

# A Joint Process to support reforms of the Global Health Architecture (GHA)

*Context & next steps to 79<sup>th</sup> World Health Assembly*

Material for 1<sup>st</sup> Consultation

Overview of Proposed Joint Process

26 March 2026

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# Recap

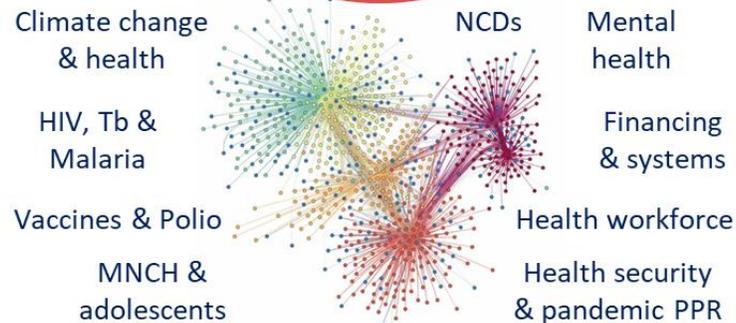
# The current fragmented Global Health Architecture(GHA)

Actors

UN Entities, Global Health Initiatives, NGOs, CSOs, Int'l Finance Institutions (IFIs), Regional entities, bilaterals, philanthropies, academics, private sector....

Countries

Initiatives  
(examples)



## Increasing health challenges & demand in an uncertain world with contracting finances

- Increasing national ownership and capacities coupled with expanding regional health entities
- Current ecosystem marked by duplicated functions and overlapping roles, competition, with inefficiencies and inadequate coordination and collective action
- Competing priorities and declining ODA

Joint approach through an inclusive, time limited, efficient and transparent process hosted by WHO

# GHA Reform Decision from Executive Board



World Health Organization

Executive Board  
158th session

Agenda item 29.1  
6 February 2026  
EB158(20)

## Reform of the global health architecture and the UN80 Initiative

The Executive Board, having considered the report by the Director-General,<sup>1</sup> and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board;<sup>2</sup> 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. 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 & complement current discussions on GHA and UN80
- 2. 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. Submit the proposal to WHA79 through PBAC44**

# Phases of the GHA Joint Reform Process



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# Key elements of the document

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# Guiding Principles

## Legitimacy & Inclusion

- Political support and leadership ensuring accountable implementation
- Joint process together with multiple stakeholders, hosted by WHO
- Active involvement of MSs, UN Agencies, GHIs, Regional Organisations, Academia, Philanthropy, Private Sector, Civic society and community organizations
- Transparency and inclusiveness

## Equity & Effectiveness

- Equity and solidarity prioritizing needs of LMIC and vulnerable populations
- Subsidiarity with strengthening regional and national capacities
- Reducing duplication & fragmentation, and clarifying core mandates & comparative advantages to increase efficiency & impact,
- Streamlining cohesion, coordination and governance to increase effectiveness

## Evidence & Integration

- Evidence-based approach with science at core of decisions
- Build on existing initiatives and evidence available already
- Forward looking to address the health challenges of the today and those of the future
- Integrated perspective supporting UHC/PHC approach and integrating as appropriate vertical initiatives

# Six workstreams based on GHA functions\*

1

## Normative Functions & Standards

Evidence-based norms, guidelines, classifications, regulatory standards, and global public goods

2

## National Health Ownership & Priorities

Strengthening countries' leadership with one plan, one budget, and one monitoring with aligned domestic and international financing

3

## Product R&D, Innovation, Market Shaping, Manufacturing, Regulation, Access

Equitable development and delivery of health products and technologies

4

## Data, Surveillance & Health Security

Interoperable health data, real-time signal detection, early warning, preparedness & response

5

## Health Emergencies & Humanitarian Action

Preparedness, response, recovery across outbreaks, conflict, and for vulnerable communities

6

## Coordination, Impact & Accountability of GHA

Cross-cutting coordination: mandate alignment, shared impact frameworks, transparency with mutual responsibility and accountability

# Potential Coordination Structure

## Steering Committee

## Timebound

- A joint process covered by Director-General of WHO
- Coordination function to ensure operational efficiency through limited steering membership and inclusive legitimacy through broad reference group participation
- Workstream Co-Chairs from global health actors and countries, geographically disbursed

### Steering Committee

Limited number of members to guide joint process with representatives from countries, global health institutions, IFIs, civil society and regional entities

### Reference Group

Broad coalition-based group of experts with input to the Steering Group with regionally balanced member states, UN agencies, academia and technical experts, CSOs, regional entities, philanthropy & donors, GHA reform initiatives, Product Development Partnerships, other health actors

### Workstreams

Six functional domain workstreams, each co-chaired by a GHI representative and country representative upon stakeholder agreement - answering to the Steering Committee

### Secretariat

Neutral enabling function ensuring joint, inclusive, country-led process with transparent documentation and balanced participation

# Four-Phase Timeline\*



# Inclusive Stakeholder Engagement

## PARTICIPATION MECHANISMS

### Open Calls

Written submissions from all stakeholders worldwide

### Regional Consultations

Hosted in all 6 WHO regions

### Deep Dives & Roundtables

Thematic dialogues and expert forums

### Dedicated Sessions

Structured engagement by stakeholder group

## STAKEHOLDER GROUPS

- Member States/countries
- UN agencies & international financial institutions
- Global Health Initiatives (GF, GAVI, UNITAID, CEPI, Pandemic Fund and others)
- Regional public health bodies
- Civil society, youth & communities
- Health PDPs & Advocacy Groups
- Recent & ongoing GHA Reform Initiatives
- Academia & technical experts
- Philanthropic & private-sector representatives

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# Next steps and questions

# Next steps for Joint Process Proposal Development

Individual discussions, briefings, etc. as they come up or are arranged

Written feedback period

26 March

Consultation slides/skeleton process published on WHO webpage

A dedicated GHA webpage (including a document feedback form) will be available on WHO's homepage.

30 March

MS consultation

Main GHIs and GHI reform initiatives to be invited

1 April

Consultation sessions with

- GHIs
- NSAs in Official Relations

2 April

Consultations Session with other processes (Lusaka, Accra, HEAR CSO, Wellcome, AU/AHLMC, EC)

8/9 April

- Deep Dive Session with other GHA reform initiatives
- WHO CC Forum

Deep Dives to be understood as Information Sessions about other GHA initiatives

13/14 April

MS consultation

To be reviewed /confirmed as it is SCHEPPR / IGWG week

23 April

MS consultation

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# Guiding questions

## Your feedback on:

- 1 Purpose, scope & principles
- 2 Functional areas for the proposed workstreams
- 3 Proposed approach to coordination of the process
- 4 Anticipated timeline & phases
- 5 Stakeholder engagement strategy