

Joint Task Force on Reform of the Global Health Architecture

Synthesis of Major Reform Initiatives

1. Purpose, Scope and Approach

This briefing has been prepared to support the work of the WHO-hosted, Member State-led **Joint Task Force on Reform of the Global Health Architecture (GHA)** established pursuant to World Health Assembly decision 79(20) in May 2026. It synthesizes the findings, recommendations and areas of convergence emerging from six recent or ongoing global health architecture reform initiatives:

- The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives (FGHI) Process.
- Wellcome Trust Initiative: Rethinking the Future of Global Health.
- EC INTPA & Like-Minded Donors Reflection Process on Reform of the Global Health Architecture.
- The Accra Reset: Reforming Global Health Architecture and Governance.
- Health Architecture Reimagined Civil Society Organizations (HEAR CSO).
- MOPAN: Comparative Advantage in the Multilateral Global Health Ecosystem.

These initiatives collectively represent perspectives from implementing countries, donors, multilateral institutions, global health initiatives, philanthropies, civil society organizations, affected communities and independent experts. The Annex to this document provides a summary of the specific recommendations of each initiative, by Joint Process objective.

The synthesis and assessment of convergence is organized around the 3 major, interrelated objectives for which the Joint Process is designed to develop options and recommendations:

Objective 1: Functions, Mandates and Capacities: to enhance the alignment of the mandates and capacities of GHA actors with the essential GHA functions and across global, regional and national levels.

Objective 2: Coordination and Decision-Making: to enhance coordination & decision-making to strengthen collaboration, accountability and coherence across global, regional and country levels.

Objective 3: Financing: to align financing with national, regional and global priorities to advance national self-reliance and ensure sustainable and predictable support for global public health goods and regional functions.

Themes supported by 5 or 6 initiatives are treated as the strongest indicators of emerging consensus, followed by recommendations of moderate consensus (3-4 initiatives) and those advanced by only 1-2 initiatives.

AI tools were used to ensure consistency of approach in characterizing the six initiatives and categorizing their findings and recommendations. All 6 initiatives provided comments and corrections on the initial summary documents for each initiative that were developed to support this synthesis report.

2. Overview of the 6 GHA Reform Initiatives

The six initiatives summarized below collectively represent one of the most extensive periods of reflection on the future of global health cooperation since the creation of many of today's major global health institutions. While differing in sponsorship, constituencies and emphasis, all seek to address concerns regarding fragmentation, sustainability, legitimacy, effectiveness, country ownership and accountability in the global health architecture. Together they provide a substantial evidence base for the Joint Task Force.

The Lusaka Agenda (FGHI): The Lusaka Agenda emerged from the Future of Global Health Initiatives (FGHI) process, a 14-month dialogue conducted between 2022 and 2023 under the co-chairmanship of Kenya and Norway. The process brought together governments, multilateral institutions, global health initiatives, civil society, philanthropies and technical experts to examine how major global health initiatives could better support country-led progress toward UHC. The process culminated in publication of the Lusaka Agenda in December 2023 and continues through the Lusaka Agenda Working Group and Friends of the Lusaka Agenda (FoLA) mechanism.

Wellcome: Rethinking the Future of Global Health: Between 2025 and April 2026, Wellcome convened a global dialogue process involving five commissioned thought leadership papers, five regional dialogues, and a final global dialogue in Bangkok. The process engaged stakeholders from 114 countries and included more than 200 key informant interviews. It examined future functions and explored longer-term structural reforms to ensure that the future global health system is relevant, legitimate and effective amid changing geopolitical, demographic and financing realities.

EC INTPA and Like-Minded Donors' Reflection Process: This Reflection Process was commissioned by the European Commission's Directorate-General for International Partnerships (INTPA) in 2025 and involved 11 EU Member States and five non-EU donor partners. Approximately 490 stakeholders participated through surveys, workshops, interviews and consultation panels. The process was designed to examine how donors could collectively support reform while responding to declining development assistance for health and changing demands on the multilateral system.

The Accra Reset: The Accra Reset emerged from the Africa Health Sovereignty Summit convened in Accra, Ghana on 5 August 2025 under H.E. President Mahama. It is framed around sovereignty, self-determination and political agency, with a diagnosis of 'triple dependency' in many Global South countries (i.e. external financing, global decision-making, constraints to national priorities). It's Sovereign Health Agenda links reform accountability, investment and implementation. In April 2026 it launched a High-Level Panel on Reform of the GHA and Governance composed of current and former ministers, global health leaders and experts. Its work is ongoing, with recommendations for release during the UN General Assembly High-Level Week in September 2026.

HEAR CSO: The Health Architecture Reimagined Civil Society Organizations initiative was launched in 2025 to ensure that communities and civil society organizations played a direct role in shaping reform discussions. HEAR CSO conducted seven regional consultations across multiple world regions, received more than 400 submissions from over 90 countries and engaged participants from 54 countries. The initiative remains active and continues to contribute perspectives to the Joint Process.

MOPAN: in 2026, the Multilateral Organisation Performance Assessment Network (MOPAN) launched a study on Comparative Advantage in the Multilateral Global Health Ecosystem. It focuses on 9 major multilateral health institutions and seeks to identify potential future divisions of labour, governance reforms and financing arrangements within a reformed architecture. The work is being released through a sequence of outputs culminating in late 2026.

3. Synthesis of Recommendations by Joint Process Objective

Objective 1: Functions, Mandates and Capacities

Strong Areas of Convergence (5-6 initiatives)

Clarify functions, mandates and comparative advantage: Perhaps the strongest finding across the six initiatives is the view that the current architecture suffers from unclear mandates, overlapping responsibilities and insufficient differentiation among institutions. The initiatives consistently call for functions to be allocated on the basis of comparative advantage, subsidiarity, country needs and demonstrated institutional strengths. The Wellcome process and MOPAN are particularly explicit in advocating comparative advantage and subsidiarity as organizing principles, while the EC INTPA Reflection Process and Lusaka Agenda emphasize clearer differentiation of institutional functions. MOPAN adds that ‘not every institution should attempt to perform every function’ and reform should be judged from how countries experience the system. Accra Reset similarly argues that mandates should better support country priorities, and HEAR CSO emphasizes that essential functions must be defined in ways that support equity and communities.

Strengthen regional institutions and capacities: all six initiatives point to the increasingly important role of regional institutions. Regional actors are viewed as critical bridges between global institutions and countries, capable of supporting technical cooperation, health security, policy dialogue, governance, procurement and implementation. Both Wellcome and MOPAN highlight regionalization as a defining future trend, while the Accra Reset, Lusaka Agenda and HEAR CSO view regional institutions as important vehicles for sovereignty, collective action and representation.

Country priorities should guide institutional support and allocation of functions: five of the 6 initiatives (*Lusaka Agenda, Wellcome, EC INTPA Process, HEAR CSO, MOPAN*) conclude that the architecture should be organized around nationally defined priorities rather than institutional interests or donor preferences. Country ownership, sovereignty and leadership is repeatedly identified as the primary organizing principle for future reform. The Lusaka Agenda, Wellcome Process and EC INTPA Reflection Process are particularly strong on this point, while MOPAN notes that fragmented institutional arrangements often undermine genuine country leadership.

Strengthen Primary Health Care (PHC), Health Systems Strengthening (HSS) and Resilience: 5 initiatives (*Lusaka Agenda, Accra Reset, Wellcome, EC INTPA Process, HEAR CSO*) emphasize that reform of the architecture should ultimately strengthen national health systems rather than simply improve coordination among international actors. The Lusaka Agenda and EC INTPA process place PHC, HSS and UHC at the center of future support models. The Accra Reset similarly argues that sovereign capacity depends upon strong national institutions, delivery systems and implementation capabilities. The Wellcome process repeatedly emphasizes integrated, systems-oriented approaches over disease-specific or vertically organized interventions. HEAR CSO highlights community-designed and community-led health systems as an essential component of resilience and equity.

Moderate Convergence (3-4 initiatives)

Expand and Clarify Global Public Goods for Health (GPGHs): 4 initiatives (*HEAR CSO, EC INTPA Process, Wellcome, MOPAN*) call for a clearer understanding of which functions constitute global public goods and therefore require collective action and international financing. HEAR CSO proposes a broad definition that includes surveillance, procurement mechanisms, data systems and knowledge

sharing. The EC INTPA Process repeatedly distinguishes between financing for development cooperation and financing for global public goods. Wellcome similarly argues that global institutions should increasingly focus on functions requiring collective *global* action. MOPAN also places substantial emphasis on functions that transcend national boundaries.

Enhance Local Manufacturing, Innovation and Production Capacity: Three initiatives (*Accra Reset, Lusaka Agenda, HEAR CSO*) emphasize stronger manufacturing and innovation capacity as a future component of resilience, sustainability and sovereignty. The Accra Reset places local manufacturing, supply-chain, regulatory, health data and innovation at the center of its vision and as essential to sovereignty. The Lusaka Agenda identifies more coordinated approaches to products, market shaping and manufacturing as one of its five strategic shifts. HEAR CSO also links resilient health systems to broader capacities for research, innovation and procurement.

Objective 2: Coordination and Decision-Making

Strong Areas of Convergence (5-6 initiatives)

Address fragmentation, the defining governance challenge: every initiative identifies fragmentation, duplication, complexity and weak coordination as fundamental obstacles to effectiveness. While some emphasize donor fragmentation and financing architecture (EC INTPA Process, Lusaka), others emphasize governance fragmentation (Wellcome, MOPAN), power fragmentation (HEAR CSO, Accra Reset). MOPAN also identifies a gap in GHA stewardship and coordination. The diagnosis is remarkably consistent despite the diversity of perspectives.

Governance should become more representative and country-led: 5 initiatives (*Lusaka Agenda, Wellcome, EC INTPA Process, Accra Reset, HEAR CSO*) call for stronger representation of LMICs and implementing countries within global governance arrangements. The Accra Reset frames this in terms of sovereignty and agency; HEAR CSO frames it in terms of participation and inclusion; the EC INTPA Process frames it as rebalancing representation; and Wellcome stresses legitimacy and inclusiveness. Accra Reset emphasizes that reforms should be accompanied by mechanisms to track if/how institutional commitments translate into country-level results.

Strengthen accountability for collective outcomes: 5 initiatives (*Lusaka Agenda, Wellcome, EC INTPA Process, Accra Reset, MOPAN*) argue that current accountability structures incentivize organizational performance rather than collective impact. Future arrangements should therefore promote accountability for shared outcomes, system performance and delivery. Wellcome also recommends accountability should be reciprocal. MOPAN places particular emphasis on stewardship and accountability across institutions.

Moderate Convergence (3-4 initiatives)

Strengthen Participation Beyond States and Institutions: 4 initiatives (*HEAR CSO, Wellcome, Accra Reset, EC INTPA Process*) argue that future governance arrangements should widen participation beyond governments and multilateral institutions. HEAR CSO strongly advocates for formal participation of communities and civil society in governance structures. Wellcome recommends systematic participation of civil society and non-state actors. The EC INTPA Process highlights more inclusive decision-making and representation. The Accra Reset stresses inclusion of countries that have traditionally exercised limited influence over global governance processes.

Create New Mechanisms for Stewardship and System Management: 3 initiatives (*MOPAN, EC INTPA Process, Wellcome*) conclude that the current architecture lacks adequate mechanisms to

oversee and optimize performance at the system level. MOPAN is particularly explicit in recommending a stewardship function capable of assessing overlaps, gaps and comparative advantage across institutions. Similar, though less detailed, concepts emerge from the Wellcome process and the EC INTPA Process through proposals for stronger ecosystem-wide accountability and governance coherence.

Improve Coordination Across Parallel Reform Initiatives: 3 initiatives (*Accra Reset, EC INTPA Process, Lusaka Agenda*) warn that GHA reform itself risks becoming fragmented through multiple independent processes. These initiatives encourage deliberate efforts such as the Joint Process to align reforms, avoid duplication and build common implementation agendas wherever possible.

Distinctive Contributions: the Accra Reset emphasizes Heads of State leadership, sovereignty, and the need to link diagnosis, accountability and execution with mechanisms to track implementation and delivery; Lusaka emphasizes country coordination platforms; HEAR CSO uniquely emphasizes institutionalizing community participation, protecting civic space and safeguarding civil society participation; MOPAN introduces the concept of system stewardship.

Objective 3: Financing

Strong Convergence (5-6 initiatives)

Prioritize domestic financing and sustainability: all six initiatives identify sustainability and stronger domestic financing as central components of future reform. Donor financing is increasingly viewed as catalytic rather than permanent. Support for domestic resource mobilization, transition planning and sustainable financing systems recurs throughout the initiatives. Accra Reset highlights the need for stronger alignment between health and finance ministries, with health integrated into broader fiscal planning and development strategies.

Align external financing behind country-led priorities: all 6 initiatives argue that future external financing should increasingly align with nationally determined priorities, plans and budgets. This theme is particularly prominent within the Lusaka Agenda, Accra Reset and EC INTPA Process but also appears consistently across the remaining initiatives.

Reduce fragmentation and transaction costs: 5 initiatives (*Lusaka, Wellcome, EC INTPA Process, Accra Reset, MOPAN*) argue that excessive financing fragmentation creates administrative burdens, weakens effectiveness and undermines long-term planning, and call for greater predictability, coherence and alignment.

Moderate Convergence (3-4 initiatives)

Differentiate Financing for Global Public Goods from Financing for Country Priorities: 4 initiatives (*EC INTPA Process, Wellcome, MOPAN, HEAR CSO*) argue that reform discussions should explicitly distinguish financing that supports national development objectives from financing that supports global public goods requiring collective action. This distinction is viewed as important for both governance and accountability arrangements.

Finance Regional Functions: a recurring question in 4 initiatives (*Accra Reset, Wellcome, HEAR CSO, MOPAN*) concerns sustainable financing for regional institutions and functions. Several initiatives emphasize that stronger regional roles will require new approaches to financing technical cooperation, health security, policy coordination and implementation support.

Financing Equity and Inclusion: 4 initiatives (*HEAR CSO, Wellcome, EC INTPA Process, MOPAN*) stress that financing mechanisms should contribute to equity, inclusion and representation,

rather than focusing solely on efficiency or institutional performance. HEAR CSO places particular emphasis on financing for community-led approaches and participation.

4. Other Major Cross-Cutting Findings

Country Ownership as the Overarching Principle: across all six initiatives, country ownership, sovereignty and leadership emerges as the most consistent and widely supported theme. Future governance, financing and institutional arrangements should be driven by nationally determined priorities and increasingly support local agency, ownership and implementation.

Regionalization as a Defining Trend: the future architecture is consistently described as more regionally enabled. While the specific roles of regional institutions remain underdeveloped, nearly all initiatives anticipate larger roles for organizations such as Africa CDC, PAHO and regional cooperation mechanisms.

Comparative Advantage as an Emerging Organizing Principle: several initiatives support allocating responsibilities based on comparative advantage, collaboration, coherence and rationalization rather than institutional history or political considerations.

Reform Should Focus on System Performance: a number of initiatives explicitly caution against excessive focus on organizational redesign. The dominant message is that reform should improve how the architecture functions rather than simply restructure institutions.

Reform Must Move from Reflection to Implementation: several initiatives note that diagnosis is increasingly complete and that the challenge now lies in implementation, accountability and delivery. This message is particularly strong within Lusaka, Accra Reset and Wellcome.

Implementation and Delivery Must Become Central Measures of Success: several initiatives, particularly the Accra Reset, argue that reforms should be judged by whether commitments translate into country-level implementation and measurable results. Accountability mechanisms need to focus not only on institutional commitments but also on delivery, execution and impact.

Equity Must Remain a Central Objective of Reform: across several initiatives, equity is a guiding principle and measure of success. In improving GHA effectiveness, future reforms should ensure the GHA is more inclusive, representative and responsive to the needs of the populations and countries most affected by health inequities.

5. Conclusion

The 6 initiatives show strong convergence despite emerging from different constituencies, geographies and institutional perspectives. Together they suggest a growing consensus that the GHA has become increasingly fragmented, complex and misaligned with the realities of a changing world.

Across donors, governments, civil society, multilateral institutions, global health initiatives and political leaders, there is broad agreement that the future architecture should be more country-led, representative, accountable, coherent and financially sustainable. There is strong support for greater clarity on functions and responsibilities, strengthening regional institutions, aligning financing with national priorities, reducing duplication and improving collaboration. Initiatives also emphasize comparative advantage, subsidiarity and country ownership as organizing principles for reform.

At the same time, significant questions remain unresolved. Most initiatives are considerably stronger in diagnosing problems and describing desired future states than in specifying the system-wide and

institutional reforms required to achieve them. Areas which may be priorities for the Joint Task Force include:

- allocation of responsibilities among global, regional and country actors;
 - options for system-level stewardship to identify gaps and overlaps, and enhance coherence;
 - governance reforms to operationalize stronger country, regional and community voices;
 - financing arrangements for global public goods versus country-level priorities;
 - models for integrating regional institutions into governance & accountability arrangements;
 - mechanisms for monitoring accountability and implementation; and
 - indicators capable of measuring progress toward a more coherent & effective architecture.
-

References

Lusaka Agenda

1. *The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process*. Future of Global Health Initiatives (FGHI); 12 December 2023.
2. *Lusaka Agenda Overview*. Fghi; July 2024.
3. *Evaluation of the Future of Global Health Initiatives Process*. Itad; March 2025.
4. Friends of the Lusaka Agenda materials; 2025-2026.
5. African Union. Decisions, declarations and resolutions of the Thirty-Seventh Ordinary Session of the Assembly of the Union; 17-18 February 2024; Addis Ababa, Ethiopia. Addis Ababa: African Union; 2024.

Wellcome

1. *From Rethinking to Reform: The Way Forward for the Global Health System*. Wellcome; 2026.
2. *Rethinking the Future of Global Health: A High-Level Dialogue*. Bangkok Meeting Report; April 2026.
3. Wellcome submission to the WHO-hosted Joint Process; April 2026.
4. Regional Dialogue Outcome Papers; 2025-2026.

EC INTPA and Like-Minded Donors Reflection Process

1. *EU and Like-Minded Donors' Reflection Process on Reform of the Global Health Architecture: Reform Ideas and Options*; February 2026.
2. Executive Summary; March 2026.
3. WHO Member State Deep Dive presentation; April 2026.

Accra Reset

1. *Accra Reset: Bringing the Vision to Life*; 2025.
2. Accra Reset Secretariat Concept Notes and Presentations; 2025-2026.
3. Africa Health Sovereignty Summit outputs; August 2025.
4. Accra Reset High-Level Panel materials; 2026.
5. Accra Reset. Sovereign Health Agenda. Accra: Accra Reset; May 2026.

HEAR CSO

1. *A House Built Together, Fit for All: Global Civil Society on the Future of Health Architecture*; 2026.
2. HEAR CSO Consultations Synthesis; January 2026.
3. Statement on Core Principles for Global Health Architecture Reform; March 2026.
4. HEAR CSO Response to WHO Joint Reform Process; May 2026.

MOPAN

1. *Comparative Advantage in the Multilateral Global Health Ecosystem* (MOPAN programme).
2. *Mapping of Organisational Mandates Against Future Priority Health Functions*; May 2026.
3. MOPAN website and concept note materials; 2026.

Annex. Summary Recommendations by Initiative

1. The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives (FGHI) Process

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Strengthen PHC & health systems as the foundation for achieving health outcomes. • Align global health initiative functions behind country-led priorities and plans. • Establish common metrics for health systems strengthening, resilience, alignment and impact. • Improve coherence between disease-specific programmes and broader health system goals. • Strengthen regional capacities and manufacturing ecosystems as part of long-term sustainability efforts.
Objective 2: Coordination and Decision-Making	• Advance alignment behind one national plan, one budget and one monitoring framework. • Increase cross-board collaboration and joint oversight among major global health initiatives. • Reduce parallel processes and transaction costs imposed on countries. • Strengthen accountability mechanisms for implementation at global, regional and country levels. • Support country-led coordination platforms and health compacts.
Objective 3: Financing	• Increase domestic financing for health and reduce long-term dependence on external assistance. • Improve transparency of external financing flows. • Strengthen transition and sustainability planning. • Better align donor support behind national financing strategies. • Develop more coherent approaches to health systems financing and PHC investments. • Strengthen accountability for financing commitments and implementation.
Other Major Recommendations & Messages	• Countries should lead priority-setting, planning, budgeting and monitoring. • One national plan, one budget and one monitoring framework should become the organizing principle for coordination. • Major global health initiatives should work more collaboratively and coherently. • External assistance should increasingly play a catalytic role in enabling sustainable domestic financing rather than serving as a permanent substitute for it. • Reform efforts should increasingly focus on implementation, accountability frameworks, country monitoring & operational changes. • The Lusaka Agenda should be viewed as a foundation and launching point for broader global health architecture reform.

2. Wellcome Trust Initiative: Rethinking the Future of Global Health

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Strengthen regional capacities and institutions as an integral layer of the architecture. • Apply subsidiarity, ensuring that functions are performed as closely as possible to those they affect, with appropriate roles for national, regional, global organizations, respectively. • Establish greater clarity regarding the respective functions and comparative advantages of major global health actors, and streamline mandates to reduce fragmentation. • Focus global institutions on areas where global collective action delivers clear added value.
Objective 2: Coordination and Decision-Making	• Strengthen inclusive governance and global health decision-making, specifically rebalancing board representation to elevate the authority of low- and middle-income countries. • Ensure systematic participation of civil society, communities and other non-state actors. • Improve coherence, coordination and accountability across institutions, at global, regional and country levels. • Make accountability mechanisms more reciprocal and increase their credibility and consequences.
Objective 3: Financing	• In line with the Lusaka Agenda, better align international financing with country priorities and nationally owned health plans, operationalizing 'One Plan, One Budget, One M&E'. • Increase sustainability and predictability of funding for regional and global public health goods and essential functions. • Support stronger domestic financing and self-reliance where feasible, while managing transitions responsibly and addressing macro-financial constraints. • Pool, integrate and simplify international financing mechanisms to improve coherence and reduce transaction costs associated with fragmented funding streams. This should include evolving the role of Multilateral Development Banks, to support multi-year national health strategies at scale.
Other Major Recommendations and Messages	• Reform should focus on improving how the global health ecosystem functions rather than pursuing single institutional redesign only. • Country ownership should become the overarching organizing principle of the GHA. Future arrangements should be driven by country priorities and grounded in clarity on the functions countries need. • Regional institutions should play a substantially stronger role in policy coordination, technical support, implementation, & health security. • Reform should move beyond diagnosis and declarations toward concrete proposals, with feasible implementation pathways and clear decisions. • Agreement on what to reform must be matched by attention to how stakeholders engage: trust, transparency, honesty & continuity are key.

3. EC INTPA and Like-Minded Donors' Reflection Process on Reform of the Global Health Architecture

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Clarify institutional roles & comparative advantages across the architecture and at global, regional and national levels. • Differentiate more clearly between financing and governance arrangements for development assistance & global public health goods. • Strengthen regional capacities and institutions as governance and implementation actors. • Improve the effectiveness of normative functions, technical assistance and operational support. • Align organizational functions with evolving country & regional capacities.
Objective 2: Coordination and Decision-Making	• Rebalance power and representation on global decision-making bodies. • Increase the voice and influence of low- and middle-income countries. • Consider opportunities to streamline governance arrangements across major global health initiatives. • Strengthen accountability for collective outcomes. • Improve coordination among donors, multilateral organizations and global health initiatives. • Support more coherent governance arrangements across the global health ecosystem.
Objective 3: Financing	• Align external financing more closely with nationally defined priorities and budgets. • Strengthen domestic resource mobilization and transition planning. • Improve donor coordination and financing predictability. • Distinguish more clearly between financing for global public goods and financing for country-level development objectives. • Reduce fragmentation and transaction costs associated with multiple parallel financing arrangements. • Develop more sustainable financing approaches for essential global functions.
Other Major Recommendations and Messages	• Future development cooperation should align behind nationally determined priorities and government-led implementation. • Investments intended to support country development priorities be distinguished from investments intended to finance global public goods. • Accountability, coordination and alignment mechanisms should encourage collaboration rather than reward isolated organizational performance. • Reform efforts should focus on practical, feasible & near-term actions. • Meaningful reform will require political leadership, genuine co-creation with countries and stronger accountability.

4. The Accra Reset: Reforming Global Health Architecture and Governance

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Strengthen national health systems and public institutions as foundations for sovereignty. • Expand local manufacturing, technology transfer and innovation ecosystems. • Build regional production and supply capacities. • Strengthen national & regional capabilities to regulate health products and govern health data. • Align mandates of global institutions with country-led priorities and implementation needs. • Strengthen the role of regional organizations as core actors within the architecture.
Objective 2: Coordination and Decision-Making	• Increase the representation and influence of countries from the Global South. • Reform global governance arrangements to address structural power imbalances. • Strengthen political leadership and accountability through Head-of-State engagement. • Create mechanisms linking national, regional & global governance processes. • Establish mechanisms to track whether institutional reform commitments translate into country-level implementation and results. • Improve coherence across reform efforts and institutions while maintaining country ownership.
Objective 3: Financing	• Accelerate domestic resource mobilization. • Strengthen collaboration between health and finance ministries. • Reduce dependency on external grants for core health functions. • Support innovative financing, aligned with national priorities. • Strengthen sustainable financing for health security & UHC. • Ensure external financing supports and incentivizes national investment rather than replaces it. • Increase accountability for financing commitments and implementation.
Other Major Recommendations and Messages	• Sovereignty should be viewed as the central organizing principle of global health reform. • Countries should transition from dependency toward self-reliance in financing, manufacturing, innovation and governance. • Reform requires political leadership from Heads of State and governments, not solely technical actors. • Accountability must emphasize implementation, delivery and measurable outcomes. • Health should serve as the entry point for broader reform of development cooperation and global governance.

5. Health Architecture Reimagined Civil Society Organizations (HEAR CSO)

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Adopt an expanded definition of global public goods for health, including surveillance, data systems, research and development, procurement mechanisms and knowledge sharing. • Strengthen regional institutions and platforms to support collective action, negotiation and implementation. • Build and sustain community-led & designed health systems. • Ensure that health architecture reforms are evaluated according to their contribution to equity and improved health outcomes rather than efficiency alone.
Objective 2: Coordination and Decision-Making	• Ensure meaningful participation, leadership & decision-making roles for civil society & affected communities in governance structures and workstreams. • Establish transparent and accountable decision-making mechanisms. • Create dedicated channels for ongoing engagement between decision-makers, civil society and communities. • Provide financial and logistical support to enable participation by stakeholders who would otherwise be excluded. • Address representation gaps affecting LMIC stakeholders and populations experiencing health inequities. • Extend consultation beyond WHO structures & validated organisations to reach those without non-state actor status in official relations, and ensure consultations are co-led by civil society & impacted communities. • Transparently document and publish who was involved, how, with what recommendations, and what action followed. • Apply conflict of interest safeguards for health-harming industries (incl. tobacco, alcohol, fossil fuels, unhealthy foods) and require declarations from health industries (including pharma companies & private insurers).
Objective 3: Financing	• Align financing with equity objectives, community priorities & country needs. • Increase direct and predictable resourcing for community-led and civil society-led approaches. • Strengthen domestic resource mobilization and long-term sustainability. • Ensure that financing mechanisms support both regional functions and inclusive participation in governance & accountability processes. • Design transition rules & eligibility criteria that do not disrupt access.
Other Major Recommendations and Messages	• Equity & improved health outcomes should be the ultimate objectives of reform. • Reform should address underlying power relationships and decision-making dynamics, not only institutional arrangements. • Civil society and affected communities should be recognized as governance actors rather than consultation stakeholders. • Future governance arrangements should reflect geographical diversity, lived experience & voices of populations experiencing health inequities.

6. MOPAN: Comparative Advantage in the Multilateral Global Health Ecosystem

Joint Process Objective	Reform Initiative Recommendations
Objective 1: Functions, Mandates and Capacities	• Map organization responsibilities against agreed global functions. • Consider system-wide comparative advantage rather than institutional self-definition. • Rationalize overlapping mandates. • Clarify division of labour across the system. • Apply subsidiarity when assigning responsibilities. • Strengthen the role of regional institutions where they are best positioned to deliver functions.
Objective 2: Coordination and Decision-Making	• Establish a system-wide stewardship function capable of assessing overlaps and gaps. • Improve alignment between organizational mandates and collective system objectives. • Strengthen cross-organizational accountability. • Increase visibility of organizational inter-dependencies especially those that enhance system effectiveness. • Integrate regional actors more systematically into governance arrangements. • Use comparative advantage assessments as a basis for allocation of responsibilities.
Objective 3: Financing	• Reduce earmarking. • Expand flexible and core funding. • Prioritize equity over disbursing funds; measure equity outcomes more consistently across all organisations. • Align financing incentives with system-wide coherence/accountability. • Improve transparency of financial flows across & between organisations. • Enable country-led planning and implementation through fully aligned funding arrangements. • Create financing arrangements that incentivize and reinforce collaboration and coherence rather than competition
Other Major Recommendations and Messages	• Future reforms should explicitly allocate functions by comparative advantage rather than historical mandates or organizational interests. • Comparative advantage, collaboration and rationalization should become organizing principles of the future architecture. • Establish a stewardship function capable of identifying overlap, gaps and opportunities for greater coherence. • Treat coherence at country level as a core GHA design objective. • Reform must address financing, governance and accountability incentives, not solely institutional structures. • Regional institutions should be more linked into governance and accountability arrangements.