Shaping the new global health order: taking stock

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2025….2026…a convergence of events and pressures

Global health was due for reform that would focus on addressing fragmentation, duplication, coordination & financing…

Realities

- **National sovereignty & capacities:** not always including research capacity and evidence-based systems capacities
- **New & expanding regional entities:** geopolitical shifts, but uneven
- **Money:** ~40% contraction in ODA for health
- **Country-level cuts** threaten domestic research, innovation capacity, research institutions and multicountry research networks

Reform initiatives

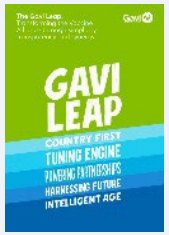
- **Countries:** Lusaka agenda, Accra Reset, increased sovereignty and localization
- **Organizations:** GFATM, GAVI, PDPs, etc.
- **Systems:** UN80, WHO, UNAIDS, UNFPA
- **Bilateral approaches:** US, emerging donors, "shifting centres of gravity"
- **…missing link: research, evidence generation, research systems**

Re-imagining “fever”?

Global health architecture under pressure with escalating calls and proposals to reform

Various papers, strategies, assessments, op-eds, podcasts & presentations

- Too many to name all!
- **Main issue/gap:** research and evidence generation are rarely mentioned or not seen as a main priority
- **The elephant in the room:** leadership transitions (UNSG, WHO DG, GFATM, WB, CEPI, GAVI?)



Closer to home, TDR co-sponsors

- Changes at UNICEF, World Bank Group and UNDP linked to UN80 process
- WHO process with EB and WHA decisions about joint process

Selected global health areas of relevance to TDR

- Evidence from research for norms & standards
- Evidence to tackle misinformation/disinformation
- Infectious diseases of poverty as part of health security goals
- Product innovation & ensuring access, public goods
- Lusaka Agenda / Accra Reset – country partnerships, capacity strengthening and research ecosystems

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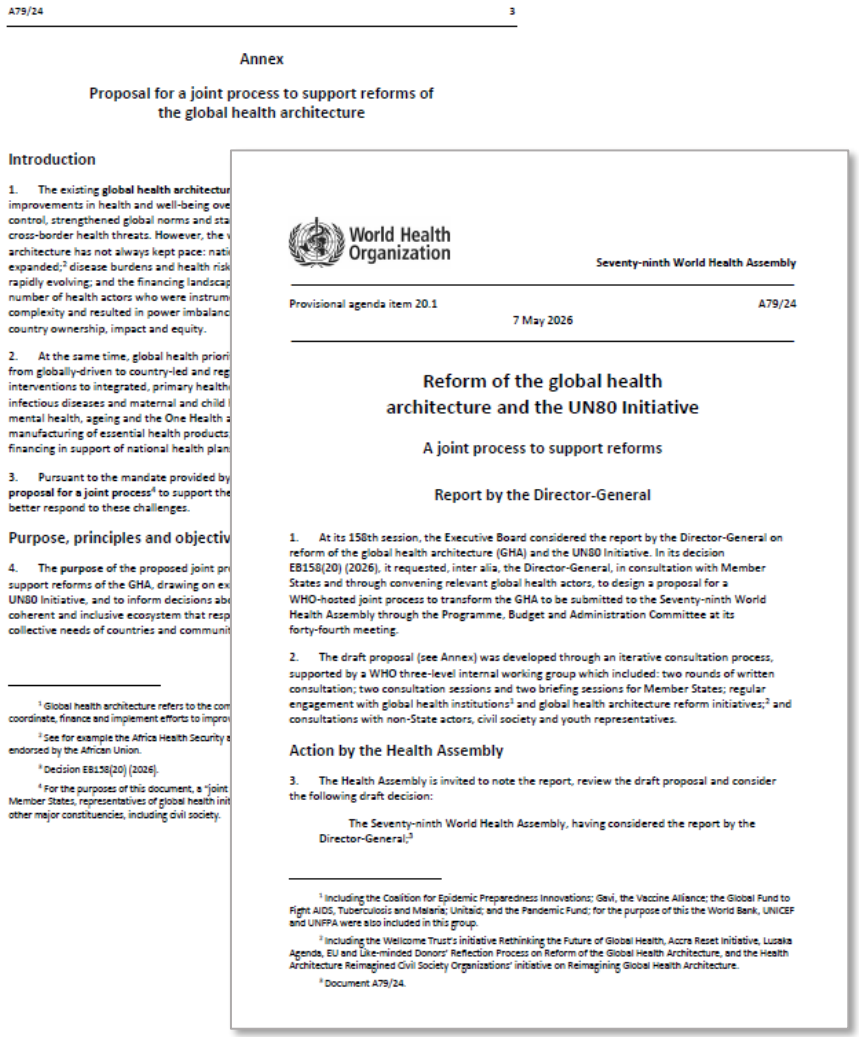
Proposal for a Joint Process on GHA Reform



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Annex

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

Introduction

1. The existing **global health architectur** improvements in health and well-being ove control, strengthened global norms and sta cross-border health threats. However, the v architecture has not always kept pace: nati expanded;[2] disease burdens and health risk rapidly evolving; and the financing landscap number of health actors who were instrum complexity and resulted in power imbalanc country ownership, impact and equity.

2. At the same time, global health priori from globally-driven to country-led and reg interventions to integrated, primary health infectious diseases and maternal and child mental health, ageing and the One Health a manufacturing of essential health products financing in support of national health plan

3. Pursuant to the mandate provided by **proposal for a joint process**[4] to support the better respond to these challenges.

Purpose, principles and objectiv

4. **The purpose** of the proposed joint pr support reforms of the GHA, drawing on ex UN80 Initiative, and to inform decisions abo coherent and inclusive ecosystem that resp collective needs of countries and communit

[1] Global health architecture refers to the com coordinate, finance and implement efforts to impro

[2] See for example the Africa Health Security endorsed by the African Union.

[3] Decision EB158(20) (2026).

[4] For the purposes of this document, a "joint Member States, representatives of global health init other major constituencies, including civil society.

World Health Organization

Seventy-ninth World Health Assembly

Provisional agenda item 20.1 A79/24

7 May 2026

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 institutions[1] 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.

Major Elements

- **Purpose, principles & objectives**
- **Process governance & set-up**
- Stakeholder engagement
- **Timeline & phases**
- Resource implications
- Risk management

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Purpose (1 of 2)

Acknowledging that the Global Health Architecture has had substantive impact in improving the health and wellbeing of peoples everywhere, and particularly in recent decades:

*The Joint Process aims to address the **overarching problem** that the GHA has not kept pace with evolving national health sovereignty & regional capacities, changing disease burdens, advances in science & technology and a changing financing landscape, and is constrained by power imbalances, fragmentation and duplication that limit country ownership, impact & equity.*

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Purpose (2 of 2)

The **purpose** of the Joint Process is to **develop options & recommendations**, building on the wide-range of GHA reform proposals & UN80, to:

> *Transform the Global Health Architecture into a truly country-led, coherent & inclusive ecosystem that responds more effectively & efficiently to the specific & collective needs of countries & communities to maximize impact & equity.*

This process takes place in the **context** of shifting priorities in global health:

Global programmes

- Vertical/disease-specific
- Infectious diseases & MNCH
- External support for delivery
- Fragmented financing

Country-led programmes & regional capacities

- Integrated, PHC-based approaches towards UHC
- Incl. NCDs, mental health, ageing, OneHealth
- National & community capacities for delivery
- Aligned financing (incl. to '1 national plan, 1 budget')

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Objectives

To establish options & recommendations[1] for:

- ensuring **mandates & capacities** are aligned across GHA functions & levels, and gaps addressed
- correcting **power asymmetries & enhancing coordination** (across/between all levels)
- aligning **financing** with national, regional and global priorities & advancing self-reliance

The objectives cross-cut the global health functions[2]:

Global Health Functions

- data, monitoring & knowledge
- humanitarian emergency response
- surveillance & health security
- product innovation & access
- normative functions & standards
- national health systems strengthening

1 Specific programs & mergers/consolidations are not within the scope of the Joint Process
2 First four functions represent Global Public Goods from which all countries benefit

Major deliverables by objective (and workstream)

Objective	Problem Statement	Major Deliverables
Aligning Functions, Mandates & Capacities	Proliferation, duplication and mandate drift of GHA actors, resulting in inefficiencies and gaps.	• clarity on GHA functions by level • mapping of mandates & capacities • options to address overlaps & gaps
Enhancing Coordination & inclusive decision-making	System fragmentation and power asymmetries in decision-making and prioritization.	• map governance/collaboration mechanisms • options to address power asymmetries across levels & enhance GHI collaboration
Augmenting & aligning Financing	Insufficient & misaligned financing for national priorities, regional capacities & global public health goods.	• map of major existing financing flows • options to ensure '1 nat'l Plan/Budget/M&E' & funding of key global/regional functions

Joint Process: governance & set-up

MAJOR ROLES

MAJOR ENTITIES

Boards consider major recommendations [1]

World Health Assembly

WHO Exec. Board | **GHI Boards** | **UN & MDB Boards**

Task Force develops recommendations in consultation with all Member States & submits joint Boards report

Joint Task Force on GHA Reform [3]

14 MS/Country Representatives[2], 5 Global Health Initiatives, 4 UN entities, World Bank, 1 Regional health organization

Time-limited working groups or other arrangements [4]

Task Force Secretariat

Member States engagement monthly

WHO Civil Society Commission & WHO Youth Council

Provide additional views on options

NGOs | **UN & IFIs** | **Academia** | **Regional Groups** | **Youth & Civil Society** | **Donors & Philanthropy** | **Professional Associations** | **Private Sector** | **PDPs**

1 within and consistent with respective mandates
2 the 2 regions with MSs serving as Co-Chairs would have add'l seat

3 ongoing engagement with the Accra HLP, UN80, AHLMC & other GHA reform initiatives
4 to address specific questions related to the objectives, including essential GHA functions

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Timeline: major deliverables & activities (indicative)

Monthly Member States consultation & briefing sessions on progress, options & potential recommendations

Phase I

Setup

June–July 2026

Joint Task Force & Secretariat established

- resourcing
- initial mapping
- synthesis of information
- assessment of future trends

Phase II

Mapping & Options

Aug–Oct 2026

Interim Joint Boards Report
(mapping & options)

- full mapping & analytics
- initial options developed
- UN80, Accra HLP, MOPAN input
- WHO Regional Committees & stakeholder consultations

Phase III

Board Consideration

Nov 2026 - Feb 2027

WHO EB and GHI & UN governance dialogues, perspectives & guidance

- Board briefings/dialogues
- options revised & rated
- Governance guidance consolidated
- African High-Level Ministerial Committee; stakeholder consult

Phase IV

Finalization

Mar - May 2027

Final WHA & Joint Boards Report
(final recommendations)

- recommendations finalized
- implementation roadmap
- **GHI & UN entities' governance reviews**
- **WHA decision**

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