

Reform of the global health architecture and the UN80 Initiative

A joint process to support reforms

Report by the Director-General

1. At its 158th session, the Executive Board considered the report by the Director-General on reform of the global health architecture (GHA) and the UN80 Initiative. In its decision EB158(20) (2026), it requested, inter alia, the Director-General, in consultation with Member States and through convening relevant global health actors, to design a proposal for a WHO-hosted joint process to transform the GHA to be submitted to the Seventy-ninth World Health Assembly through the Programme, Budget and Administration Committee at its forty-fourth meeting.
2. The draft proposal (see Annex) was developed through an iterative consultation process, supported by a WHO three-level internal working group which included: two rounds of written consultation; two consultation sessions and two briefing sessions for Member States; regular engagement with global health institutions¹ and global health architecture reform initiatives;² and consultations with non-State actors, civil society and youth representatives.

Action by the Health Assembly

3. The Health Assembly is invited to note the report, review the draft proposal and consider the following draft decision:

The Seventy-ninth World Health Assembly, having considered the report by the Director-General;³

¹ Including the Coalition for Epidemic Preparedness Innovations; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Unitaid; and the Pandemic Fund; for the purpose of this the World Bank, UNICEF and UNFPA were also included in this group.

² Including the Wellcome Trust's initiative Rethinking the Future of Global Health, Accra Reset Initiative, Lusaka Agenda, EU and Like-minded Donors' Reflection Process on Reform of the Global Health Architecture, and the Health Architecture Reimagined Civil Society Organizations' initiative on Reimagining Global Health Architecture.

³ Document A79/24.

Decided:

- (1) to approve the proposed joint process to support reforms of the global health architecture;
- (2) to request the Director-General to convene relevant stakeholders, to commence implementation of the joint process and to submit a final report for the consideration of the Eightieth World Health Assembly in 2027, through the Executive Board at its 160th session.

Annex

Proposal for a joint process to support reforms of the global health architecture

Introduction

1. The existing **global health architecture (GHA)**¹ has contributed substantively to improvements in health and well-being over recent decades, including major advances in disease control, strengthened global norms and standards, and more effective collective action to address cross-border health threats. However, the world has changed profoundly, and the global health architecture has not always kept pace: national health sovereignty and regional capacities have expanded;² disease burdens and health risks have changed; science, AI and digital technologies are rapidly evolving; and the financing landscape has contracted. The substantial expansion in the number of health actors who were instrumental in achieving these gains has also added complexity and resulted in power imbalances, fragmentation and duplication, which are limiting country ownership, impact and equity.
2. At the same time, global health priorities and approaches are undergoing significant shifts: from globally-driven to country-led and regionally-supported programmes; from disease-specific interventions to integrated, primary healthcare approaches to universal health coverage; from infectious diseases and maternal and child health to inclusion of noncommunicable diseases, mental health, ageing and the One Health approach; from centralized to local and regional manufacturing of essential health products; and to aligned, predictable and sustainable domestic financing in support of national health plans.
3. Pursuant to the mandate provided by the Executive Board,³ this document sets out a **proposal for a joint process**⁴ to support the transformation of the global health architecture to better respond to these challenges.

Purpose, principles and objectives

4. The **purpose** of the proposed joint process is to develop options and recommendations to support reforms of the GHA, drawing on existing reform initiatives and relevant elements of the UN80 Initiative, and to inform decisions about how to transform the GHA into a truly country-led, coherent and inclusive ecosystem that responds more effectively and efficiently to the specific and collective needs of countries and communities to maximize access, impact and equity.

¹ Global health architecture refers to the combination of actors, frameworks and processes that guide, coordinate, finance and implement efforts to improve and protect health globally (see document EB158/44).

² See for example the Africa Health Security and Sovereignty Agenda (AHSSA) and other relevant initiative endorsed by the African Union.

³ Decision EB158(20) (2026).

⁴ For the purposes of this document, a “joint process” refers to a structured and inclusive approach engaging Member States, representatives of global health initiatives, United Nations entities, regional health organizations, and other major constituencies, including civil society.

5. This effort will be guided by overarching **principles**. GHA reform should advance equity and solidarity, facilitate the right to health and ‘leave no one behind’, strengthen country leadership and ownership, protect and build on current country gains and support, apply subsidiarity by aligning functions with the most appropriate level, and enhance coherence and accountability across actors and levels. The joint process will respect Member States’ primacy and be transparent and inclusive, evidence-based, forward-looking, efficient and pragmatic, building on existing initiatives and available evidence, while maintaining a clear focus on feasibility, implementation and impact.
6. In this context, the **objectives** of the joint process are to establish options and recommendations for:
- (i) enhancing the alignment of the mandates and capacities of GHA actors with the essential GHA functions and across global, regional and national levels;
 - (ii) enhancing coordination and decision-making to strengthen collaboration, accountability and coherence across global, regional and country levels;
 - (iii) aligning 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.
7. The **scope** of the joint process will include the essential global health functions: setting norms, technical guidance and standards; data, monitoring and knowledge; surveillance and health security; product innovation and access; development cooperation for health (including the strengthening of national health systems to advance resilience and universal health coverage); and humanitarian emergency response. The process will propose neither revisions to organizational mandates nor specific mergers or consolidations, which fall within the authority of the relevant governing bodies, and will not address disease- or intervention-specific approaches.
8. The joint process will develop **reports** that bring together the proposed options and recommendations for consideration by the WHO Executive Board and governing bodies of partner organizations, as applicable, in advance of a **final report** to the Health Assembly. The final report will include a proposed road map for implementation.

Process governance and set-up

9. The joint process will be governed by the Health Assembly, other WHO governing bodies, the governing bodies of United Nations entities and those of relevant global health institutions, in each case consistent with their respective mandates, governance arrangements and decision-making authorities. Final **decisions on recommendations** will be considered by the Eightieth World Health Assembly and shared at relevant political forums.
10. A **joint task force on GHA reform** will take forward the three objectives of the joint process supported by a dedicated task force secretariat. The task force will consider options and recommendations for each objective based on: the outputs of recent and ongoing reform processes; additional analyses as required; consultations with all WHO Member States; and the perspectives of relevant stakeholders. It will engage with the UN80 Initiative, the Lusaka Agenda, the Accra Reset Initiative’s High-Level Panel on Reform of the Global Health Architecture and Governance, the African High-level Ministerial Committee on Global Health Architecture Reform (AHLMC) and the WHO Civil Society Commission and the WHO Youth Council.

11. The task force will engage with the **governing bodies of WHO and participating organizations** at the outset of the joint process, upon delivery of its interim report (November 2026), and in April 2027 before submission of a final report to the Health Assembly. These exchanges will support alignment, transparency and mutual understanding, without prejudging decisions of competent bodies.
12. Under objective (i), **task force** deliverables are expected to include clarity on GHA functions by level and the relevant mandates and capacities of major actors, with options to address overlaps and gaps. Objective (ii) will aim to provide an overview of current GHA governance and collaboration mechanisms, with options to enhance coordination and decision-making within and across levels. Objective (iii) will generate an overview of major existing GHA financing flows, with options for improving support for national plans and budgets, national aid transitions, and key regional and global GHA functions. In carrying out its mandate, the task force may establish time-limited working groups or other arrangements, as appropriate, and draw on external analyses and partnerships, particularly civil society, to support its work towards attaining the objectives and on essential global health functions.
13. The joint task force will have 25 members, of whom 14 will be representatives of WHO Member States, two from each WHO region and, as well as two additional members from the regions providing the co-Chairs. There will be five representatives of global health initiatives (Gavi, the Vaccine Alliance; Global Fund to Fight AIDS, Tuberculosis and Malaria; the Coalition for Epidemic Preparedness Innovations; Unitaid; and the Pandemic Fund); up to four representatives of United Nations entities, including WHO; one representative each of the World Bank and a regional health organization. With regard to the nominations of the Member States representatives, it is understood that regional groups will consult and submit to the Secretariat the names of two countries per regions, duly taking into account of low- and middle-income countries, by 31 July 2026. Regional groups will also agree among themselves on the co-chairs by the same date. Representatives of global health initiatives, United Nations entities, the World Bank, and a regional health organization will participate at principal or deputy level. The regional health organizations will self-select their representative. The task force will operate on the basis of consensus; if consensus cannot be reached, the recommendation supported by the majority of Member State representatives will be advanced, with dissenting opinions documented to facilitate consideration and decision-making by respective governance mechanisms as appropriate.
14. The WHO Secretariat will provide coordination and logistical support, synthesize inputs, prepare documents, draft outputs, commission additional analytics as required and facilitate information-sharing and stakeholder engagement.

Stakeholder engagement

15. **All Member States** will be engaged in the joint process through monthly information or consultation sessions to ensure that the full range of country perspectives informs the progress, evolving options and potential recommendations of the task force. The **WHO Civil Society Commission and the WHO Youth Council** will also be engaged through regular meetings.
16. **Stakeholder constituency groups** will include civil society, youth, affected communities and populations with lived experience; United Nations entities and international financial institutions; regional cooperation groups; academic and technical experts; donors and philanthropic bodies; international nongovernmental and advocacy organizations; private-sector associations; product development partnerships; professional associations; and health-related sectors. These groups will

be engaged regularly in each phase of the process through open calls for written comment, regional consultations, thematic dialogues, expert roundtables or dedicated engagement sessions.

17. Stakeholder consultations will be organized in line with the Framework of Engagement with Non-State Actors, as appropriate, and applicable engagement frameworks of participating organizations.

Timeline and phases

18. The joint process is designed as a time-bound, one-year initiative with four phases:

- (i) **Phase I – Set-up (June–July 2026):** establishment of the joint process, including constituting the joint task force and secretariat, engaging with relevant Boards, and conducting initial mapping and synthesis of existing information.
- (ii) **Phase II – Mapping and options (August–October 2026):** development of initial options for the three objectives, culminating in the interim joint Boards report that takes into account relevant UN80 decisions⁵ and findings from new or ongoing processes, including the Accra Reset Initiatives' High-Level Panel on Reform of the Global Health Architecture and Governance and the study by the Multilateral Performance Network (MOPAN) on organizational mandates.⁶
- (iii) **Phase III – Board consideration (November 2026–February 2027):** review of emerging options and recommendations of the interim joint Boards report by relevant governing bodies, alongside stakeholder engagement.
- (iv) **Phase IV – Finalization (March–May 2027):** consolidation of the revised recommendations, culminating in a final report for consideration by relevant governing bodies and subsequently the Health Assembly.

19. The final report will include proposed arrangements for coordinating, tracking and assessing implementation of the roadmap, and supporting further reforms, following the Eightieth Health Assembly.

20. The figure in the Appendix illustrates indicative timelines, key deliverables and activities for each phase.

Resource implications

21. The process is designed to be resource-efficient, using existing analyses, platforms and processes to the greatest extent possible and relying on hybrid modalities to facilitate engagement. Dedicated resources will be needed for the joint task force secretariat, the analytical work and consultations, and supporting participation by key stakeholder groups who could otherwise not engage.

⁵ Especially those concerned with health in the areas of: expertise-on-demand, the Humanitarian Compact, the United Nations Country Team reconfiguration, the Regional Reset, and relevant mergers and integrations.

⁶ MOPAN Insights on [Multilateral Effectiveness in Global Health](#) (accessed 5 May 2026).

Risk management

22. Key risks associated with the joint process include uneven participation by countries and stakeholders, particularly from low- and middle-income settings, civil society and affected populations; limited engagement by global health initiatives and governing bodies owing to competing priorities; resource constraints affecting sustained engagement; and disruption arising from major global health or humanitarian events. These risks will be mitigated through proactive outreach, support, particularly for low- and middle-income countries, with careful design, sequencing and management of task force processes, and early proactive engagement with global health initiatives. Where appropriate, regional forums will serve to support inclusive engagement and continuity.

23. Appropriate measures to identify and manage potential **conflicts of interest** will include transparency regarding institutional roles and interests, clear delineation of analytical and decision-making responsibilities, and adherence to applicable policies, including the Framework of Engagement with Non-State Actors.

Appendix

Fig. Joint process on GHA reform – indicative timelines, deliverables and activities by phase

Monthly Member States consultation and information sessions on progress, options and potential recommendations			
Phase I	Phase II	Phase III	Phase IV
Setup <i>June–July 2026</i>	Mapping and options <i>August–October 2026</i>	Board consideration <i>November 2026–February 2027</i>	Finalization <i>March–May 2027</i>
Joint Task Force and Secretariat established	Interim Joint Boards report (mapping and options)	WHO EB and GHI and UN entities governance dialogues, perspectives and guidance	Final WHA and Joint Boards report (final recommendations)
<ul style="list-style-type: none"> › resourcing › initial mapping › synthesis of information › assessment of future trends 	<ul style="list-style-type: none"> › full mapping and analytics › initial options developed › UN80, Accra HLP, MOPAN input › WHO Regional Committees and stakeholder consultations 	<ul style="list-style-type: none"> › Board briefings/dialogues › options revised and rated › governance guidance consolidated › African High-Level Ministerial Committee; stakeholder consult 	<ul style="list-style-type: none"> › recommendations finalized › implementation roadmap › GHI and UN entities governance reviews › WHA decision
