal Lesh • Katie Seigenthaler

- AI is most effective when it enhances human decision-making and supports existing workflows.
- AI can strengthen care delivery by supporting training, decision-making, and patient engagement, while improving data use, triage, and early detection to accelerate impact in resource-constrained settings.
- Long-term success depends on trust, governance and usability as well as rational integration of AI into sustainable, locally owned systems, where the capacity builds with the systems.

“If you retrofit AI into broken systems, you’ll just become very efficient at being inefficient.”



VOICES FROM #PQMDGHPF2026

“The conversations didn’t stop in the sessions - they continued in the moments in between, where ideas really took shape.”



“Progress doesn’t happen in silos—it happens in rooms like this.”



Day 3 | April 30: GLOBAL HEALTH POLICY FORUM

Resourcing The Future of Global Health

Day 3 turned from reflection to forward-looking action, focusing on what it will take to sustain access in a world defined by continuous strain rather than discrete crises. As global health systems face converging pressures - from rising noncommunicable disease burdens and prolonged conflicts to climate-driven disasters and constrained financing - the central question is no longer how to respond, but how to endure.

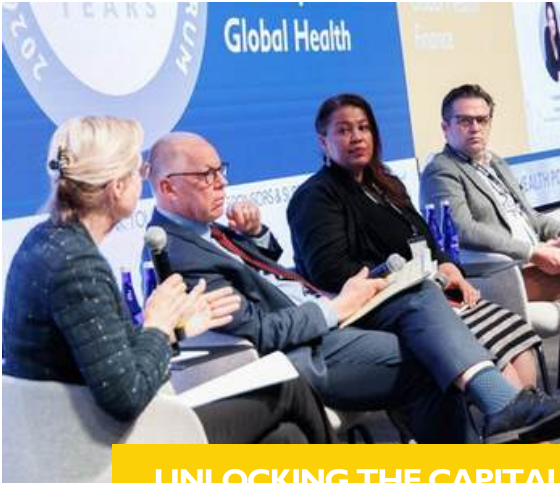


Data from IHME underscored both the scale of current disruption and the uneven outlook ahead. The keynote highlighted rising poverty pressures in low-income countries, growing fiscal constraints, reductions in development assistance for health, and the difficulty many governments face in filling sudden financing gaps. At the same time, the data pointed to areas of opportunity, including increased domestic health commitments, evolving financing models, and a larger role for private sector engagement.

- Development assistance is not ending, but it is changing significantly in how it is allocated, delivered, and tied to country agreements.
- Countries face converging pressures - rising population needs, persistent communicable disease and NCD burdens, limited fiscal space, and high debt servicing costs.
- Philanthropy cannot simply replace declining ODA at scale; private capital tends toward market opportunities rather than systemic gap-filling.

KEYNOTE: THE GLOBAL HEALTH OUTLOOK - DATA-DRIVEN INSIGHTS ON FUTURE NEEDS

Dr. Joseph Dieleman



As traditional aid models come under pressure, this panel examined how global health financing must become more practical, better matched to real demand, and more connected to country priorities. Speakers emphasized that innovative finance is not a solution on its own; capital must be aligned with viable delivery models, local market realities, government capacity, and the right mix of public, private, philanthropic, and catalytic funding.

- Gaps persist across the capital chain, with barriers including risk perception, transaction costs, limited execution capacity, and insufficient financing for smaller and mid-sized investments.
- Local actors lack access to flexible, risk-tolerant capital.
- Need to align finance structures with delivery realities (procurement, demand predictability, service integration).

“The innovation is not in the financing instrument. It’s actually in the solutions on the ground.”

UNLOCKING THE CAPITAL CHAIN: ACCESS, OBSTACLES & OPPORTUNITY IN GLOBAL HEALTH FINANCE

Michael Anderson • Augustin Flory • Maraki Fikre Merid • Karen Wilson

As NCDs become an increasingly urgent health and development challenge, speakers emphasized that financing, delivery systems, and partnerships between public and private sectors, including civil society, must evolve beyond short-term or disease-specific approaches. The discussion focused on the need for stronger primary care, better data, integrated service delivery, sustainable access models, and greater alignment between governments, communities, markets, and private sector partners.



- Chronic conditions require integrated systems that can support prevention, diagnosis, treatment, and long-term management across a patient’s lifetime.
- NCD financing must link investment to real patient needs, outcomes and prevention.
- Partnerships must move beyond donations alone toward trusted, country-aligned models that provide sustainable NCD services, strengthen systems, support local leadership, and close the gap between medicines, care, and patients.

“We should stop looking at NCDs and communicable diseases as separate worlds. No country works like that.”

NCDs: BUILDING THE RESOURCES TO SUSTAIN LONG-TERM HEALTH

Katie Dain • Jon Hicks • Dr. Mary-Ann Etiebet • Dr. Joseph Lubega • Dr. Jeffrey Sturchio



As crises become more frequent, prolonged, and interconnected, speakers emphasized that emergency response can no longer be treated as episodic. The discussion highlighted the need for better coordination, more resilient health systems, responsible donations, pre-positioned capacity, and stronger partnerships that can sustain care before, during, and after disaster strikes.

- Preparedness determines effectiveness - not response alone.
- Systems must be adaptable and withstand repeated shocks.
- Coordination requires shared planning and discipline.

“Coordination is a very nice word. Everybody wants to coordinate, but nobody wants to be coordinated.”

THE DISASTERS AHEAD: SYSTEMS UNDER STRESS

Julie Jenson • Aurelien Hubert • Rebecca Milner • Dr. Ciro Ugarte



This interactive session created space for candid, small-group conversations between participants and senior global health leaders. Speakers hosted informal table discussions, sharing personal reflections on their careers, leadership journeys, and lessons learned across the sector.

Participants were invited to join the table of their choice, creating opportunities for open dialogue, peer exchange, and more personal engagement than traditional panels allow. The session highlighted the importance of mentorship, shared experience, and the collective knowledge within the global health community.

LEADERSHIP LUNCH EXPERIENCE - PATHS TO MAKING AN IMPACT IN GLOBAL HEALTH

Michael Anderson • Sean Carroll • Katie Dain • Pat Garcia-Gonzalez • Pape Amadou Gaye • Jimmy Kolker • Joy Phumaphi • Stewart Simonson • Dr. Peter Singer • Craig Williams



AI and machine learning are beginning to change the timeline of pandemic preparedness - from detecting threats and characterizing risk to designing countermeasures before a virus has fully emerged. Speakers emphasized that the science is advancing quickly, but delivery, financing, trust, and coordination will determine whether these tools reach the people and places that need them most.

- Predictive tools enable earlier, more targeted intervention - especially impactful for fast-mutating threats.
- Innovation only matters if it reaches people - technology must connect with policy, manufacturing, and delivery.
- Platform-based and preemptive vaccine design approaches were framed as central to future readiness.
- Investment strategy matters: corporate R&D, venture capital, philanthropy, and NGOs each play distinct roles; scalability must be built in early.

ANTICIPATING THE NEXT THREAT: AI, VIRAL EVOLUTION & THE FUTURE OF PANDEMIC PREPAREDNESS

Mark Chataway • Craig Williams



How is it possible to sustain care when crisis is not temporary? Speakers emphasized that in prolonged conflict and instability, health systems must continue delivering routine, chronic, emergency, and trauma care while facing workforce shortages, damaged infrastructure, shrinking funding, and direct attacks on health services.

- Sustaining care requires partnerships built for endurance, clear roles, trust, and adaptive logistics.
- Workforce resilience and protecting healthcare workers is critical to successful outcomes.
- Partnerships must move beyond transactional aid toward coordinated, locally grounded models that strengthen existing systems and preserve continuity of care.

“When instability becomes the baseline, continuity of care becomes the measure of whether a system is still functioning.”

DELIVERING HEALTHCARE IN PROTRACTED CRISIS & CONFLICTS

Dr. Firass Abiad (Virtual Speaker) • Sean Carroll • Dr. Jessica Flannery • Rajni Samavedam • Chris Skopec

This discussion explored how global health leaders must navigate an increasingly fragmented geopolitical landscape where traditional alliances, funding flows, and convening power are shifting. Speakers emphasized that advancing global health priorities now requires stronger diplomatic skills and highlighted that sustaining national and global cooperation will depend on trust, credibility, and the ability to connect global health to broader security and economic agendas.

- Health must be framed as strategic self-interest, not charity, in order to sustain political and financial commitment.
- Health diplomacy now requires applied skills—negotiation, cross-sector communication, and bridging governance cultures.
- Effective leadership requires going beyond technical expertise and increasingly depends on empathy, integrity, and the ability to bridge competing agendas.

“Global health assistance is not charity - it’s self-interest.”



GLOBAL HEALTH DIPLOMACY IN A NEW ERA: PREPARING LEADERS FOR A CHANGING WORLD

Dr. Verónica M. Arroyave • Jimmy Kolker • Stewart Simonson

REFLECTIONS FROM THE 2026 GHPF: ALIGNING FOR WHAT COMES NEXT

Dr. Verónica M. Arroyave • EJ Ashbourne • Mark Chataway • Dr. Jeffrey Sturchio • Erica Tavares

As the team that helped shape this Forum, the Content team share reflections: this is a moment of transition - and what we do next matters.

Over the three days of the Forum, a few themes stood out. The importance of communities; the need to rebuild trust; and the reality that working in silos won't get us where we need to go.

There's no question the system is under pressure - but there's also real opportunity. This isn't the end of an era. It's a turning point. There is no doubt that sustained progress will require challenging existing models, investing in relationships, and acting as resource multipliers across partnerships.

And one thing we can't lose sight of is leading with humanity and keeping it at the center of our work. Whether we're talking about financing, technology, or delivery, the goal stays the same - making sure people can access the care they need.

So, our ask is simple: stay engaged, invest in trust, and keep building partnerships that go deeper than transactions. Use this moment to rethink what isn't working - and to help shape what comes next.

Because the future of global health will be built together.

VOICES FROM #PQMDGHHPF2026



“This is one of the few spaces where ideas turn into action - where conversations become partnerships.”

“This forum hit differently - truly meaningful, candid discussions and a real sense of how to move global health forward.”

“One of the most valuable aspects was the ability to have honest conversations across sectors in a trusted, apolitical space.”

“What makes this forum unique is the trust - it brings together people who can speak openly and work across sectors.”

“Real conversations about real challenges, shared by people still choosing hope, action, and collaboration.”

“It's not just a convening of colleagues and partners - it's a community.”

“I'm leaving recharged - with practical lessons, new partnerships, and a clearer sense of what comes next.”





Celebrating 25 Years of Partnerships, Progress & Purpose

MEET OUR
25TH ANNIVERSARY PARTNERS!



#PQMDat25

This year marked a significant milestone for PQMD: 25 years of advancing access to quality healthcare through partnership.

What began as a commitment to improving the quality and effectiveness of medical donations has grown into a global community working across sectors to strengthen systems, expand access, and respond to evolving health challenges. Over the past quarter century, PQMD has brought together organizations with a shared purpose - to deliver care where it is needed most, with quality, dignity, and impact.

To mark this milestone, PQMD launched an annual awards program, recognizing individuals and organizations whose leadership, innovation, and collaboration have helped shape the field and advance access to care worldwide. These first honorees reflect the values that have defined PQMD's work over the past 25 years - and the direction it continues to move in.

In this inaugural year, PQMD presented two awards that will be conferred annually, alongside a one-time recognition honoring the organization's founding. The **Legacy of Leadership Award** was presented to **Merck** (accepted by Dr. Allison Goldberg, President of the Merck Foundation, on its behalf, pictured center), recognizing its sustained commitment to partnership and global health impact. The **Global Health Ambassador Award** was awarded to **Dr. Jeffrey L. Sturchio** (left), Chair of Friends of the Global Fund to Fight AIDS, TB and Malaria and PQMD Advisory Board Member, for his visionary leadership in advancing collaboration across the field.

In recognition of PQMD's origins, a special **Founder's Legacy Award** was presented to **Brenda Colatrella** (right), PQMD's Founding Board Chair, whose leadership helped establish and shape the organization's early direction.



As PQMD looks ahead, this anniversary serves not only as a moment of reflection, but as a call to continue building – together - on the foundation that has been created.



VOICES FROM #PQMDGHPF2026

"I'm walking away with something I didn't expect to feel this strongly—hope."



THANK YOU

Our sincere thanks to the **speakers, moderators and contributors** who shaped the dialogue with insight, candor and expertise.

We are grateful to the **attendees who joined from across sectors and regions**, bringing curiosity, energy and a shared commitment to progress.

We also extend our appreciation to the **sponsors, partners, and staff** whose support and dedication made the Forum both possible and purposeful.

Together, you helped make this year's GHPF a meaningful platform for connection, reflection and forward momentum.

THANK YOU TO OUR GHPF SPONSORS & SUPPORTERS!



MERCK



UNITED 

Want to see more?

[**BROWSE THE 2026 GHPF PHOTO ALBUM!**](#)

