Global Health Architecture and UN80 Initiative

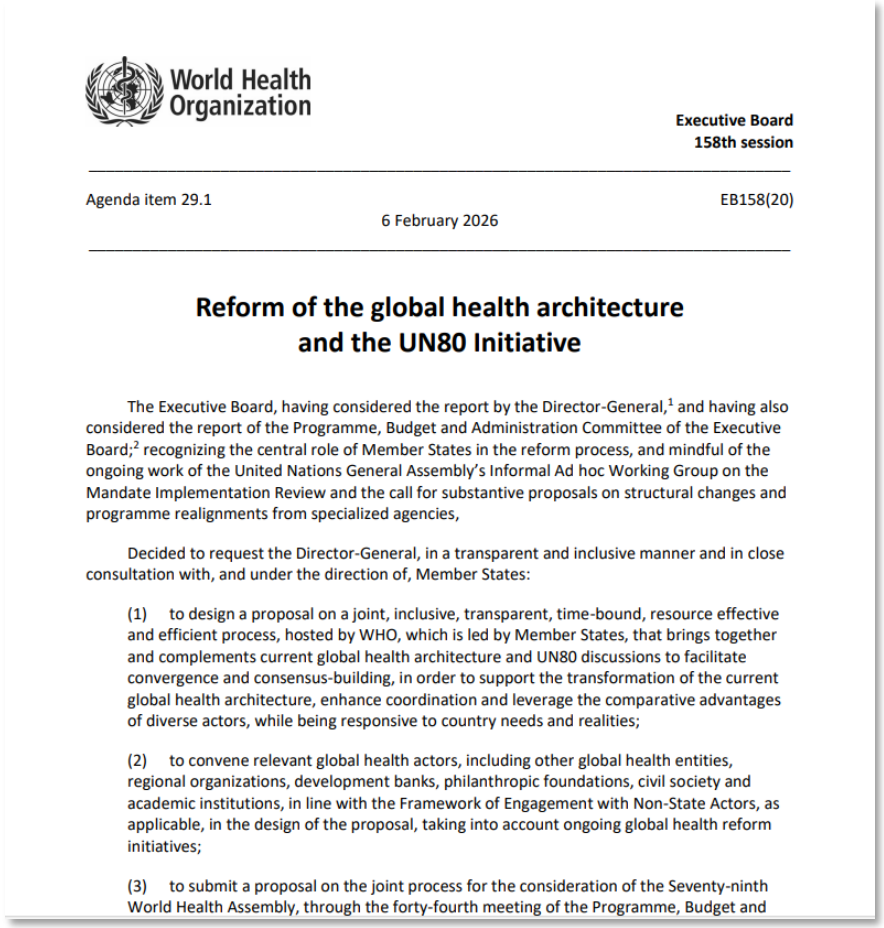
First Member State Information Session

05 March 2026

HQGBSDirectorsOffice@who.int

World Health Organization

EB 158(20) | Key Discussions and Decision from Executive Board



World Health Organization

Executive Board
158th session

Agenda item 29.1 EB158(20)

6 February 2026

Reform of the global health architecture and the UN80 Initiative

The Executive Board, having considered the report by the Director-General,[1] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board;[2] recognizing the central role of Member States in the reform process, and mindful of the ongoing work of the United Nations General Assembly's Informal Ad hoc Working Group on the Mandate Implementation Review and the call for substantive proposals on structural changes and programme realignments from specialized agencies,

Decided to request the Director-General, in a transparent and inclusive manner and in close consultation with, and under the direction of, Member States:

(1) to design a proposal on a joint, inclusive, transparent, time-bound, resource effective and efficient process, hosted by WHO, which is led by Member States, that brings together and complements current global health architecture and UN80 discussions to facilitate convergence and consensus-building, in order to support the transformation of the current global health architecture, enhance coordination and leverage the comparative advantages of diverse actors, while being responsive to country needs and realities;

(2) to convene relevant global health actors, including other global health entities, regional organizations, development banks, philanthropic foundations, civil society and academic institutions, in line with the Framework of Engagement with Non-State Actors, as applicable, in the design of the proposal, taking into account ongoing global health reform initiatives;

(3) to submit a proposal on the joint process for the consideration of the Seventy-ninth World Health Assembly, through the forty-fourth meeting of the Programme, Budget and

1) To design a proposal on a joint process to support transformation of the global health architecture (GHA)

- to enhance coordination, leverage comparative advantages in response to country needs/realities
- joint, inclusive, transparent, time-bound, resource effective & efficient
- hosted by WHO, which is led by Member States
- bring together and complement current discussions on GHA and UN80

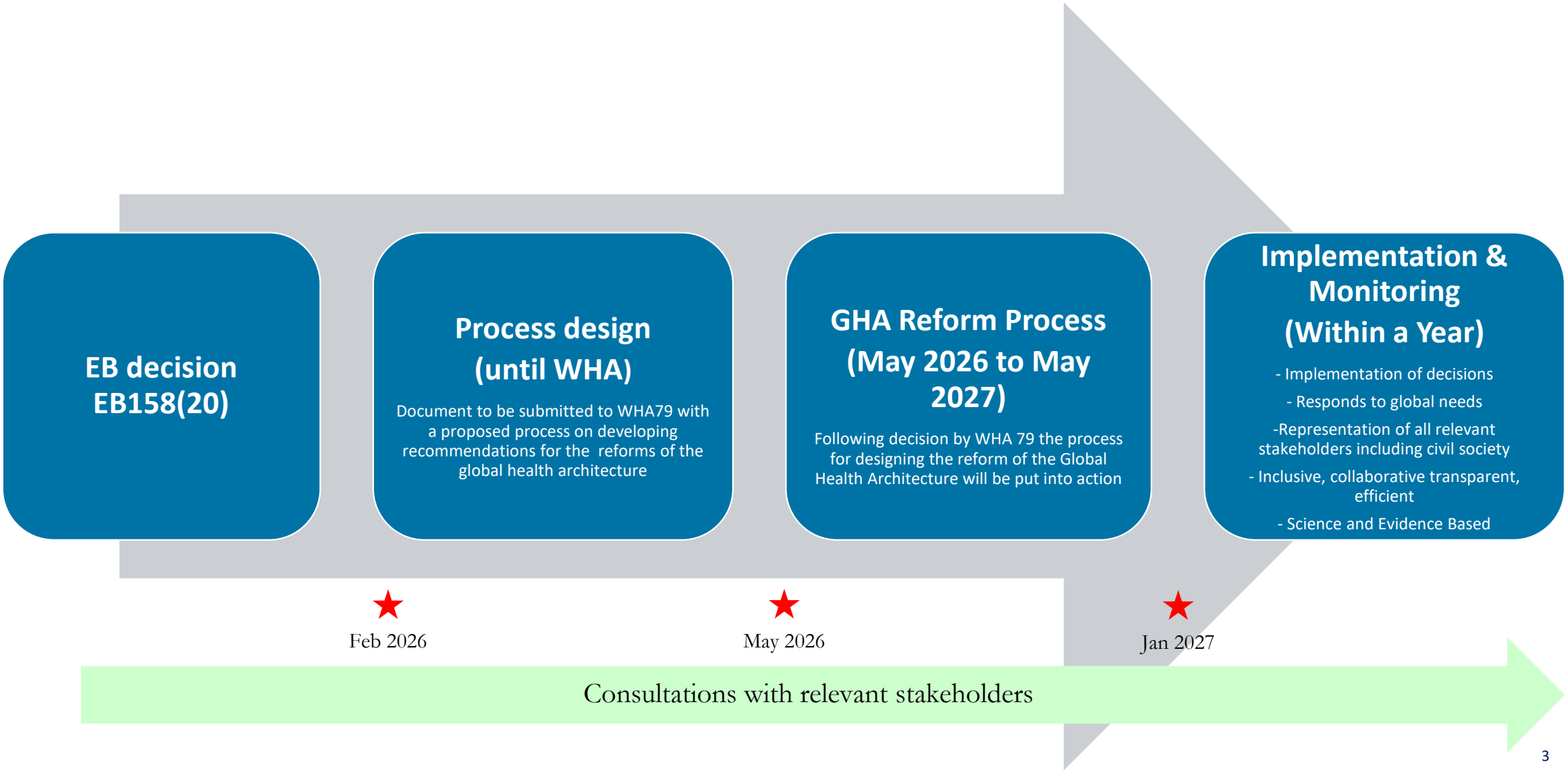
2) To convene relevant global health actors in the design of the proposal

- incl. global health entities, regional organizations, development banks, philanthropic foundations, civil society and academic institutions, in line with FENSA as applicable

3) To submit the proposal to WHA79 through PBAC44

"…in a transparent and inclusive manner and in close consultation with, and under the direction of, Member States…."

Phases of the Global Health Architecture or Ecosystem Reform



Key considerations for reforming Global Health Architecture
Working towards the document for WHA79 – what might be included

- Mandate and Scope
- Overview of current Global Health Architecture: functional mapping & analysis, including gaps and overlaps
- Health challenges of next decade
- Evidence-based deliberation and scenario analysis
- Transparent governance & operating modalities
- Structured consultation phases
- Linked with existing global processes
- Financing and resource mobilization strategy
- Political anchoring and diplomatic engagement
- Implementation and accountability mechanisms

WHO Internal Working Group on Reform of the Global Health Architecture (GHA) March to May 2026 and the WHA79 |

Purpose - to design a process supporting global health architecture (GHA) discussions and reforms

Scope

- **Collaborative Process Design**
- **Stakeholder Engagement Strategy**
- **Consultation Plan**
- **Linkage with UN80**

Final deliverable:
proposal document for WHA79

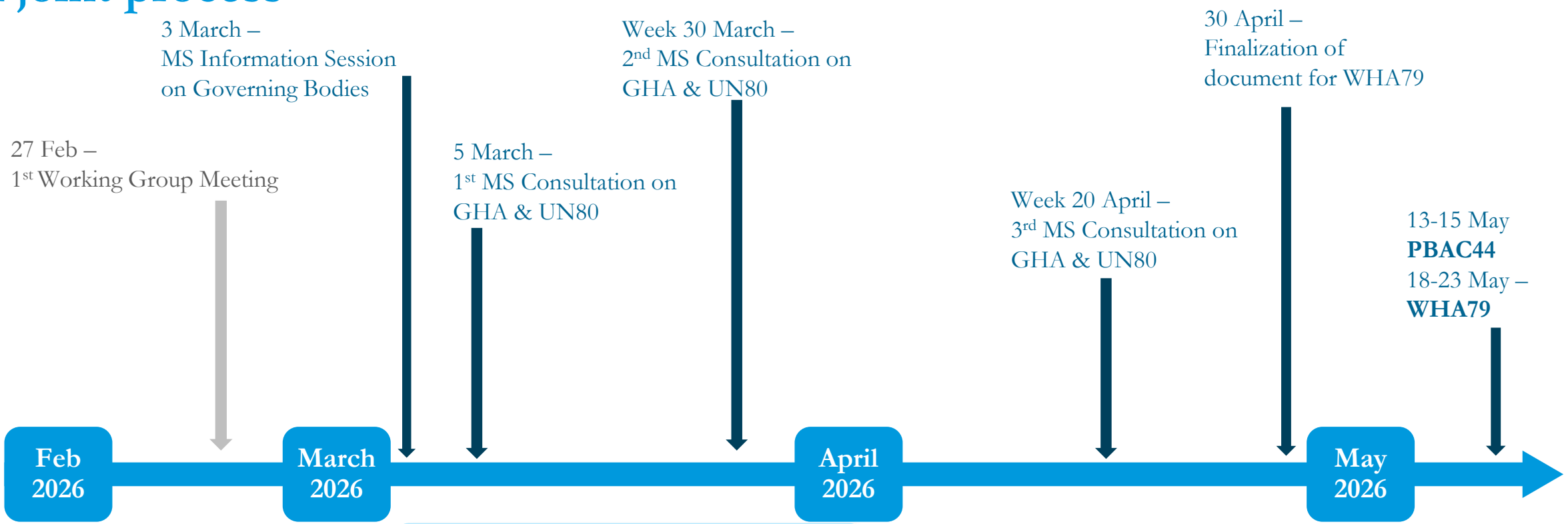
Roles & Responsibilities

- **Chair (CdC)**
- **Members (RDs AFRO, EURO & WPRO, ADGs PPC & WHE, WRs - ARG Co-chairs)**
- **Secretariat (GPMB and GBS)**
- **Ad hoc Contributors (as needed)**

Governance & Working Methodology

- **Oversight**
- **Working modalities**
- **Consultative Approach**
- **Alignment and Coherence**

Timeline for Consultations & Briefings. March-May 2026 WHA79 – A joint process



Principles guiding the Process
March to May 2026 and the World Health Assembly

- **A Joint Process –** participation & active involvement of multiple stakeholders & partners hosted by WHO
- **Equity and solidarity** – prioritizing LMIC needs & populations/communities in most vulnerable settings
- **Subsidiarity** – strengthening regional and national capacities
- **Transparency** – open documentation and clear decision-making
- **Inclusiveness** – meaningful participation of civil society and communities
- **Efficiency** – avoiding duplication and streamlining governance
- **Integrated** – supporting a UHC/PHC approach & integrating vertical initiatives at country level
- **Evidence-based** — science & evidence at the core of decisions

Stakeholder Engagement and Active Participation March to May 2026 and the World Health Assembly

- **Member States** – as the decision-makers in WHO governance
- **Global health initiatives** – GAVI, Global Fund, CEPI, UNITAID, Pandemic Fund, others
- **Multilateral agencies** – UNICEF, UNFPA, UNDP, FAO, WTO, ILO, UNAIDS, UN OCHA, others
- **Multilateral Financial Institutions –** World Bank/GFF, Africa DB, ADB, IDB, AIIB, Others
- **Regional bodies** – Africa CDC, ASEAN, EU/EC, AU, CARICOM, MERCOSUR, Regional Manufacturing Initiatives etc.
- **Civil society & communities** – CSOs, community organizations, patient groups, health worker associations, NGOs, Youth networks
- **Philanthropies** – Gates Foundation, Wellcome, Institute of Philanthropy, Others.
- **Private sector** – Pharma, biotech, digital health, logistics, insurers, with clear conflict-of-interest safeguards
- **Academia, WHO collaborating centers and think tanks** – For evidence and technical input

Member State Guidance on:

- Is the balance of consultations and information sharing right?
- Would MS welcome the "deep dives" with invitations to representatives from the major initiatives
- Co-convened engagements with partners from all sectors
- Who and/or what are we missing?
- Others

Next steps

- Contact **HQGBSDirectorsOffice@who.int**
- Member State Consultations
- Nomination of focal points within WHO Working Group for each stakeholder group
- Determination of content for stakeholder engagement
  (e.g. discussions around scope of design, functions to be considered, governance structure, etc.)
- Focal points contacts to determine their stakeholder engagement
  (Timeline, format, etc.)