Updates on the Task Force progress and preliminary recommendations

Joint Process on the Reform of the Global Health Architecture (GHA)
Member State Consultation

30 October 2026

Agenda

01 **Progress update** (including incorporating Member States Feedback)

02 Deep dive: **Workstream 1** – Functions, mandates and capacities

03 Deep dive: **Workstream 2** – Coordination and decision-making

04 Deep dive: **Workstream 3** – Financing

05 Interim Report & next steps

Progress update

RECAP | Joint Task Force purpose & objectives (A79/24)

Purpose: to **develop options and recommendations to support reforms of the GHA**, drawing on existing reform initiatives and relevant elements of the UN80 Initiative…

> …. *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.*

Objectives: 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.

Since the last Member State consultation on 28 September…

2 Oct: **PAHO RCM** Info session

8 Oct: **WPRO RCM** virtual side event; bilateral w/ WHO Civil Society Commission & WHO Youth Council

9 Oct: 1st mtg w/ group of **philanthropies**; Co-Chair briefing to Equity Group

11-13 Oct: multiple engagements at WHS (incl. FoLA, Youth, MOPAN, Accra Reset, etc.)

14 Oct: information sessions with **civil society and youth representatives**, and **private sector associations**

16 Oct: **3rd Joint Task Force meeting** (align on Interim Report content, guide preliminary recommendations)

21 Oct: **WPRO RCM** information session

22-23 Oct: Task Force briefings with **Accra Reset & MOPAN**

28 Oct: **EURO RCM** information session

GHA Joint Task Force Workplan & Timeline

(as of 27 Oct 2026)

MS consults *Task Force meetings* *Stakeholders* *Workstream meetings*

TODAY

Issue Interim Report

Issue Final Report

Sept '26 | Oct '26 | Nov '26 | Dec '26 | Jan '27 | Feb '27 | Mar '27 | Apr '27 | May '27

Member State Consultations

- **Mid/late-Sept** TF Workplan, Timeline & Workstreams
- **30 Oct** 1st feedback on specific Workstreams
- **20 Nov** orientation to content of interim report (EB)
- **Mid-Dec** Joint MS/TF discussion on EB/Boards paper
- **EB160** MS discussion on interim report (EB paper)
- **Early Mar** MS feedback on revised report & initial roadmap
- **Early-Apr** orientation to Final report (WHA paper)
- **WHA80**

Board briefings

Task Force meetings & deliverables

- **3-4 Sept (F2F)** 2nd mtg: TF workplan; Workstreams 'future state' goal & workplan
- **16 Oct (virtual)** 3rd mtg: Workstream progress & new inputs incl. Accra/MOPAN
- **16-17 Nov (F2F)** 4th mtg: finalize interim report – future states/recs
- **Mid-Dec (virtual)** 5th mtg: initial MS feedback on draft interim report
- **Late-Jan (virtual, 1D)** 6th mtg: feedback from GHI Board discussions
- **Late Feb/Mar (F2F)** 7th mtg: revise goals, finalize recs & draft roadmap
- **End-Mar (virtual, 2D)** 8th mtg: finalize Boards & WHA report (recs + roadmap)

Further mapping, analysis and evidence gathering

Workstream meetings & deliverables

- **Sept (2x virtual)** elaborate workplan 'future state' goal & potential recs
- **Oct & Nov** finalize workstream goal & 4-6 key recommendations for interim report
- **End-Jan (virtual)** review Boards inputs & feedback to date
- **Mid/late-Feb (virtual)** finalize goal & recs for roadmap & final paper
- **Late-Mar (virtual/TBD)** final revisions to workstream inputs to paper & draft roadmap

Stakeholder consultations

Co-Chair led

Workstream led

- **Sep/Oct:** CSOs, & CBOs, Youth, Donors/IFIs
- (x3) **Oct/Nov**: CSOs/Youth, PDPs, Donor/IFIs, NSAs
- **Dec/Jan:** CSOs, & CBOs, Youth, Donors/IFIs
- (x3) **Mar:** CSOs/Youth, PDPs, Donor/IFIs, NSAs
- **Apr:** CSOs & CBOs, Youth, Donors/IFIs, NSAs

Incorporating Member States feedback

Tracking Member States feedback

74 contributions received

42 distinct contributors

310 substantive feedback entries

Who contributed?

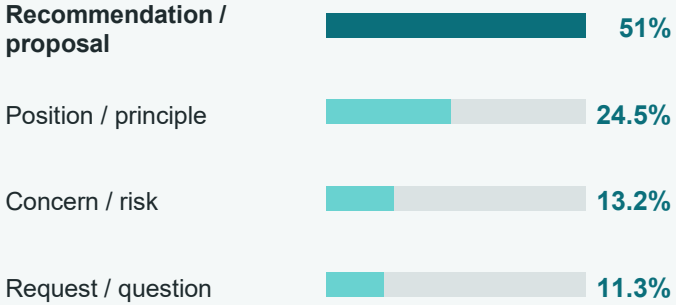
84.5% of entries came from Member States and intergovernmental groupings



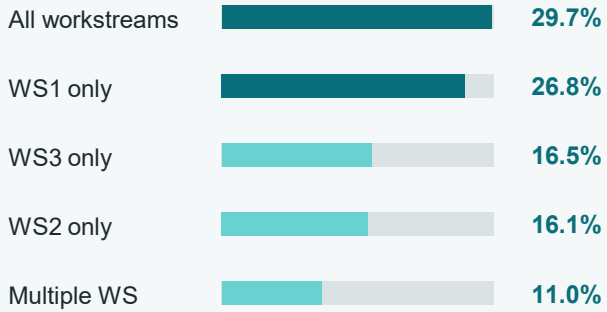
Member States 84.5%

Other actors 15.5%

What type of feedback?

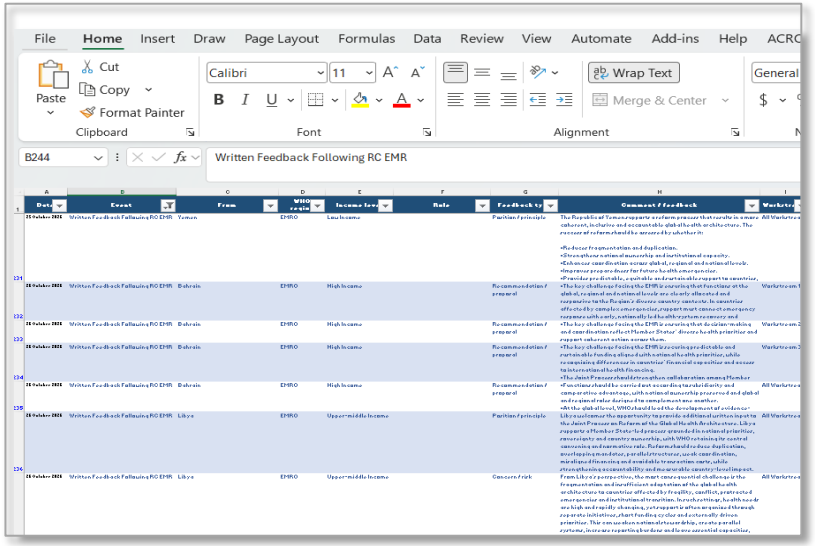


Where did feedback focus?



Feedback is broad and action-oriented: 74 contributions from 42 distinct contributors, with Member States providing 84.5% and over half framed as recommendations and proposals.

How Member States feedback is informing the process



GHA Task Force databank of Member State and stakeholder feedback

- identification & formulation of preliminary recommendations
- informing detailed analysis undertaken by the workstreams
- source to ‘check’ emerging proposals to ensure alignment with Member State priorities

We will continue to capture and use additional Member States feedback and guidance as a key source going forward.

Updates from Workstreams

Workstream 1: functions, mandates & capacities

RECAP | Workstream 1 objectives & key deliverables

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;

WS1 Focus

(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.

(as set out in document A79/24)

Key deliverables

1. Future ambition or 'future state' for the objective area (i.e. envisaged change)
2. **4-5 actionable recommendations** to move from current state to the future state
3. Major implications (opportunities & risks) and implementation considerations

Progress since the last Member States Consultation

- Finalized its **workplan** & approach on (16 Sept, updated 8 October)
- Moved into substantive phase of its work:
  - **1st package of analytical outputs** – rapid review resulting in 5 evidence briefs:

    (i) GHA functions; (ii) normative functions; (iii) research, development, innovation and access; (iv) universal health coverage, health systems strengthening and humanitarian response; and (v) future trends
  - Initiated development of **preliminary recommendation areas** and potential scopes drawing on existing GHA reform proposals, MS feedback and stakeholder inputs
  - Developed **preliminary mapping of GHA functions and sub-functions** across levels
  - Defined an **approach for identifying gaps, overlaps and duplications** in order to provide concrete recommendations to GHA actors

WORK IN PROGRESS

Overview of preliminary recommendation areas



WORKING DRAFT 15 October 2026

Joint Task Force on Global Health Architecture (GHA) Reform

Workstream 1 - functions, mandates & capacities

PRE-READ: update on progress and preliminary recommendation proposals

This pre-read and background note is intended to inform Task Force discussions by summarizing the work in progress of Workstream 1 as of 15 October 2026. It reflects ongoing Workstream deliberations and emerging areas of convergence regarding potential recommendation areas and should not be interpreted as a final proposal, agreed recommendation, or consensus position of Workstream members. Further updates and refinements may be provided during the Task Force meeting on Friday as additional Workstream inputs are considered and incorporated.

Progress update

Since its establishment at the 3-4 September Task Force meeting, Workstream 1 has held two meetings and supported the 28 September Member State consultation. Through its workplan, updated on 7 October, the Workstream has agreed its overall approach, scope, priority areas, methodology and stakeholder engagement approach.

The Workstream has now moved into the substantive phase of its work. At the end of September, it received a first package of analytical outputs – facilitated by the Secretariat with support from the WHO-hosted Alliance for Health Policy and Systems Research – including evidence briefs on global health architecture functions, normative functions, research, development, innovation and access, universal health coverage, health systems strengthening and humanitarian response, and future trends. The package also included an initial synthesis of how 21 health functions are currently positioned across global, regional, national and subnational levels.

This analysis builds on existing resources available to the Workstream, including the first WOPAN assessment, UN80 mandate mapping, established essential-function taxonomies, and the Global Health Architecture Reform Bibliography and Synthesis Report.

Drawing on this evidence base and existing reform proposals, the Workstream has begun identifying a preliminary set of recommendation areas for further consideration and development of detailed recommendations. Stakeholder engagement will continue through targeted discussions with Member States, including at the Member State consultation on 28 October, and other key constituencies, including other GHA reform processes, CSOs and youth representatives, to help refine these areas and inform subsequent proposals for action.

Preliminary recommendation areas

In support of the Task Force's Interim Report due in November, Workstream 1 was asked to develop an initial set of recommendation areas, drawing on existing Global Health Architecture (GHA) reform proposals and stakeholder inputs. The areas of recommendations below are preliminary and intended to inform further consultation and refinement ahead of the Interim Report.

The starting point for identifying potential areas for recommendations was the long list of 64 recommendations from existing GHA reform initiatives and reports.* Workstream 1 members were

* See the companion file in the package of pre-read materials – GHA_reform_recommendations_options_tracker_05_Oct_2026.xlsx

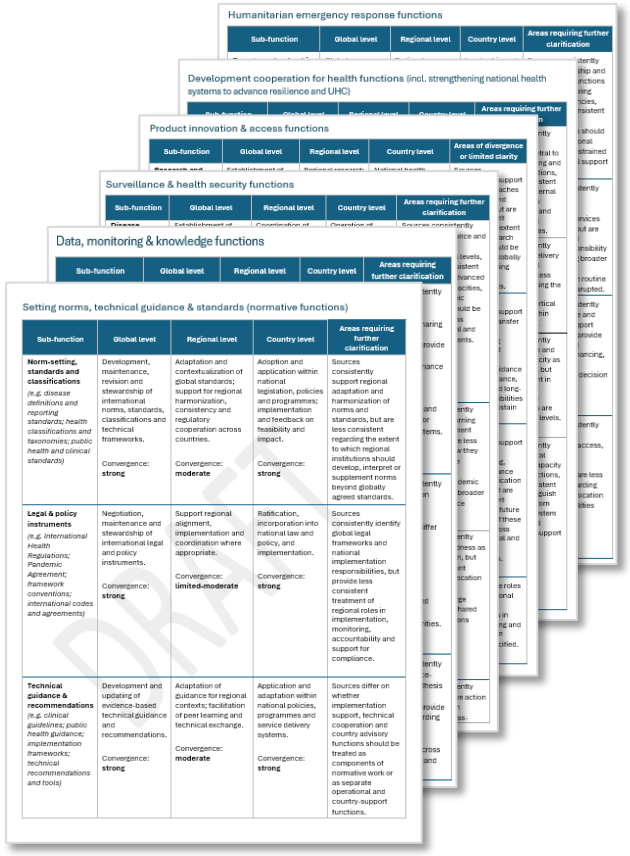
GHA Task Force | Workstream 1 | Progress update & pointers to preliminary recommendation areas 1

Note: this reflects proposals shared **before** the 16 Oct Task Force meeting

- **country-level** addressing:
  - integrated & coordinated approach to country engagement
  - integrated support for health systems strengthening & public health capacities
  - reaching vulnerable & underserved populations and settings
- **regional-level** addressing:
  - regional functions & institutional capacities
  - end-to-end functions for R&D, innovation, health products & access
- **global-level** addressing:
  - global normative & standard-setting functions, while reinforcing WHO's role
  - global cooperation on global public goods & areas requiring collective action
- **cross-cutting** addressing:
  - periodic review of functions/capacities based on subsidiarity & comparative advantage

With equity as a cross-cutting consideration across multiple areas

Preliminary mapping of GHA functions & subfunctions by level



Organized by essential GHA functions reflected in WHA79/24

Purpose: framework for informing the approach to clarifying GHA functions by level and relevant mandates & capacities of major actors

How developed: analysis of (i) 5 evidence briefs; (ii) Member State feedback and stakeholder inputs; (iii) existing GHA reform proposals

What it shows: indication of what these sources say about the mapping of essential GHA functions across levels

Note: convergence ratings reflect degree to which sources consistently refer to a function/level. Does not reflect/imply consensus of workstream members.

Approach for addressing priority areas of overlap and gaps

1. Apply a **function-based approach to map the current GHA actors and related mandates and capacities**, using the preliminary mapping of functions as a starting point

2. Identify **key functional areas with overlaps and gaps**, applying the principle of subsidiarity and based on current and future country and systems needs

3. Prioritize **overlaps** (including duplication & fragmentation) **and gaps to address based on country needs and system impact**

4. Update preliminary recommendations to focus on **actions GHA actors should take to reduce inefficiencies within functions, improve coordination between country, regional and global levels and address functional gaps**

5. Establish a **mechanism to periodically review the alignment of functions and mandates** based on subsidiarity and comparative advantage

Guidance from Member States

Member State feedback consistently identified fragmentation and overlaps as one of the biggest challenges.

- Do you have **perspectives on how to enhance the proposed approach** so that it adequately addresses this issue?
- Which **specific functions do you perceive there to be the most overlap or gaps** which need to be addressed?

Workstream 2: coordination & decision-making

WS2 progress since the 28 Sep MS consultation

- WS2 met 2 times: 13 October, and 22 October

- Main deliverables:
  - an overview of GHA reform initiatives and relevant processes
  - a synthesis and tracker of recommendations and actions
  - completed preliminary work on country case studies
  - Revised preliminary recommendations and actions

- Further contributors added:
  - Youth representative
  - CSO representatives from the Global North and South.

Principles and cross-cutting considerations

Principles agreed in WHA79(20):

- advancing equity and solidarity;
- facilitating the right to health and ‘leave no one behind’;
- strengthening country leadership and ownership;
- protecting and building on current country gains and support;
- applying subsidiarity by aligning functions with the most appropriate level;
- enhancing coherence and accountability across actors and levels.

Cross-cutting considerations:

- Equity and differentiated capacities
- People-centred reform
- Broader current and future health needs
- Ambition and impact
- Function-driven and country-relevant architecture
- Adaptability and continuity of essential functions

1. National coordination and aligned operations

Proposed recommendation: Establish shared commitments and platforms or mechanisms for country-led coordination and partner alignment around “one plan, one budget, one report”.

Proposed actions:

- Agree a common set of principles
- Strengthen national, subnational and partner coordination by establishing a single country coordination platform and a single country health compact
- National Health Plans should incorporate objectives for innovation and enablers (e.g. regulatory)
- Identify and address the conditions needed for donors to align around the “one plan, one budget, one report” principle
- Coordinate government decisions and positions across ministries, funding agencies and representatives on global health governing boards

2. Regional authority and action

Proposed recommendation : Strengthen regional and subregional stewardship, political coordination and shared capabilities by clarifying responsibilities based on subsidiarity and comparative advantage, taking into account differences in regional contexts and mandates, institutional groupings and capacities as well as the specific functions concerned, and ensuring predictable financing.

Proposed actions:

- Clarify and, where needed, establish regional governance and stewardship roles and arrangements
- Review, and where needed, establish arrangements for cross-regional collaborations as well as international standards to make collaboration possible on areas of common interest
- Define regional responsibilities for policy harmonisation and shared capabilities
- Strengthen the two-way relationship between country, regional and global processes

3. Global stewardship, inclusive governance and collective accountability

Proposed recommendation 3 (a): Strengthen stewardship for collective system performance and shared functions, identifying and addressing gaps, overlaps and duplications and emerging risks. This would require establishing practical arrangements for coordination and alignment across governing bodies.

Proposed actions:

- Strengthen WHO's stewardship role and reinforce WHO's normative, directing and coordinating functions
- Establish a system-level stewardship and accountability function:
  - Rely on existing governance and cross-board coordination
  - Create function-specific arrangements
  - Establish a 'light-touch' platform
  - Establish an independent panel
- Strengthen global, intra- and inter-regional and country collaborations on research prioritisation and allocation of resources

3. Global stewardship, inclusive governance and collective accountability

Proposed recommendation 3 (b): Strengthen collective accountability across the global health architecture for shared commitments, collective performance and equitable health outcomes.

Proposed actions:

- Establish a streamlined, high-level framework for collective accountability for shared commitments and results
- Prevent and manage conflicts of interest in governance and resource allocation
- Provide independent accountability for implementation of the reform process

3. Global stewardship, inclusive governance and collective accountability

Proposed recommendation 3 (c): Strengthen constituency-based representation and ensure that participation translates into meaningful contributions to decisions.

Proposed actions:

- Strengthen constituency-based representation in governance and oversight
- Ensure diversity of representation within global and regional stewardship mechanisms
- Embed inclusive governance at country level
- Broaden engagement beyond the public health community
- Delineate the interaction across overlapping mandates where organisations have the same members

4. Global governance of collective health functions

Proposed recommendation area: Clarify the allocation of functions and decision authority across levels and establish joint governance for functions requiring collective action.

Proposed actions:

- Review collective health functions and agree on approaches for their collective governance
- Identify or, where needed, develop joint governance arrangements for priority collective functions
- Establish joint workplans and coordination arrangements across the full chain of activity.

Workstream 3: financing

WS 3 progress since the 28 Sep MS consultation

- WS3 met two additional times: 8 October, and 23 October

- Main deliverables:
  - **an overview** of GHA reform initiatives and relevant processes
  - **a tracker** of recommendations and actions
  - **preliminary recommendations** and actions

- Further contributors added:
  - Youth representative
  - CSO representatives
  - Selected financing experts (invited to expert roundtable organized in Bangkok on 15th October)

Preliminary recommendations – R1 (WS3)

1. **Mobilise sustainable domestic resources and manage sustainable transitions(1) :** strengthen domestic health financing systems and support measures to expand fiscal space for health, including as a pathway to managing country-context specific transitions, with external support complementing domestic, public financing.

- Supported by 5 of 6 reform initiatives (9 individual recommendations): Lusaka, Wellcome, Accra, HEAR, INTPA.
- 35 specific actions.

(1) This recommendation should be implemented according to the country's development stage and context including fragile and conflict affected countries and humanitarian settings.

Preliminary recommendations – R2 (WS3)

2. Align financing behind one plan, budget, and M&E framework: anchor domestic and external financing in one country-owned, costed health plan, budget, M&E framework, financing pathway and one country-led compact and coordination platform, with partners aligning funding and ways of working to national health priorities and systems. Where relevant, support country capacities for the implementation of these plans, financing and coordination arrangements, consistent with broader governance discussions.

- Supported by 6 of 6 reform initiatives (7 individual recommendations): Lusaka, Wellcome, INTPA, Accra, MOPAN, HEAR.
- 30 specific actions.

Preliminary recommendations – R3 (WS3)

3. Improve the predictability, transparency, coordination, effectiveness and efficiency of international financing: promote greater coordination, transparency, integration and streamlining of international financing mechanisms to reduce transaction costs and improve effectiveness and efficiency, making it as stable, flexible and predictable as possible, and address the financing accountability and governance incentives that drive fragmentation, duplication and mandate expansion. Use pooling of external and domestic financing where appropriate. Leverage external financing in a catalytic manner to support domestic financing and context-specific transitions.

- Supported by 6 of 6 reform initiatives (10 individual recommendations): Accra, HEAR, Lusaka, Wellcome, INTPA, MOPAN.
- 36 specific actions.

Preliminary recommendations – R4 (WS3)

4. Better leverage multilateral development banks (MDB) finance for health: better leverage MDB finance for health including from regional development banks, in support of the one plan, budget, and M&E framework at country level, guided by shared principles, inclusive governance and sustainable financing arrangements. Make more use of pooling of funding from different financing mechanisms and instruments (including loans, grants and domestic resources) considering country circumstances and debt-sustainability.

- Supported by 2 of 6 reform initiatives (2 individual recommendations): Wellcome, INTPA.
- 7 specific actions.

Preliminary recommendations – R5 (WS3)

5. Finance global and regional public health goods and functions(1) through predictable collective financing: provide predictable collective financing for global and regional public goods and functions, considering that they need to be appropriately financed through dedicated streams but that strict ring-fencing from country-level financing may not be appropriate in all settings. Ensure dedicated, predictable and timely financing to address health needs in health emergencies and humanitarian settings, including through pre-arranged surge financing released rapidly on agreed triggers.

- Supported by 5 of 6 reform initiatives (12 recommendations): Wellcome, INTPA, Accra, MOPAN, HEAR.
- 37 specific actions.

(1) The scope and definition of global and regional public health goods and functions may require further clarification across the Task Force, especially as an outcome of WS1 work.

Preliminary recommendations – (R6) WS3

6. Make financing equitable and inclusive: ensure financing reaches vulnerable and marginalised populations, including continuity of services in humanitarian and fragile settings, and institutionalise the participation of youth, women and people with lived experience in how it is designed and delivered.

- Supported by 2 of 6 reform initiatives (2 individual recommendations): Lusaka, HEAR.
- 10 specific actions.
- This recommendation may be better placed as a cross-cutting recommendation.

JOINT TASK FORCE ON GLOBAL HEALTH ARCHITECTURE REFORM

WS3 financing recommendations: broad support, with transitions and scope needing attention

Synthesis of Member State comments on the six WS3 recommendations (R1–R6) – not attributed to individual Member States

Where there is support

- **Domestic resources first (R1):** domestic financing as the foundation, with external support as a complement.
- **Alignment (R2):** one national plan, budget and M&E framework – the most consensual recommendation, with no opposition.
- **International financing (R3):** multi-year, harmonised, pooled funding; repeated calls for a funding-flows tracking mechanism.
- **MDBs (R4):** stronger MDB finance for health.
- **Collective financing (R5):** predictable funding for global and regional public goods, incl. surge financing.
- **Equity (R6):** priority for fragile and humanitarian settings; welcomed.

Areas requiring attention

- **Pace of transitions (R1):** risk of premature withdrawal; readiness should not rest on income thresholds; differentiated paths needed.
- **Feasibility (R2):** "one plan, one budget" needs absorption capacity and trust in national systems; exceptions for low-capacity and humanitarian settings.
- **Efficiency and conditionality (R3):** efficiency must not replace investment or predictable funding; no conditions beyond health.
- **Gaps and cost (R4):** MDB cost, debt and conditionality; no explicit tracking mechanism; competition for resources not addressed.
- **Scope (R5, R6):** global public goods vs. global functions, and ring-fencing; coverage of middle-income and transitioning countries.

R1 Domestic resources	R2 One plan, budget	R3 Intl. financing	R4 MDB finance	R5 Public goods	R6 Equity & inclusion
Supported; pace debated	Broad consensus	Broad support; conditions	Thinly covered	Supported; scope debated	Supported; scope debated

Discussion

Discussion | seeking Member States' views on:

Workstream 1:

- how to **enhance the proposed approach** so that it adequately addresses the challenges of fragmentation and overlaps
- **specific functions with the most overlap or gaps** that need to be addressed

Workstreams 2 & 3:

- whether the emerging recommendations are moving in the right direction;
- significant gaps or missing elements;
- areas requiring further attention or refinement.

Interim report and next steps

Interim report | proposed purpose & contents

Target length:
7- 8 pages + annex/table

Purpose:

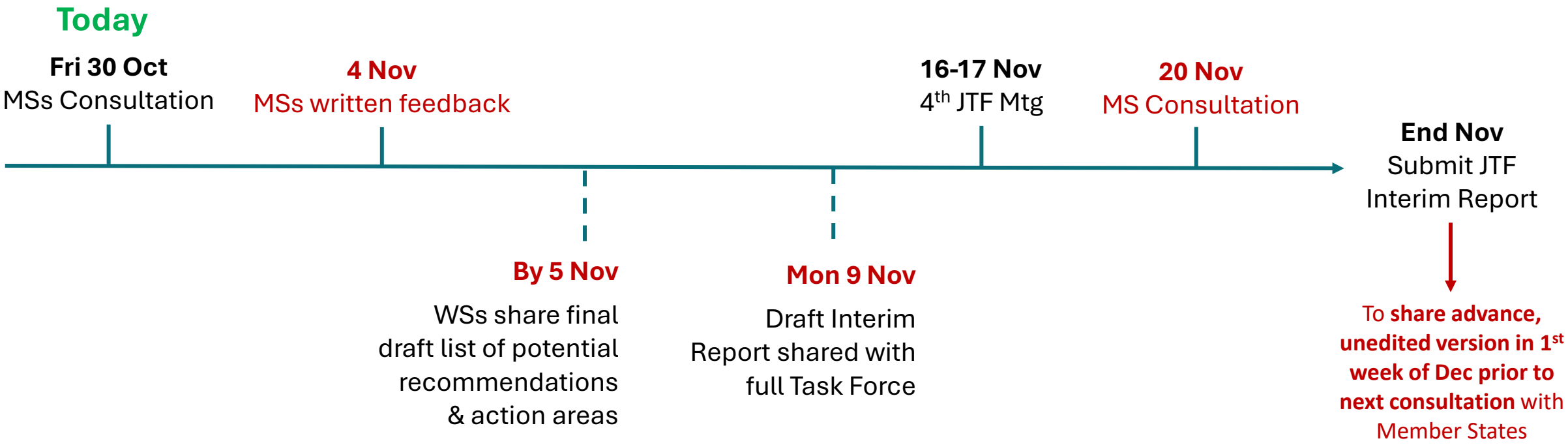
- to **build support** for the proposed, emerging recommendation areas and related actions
- to **solicit views** on how to ensure proposals are actionable

Major elements:

- **Work undertaken to date** (mappings, evidence review, consultations to date, etc.)
- Key **findings emerging from the evidence base** and related GHA initiatives
- Short-list of **potential recommendations** & **initial list of actions**
- **Cross-cutting themes** (interdependencies, etc.)
- **Next steps** (add'l consultations, further testing/refinement, implementation road map)

Related analyses, mappings, etc. to be made available as complementary documentation

Key milestones to **delivery of Interim Report**



Stakeholder engagement and outreach to continue in parallel to help inform evolving proposals.

Next steps | from the Interim Report to the Executive Board

Advance Workstream recommendations

- Develop complementary background materials to the Interim Report
- Continue mapping, analysis & evidence gathering across all three Workstreams
- Further develop preliminary recommendations, incl. consolidating clear areas of convergence

Continue consultations & engagement

- **Mid-December:** MS consultation on the Interim Report and EB/Boards paper
- Continue broader stakeholder consultations and engagement with GHI boards
- **January 2027 (EB160):** Member State discussion of the Interim Report, providing further feedback to inform the next phase of work

Thank you

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