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governance, ethics, evidence, policy, practice

30 April 2026

Dr. Bruce Aylward

WHO Lead – UN80 Initiative of the United Nations Secretary-General

Head – Secretariat, Global Preparedness Monitoring Board (GPMB).

WHO – Geneva

RE: Response to WHO Public Consultation 2-0 on GHA Reform – 30 April 2026 Deadline

Dear Dr. Aylward and Colleagues:

On behalf of the GE2P2 Global Foundation, we are pleased to engage the second public consultation opportunity to address the ideas and proposed processes presented in

[A Joint Process to support reforms of the Global Health Architecture \(GHA\)](#)*Proposed adjustments based on 1st round of consultations*

Material for 2nd Consultation :: Overview of Proposed Joint Process - updated

20 April 2026

For reference, GE2P2 Global is an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate founded in 2016 to advance scientific rigor, ethical resilience, and integrity in research and evidence generation across the sciences – informing governance, policy, and practice. WE have contributed to a number of WHO initiatives from 2008 forward including SAGE processes and working groups.

While we have utilized the online form provided, we felt it important to create a parallel record via this letter format. Our inputs to the questions framed in the public consultation are provided below.

We look forward to the high-velocity process over the year ahead and will engage it at every point that we assess we can make a contribution.

Sincerely,



David R Curry, MS

President & CEO

GE2P2 Global Foundation - Governance, Evidence, Ethics, Policy, Practice

- email: david.r.curry@ge2p2global.org - mobile: +1.267.714.4460

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APPENDIX: WHO EB158(20) - GHA Reform- Request to WHO DG 06 Feb 2026


APPENDIX: WHO EB158(44) - Reform of the global health architecture and the UN80 initiative

Round 2 - Consultation on the joint process to support transformation of the GHA

21 April 2026

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8. Please provide your feedback on the purpose, principles and objectives.



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.*

Purpose [1 of 2]

The summary state-of-play articulated in the *Purpose (1 of 2)* on slide 9 describes a complex and challenging “problem.” Each of the elements [e.g. changing disease burdens] is generally recognized as an important issue, but none are further specified or quantified by referenced analysis which provides context, historical range, past efforts to mitigate, normative boundaries, or other ways to understand their current “severity.”

This is disappointing because the original WHO EB report [WHO EB158(44)], while providing some citations in support of sweeping generalizations, does not do the work of framing the problem with adequate precision.

We strongly encourage that the report to WHA79 correct this gap and that a robust, evidence-driven analysis grounding this problem statement be developed and integrated into the report.

More troubling is the WHO overview’s silence on how this initiative will articulate, specifically, with the UN80 and Pact for the Future initiatives, as well as other reform initiatives across the UN and multilateral system. These would include sectors suggested by the UN80 agency clusters: Peace & Security, Development, Humanitarian, and Human Rights. Reform of all these “architectures” are being driven by the same macroeconomic and geopolitical realities driving world health architecture reform.


While some of these contextual factors are referenced in the 15-slide *WHO, UN80 & the Global Health Architecture - Member State Information Session - 20 November 2025*, the interdependencies and

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potential confounding elements [e.g. parallel timelines, capacity of governance boards, and resource implications] are not engaged here. This gap represent a dangerous risk.

We strongly encourage that the report to WHA79 correct this gap and that a robust, evidence-driven analysis grounding the larger, interdependent context of “global architecture reform” initiatives.




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:

<ul style="list-style-type: none"> - global programmes - vertical/disease-specific - infectious diseases & MNCH - external support for delivery - fragmented financing 		<ul style="list-style-type: none"> - 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’)¹⁰
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Purpose [2 of 2]

While we appreciate the more distilled and focused *Purpose* articulation in slide 10, it remains unclear where it emanates from and what processes were employed to develop it.

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.

We note that the EB remit for this initiative [WHO EB158(20)] does not identify or specify “a truly country-led” GHA. It limits its specification to a GHA which will be “..responsive to country needs and realities.”

... 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;...

Further, the *Purpose* statement is not supported by analysis on other slides, or by a reference/link to any external analysis in the peer-reviewed literature, from any independent source, or from any WHO/UN system analysis, that suggests that the global community should expect improved population health outcomes, or improved country population health outcomes, by achieving the stated “future state” GHA.

Indeed, if anything, the literature is *not* supportive of the underling argument that “governance” reform aligned to any particular formulation should be expected to deliver the presumed positive impacts. We note the following in this regard:

Agyepong, I., Spicer, N., Ooms, G., Jahn, A., Bärnighausen, T., Beiersmann, C., et al. (2023).
Lancet Commission on Synergies Between Universal Health Coverage, Health Security, and

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Health Promotion. *The Lancet*, 401(10392), 1964–2012. DOI: [10.1016/S0140-6736\(22\)01930-4](https://doi.org/10.1016/S0140-6736(22)01930-4)
Full commission page: <https://www.thelancet.com/commissions-do/globalhealthsynergies>

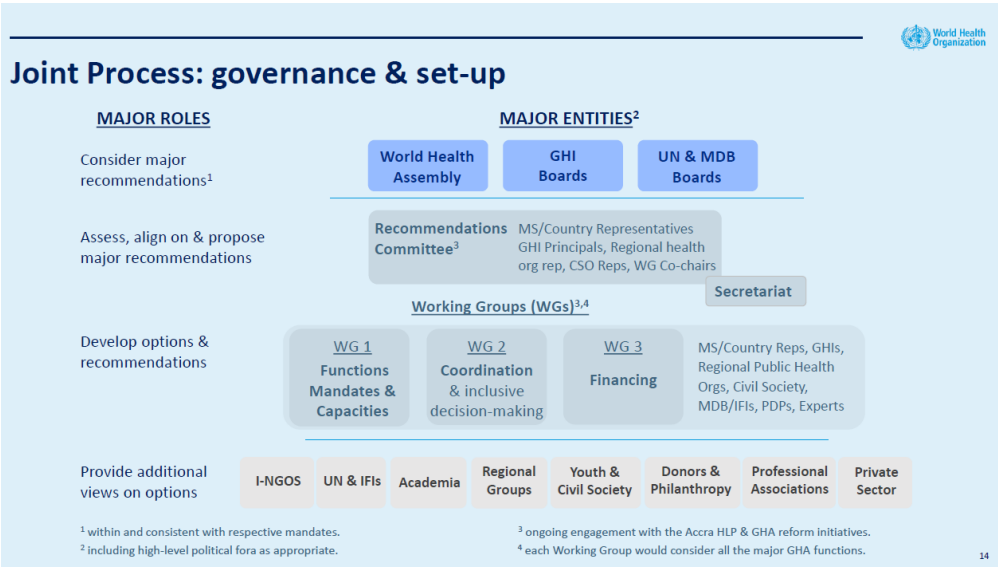
Global Health 2050. (2024). **Third report of the Lancet Commission on Investing in Health (CIH 3.0).** Published October 14, 2024. Full report: <https://globalhealth2050.org/> *The Lancet*, 404, 1561–1614. DOI: [10.1016/S0140-6736\(24\)01439-9](https://doi.org/10.1016/S0140-6736(24)01439-9)

Kruk, M.E., Gage, A.D., Joseph, N.T., et al. (2018). **Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries.** *The Lancet*, 392(10160), 2203–2212. High Quality Health Systems Commission overview: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30485-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30485-1/fulltext)

We strongly recommend that a grounded, evidence-based refinement of this purpose statement be engaged immediately so it can inform what member states will encounter at WHA 79.

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9. Please provide your feedback on the process governance and set-up.



**Joint process governance and set-up.
No inputs.**

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Objectives

To establish options and recommendations¹ 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

¹ specific programs & mergers/consolidations are not within the scope of the Joint Process

The objectives cross-cut the **global health functions**²:

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

² first four functions represent Global Public Goods from which all countries benefit

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Objectives

We assess that the action verbs on slide 12 – ensuring, correcting, aligning – are connected to challenges that, if not intractable, are certainly close to it.

To suggest that this reform effort will successfully ensure alignment of mandates and capacities across GHA functions, etc. seems more a generational than a near-horizon aspiration.

Equally, correcting power imbalances [which have run for generations] “across and between all levels” is extraordinarily aspirational.

Perhaps most daunting is the objective of aligning financing – diminishing where even continuing – across national, regional, and global priorities [as if we enjoyed anything like consensus on what those priorities might be, or should be].

We strongly recommend that the report to WHA79 integrate a more measured and realistic set of objectives. Alternately, if these objectives are to remain stable for the report, that realistic time windows for achievement be added for each.

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Principles for Recommendations Committee & Working Groups

Members	WHO Member States	<ul style="list-style-type: none"> • transparent & regionally balanced • self-selection by WHO Regional groups • effective representation of LICs & LMICs
	Global Health Initiatives & UN	<ul style="list-style-type: none"> • all 8 GHIs & UN entities in Committee (Principals level¹) • self-selected GHI participation in Working Groups
	Civil Society	<ul style="list-style-type: none"> • 2 representatives in Committee & each Working Group • self-selection; balanced south/north representation
<small>¹ CEPI, Gavi, Global Fund, World Bank, Unicef, UNFPA, UNITAID, Pandemic Fund, WHO</small>		
Chairs	Committee & Working Groups	<ul style="list-style-type: none"> • 2 Co-Chairs per entity; 1 of which could be a Member State • self-selection by committee & working group members

IMPT: organization-specific recommendations remain subject to the competent governing bodies of those organizations. Nothing in the Joint Process prejudices or alters mandates, governance arrangements or decision-making authority of participating organizations.

Principles for Recommendations Committee & Working Groups

We take note of the organizations proposed to represent the “GHIs & UN entities” as depicted on slide 15 of the WHO presentation.

Global Health Initiatives & UN

:: all 8 GHIs & UN entities in Committee (Principals level1)

1 CEPI, Gavi, Global Fund, World Bank, UNICEF, UNFPA, UNITAID, Pandemic Fund, WHO

We are concerned that:

:: **UNAIDS is not listed** – which apparently assumes that UNAIDS proposed sunsetting will indeed be accomplished in timely manner. We question whether UNAIDS could not make a useful contribution as this proves unfolds, with highly probably delays. Its historical role in the GHA of the last decades strongly suggests that its voice be added.

:: **The Global Financing Facility (GFF)/World Bank is not listed.** While obviously a World Bank “program”, its role as a primary financing mechanism for women's, children's, and adolescents' health in LMICs and its governance structure strongly suggests that its voice be added.

:: **GPEI (Global Polio Eradication Initiative) is not listed.** As among the largest single-disease programs in global health history, its fiscal weight and momentum suggests strongly that its voice be added.

:: **The Gates Foundation is not listed.** The Gates Foundation historical and continuing role in financing global health innovation, R&D and programs strongly suggests that its voice be added.

Further, given the mix of organizations current listed — *CEPI, Gavi, Global Fund, World Bank, UNICEF, UNFPA, UNITAID, Pandemic Fund, WHO* – we do not see any language providing a rationale for the mix.

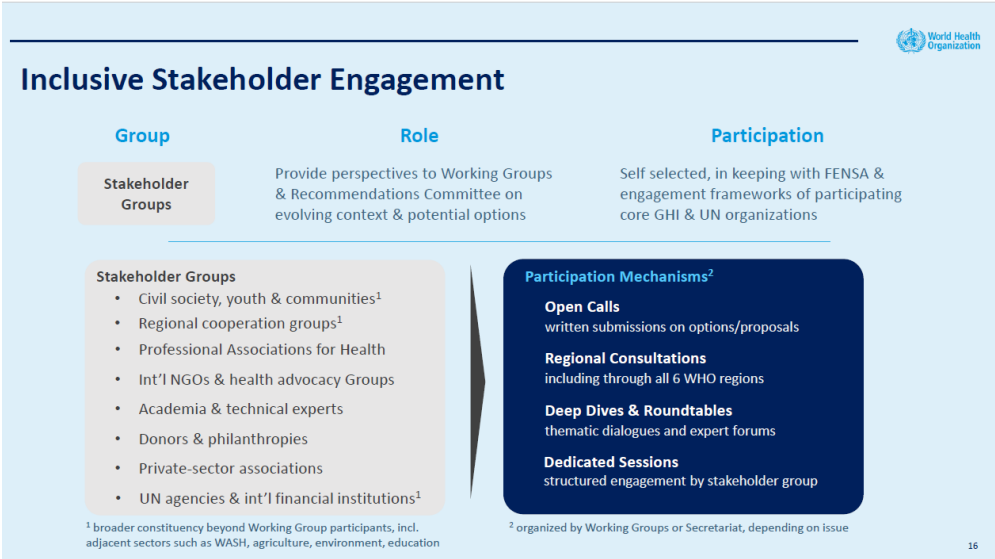
Overall, the membership of the Recommendation Committee and Working Groups will be critical to the credibility of WHA reform, These must be clearly and transparently justified – both in terms of those organizations included and those that would arguably be important candidates but are absent.

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10. Please provide your feedback on the stakeholder participation.



Inclusive Stakeholder Engagement

Private Sector

We note with concern the positioning of the private sector in the overall *Joint Process: governance & set-up and Inclusive Stakeholder Engagement* depictions in slides 14 and 16 of the WHO presentation [April 2, 2026] as above. We recall the reference made to the private sector in [APPENDIX: WHO EB158\(44\) - Reform of the global health architecture and the UN80 initiative](#) as below.

17. ...Developing such a framework requires engaging all key constituencies that comprise the GHA, including countries, United Nations entities, global health initiatives, development banks, sovereign donors and philanthropies, product development partnerships, the private sector, civil society and academic institutions...

Equally, we note that the private sector is not referenced in the EB's call [APPENDIX: WHO EB158\(20\) - GHA Reform- Request to WHO DG 06 Feb 2026](#) as below:

“...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,...”

Finally, we note that while that the “private sector” appears as such in WHO EB158(44) it has evolved to become “private sector associations” in slide 16.

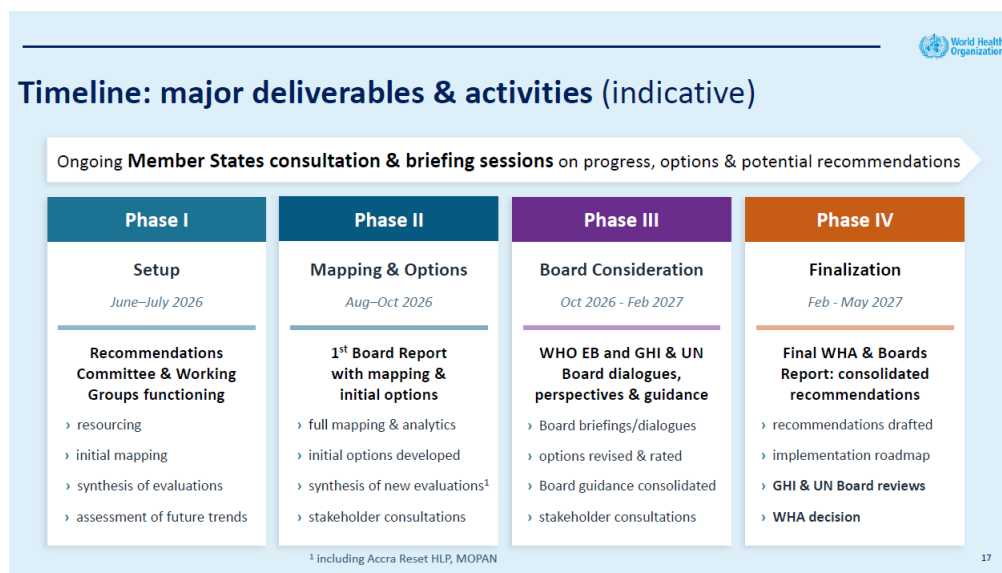
Given the historic and continuing role of the private sector in the GHA, we are concerned that its relegation to the structures above will compromise the integrity of the proposed WHA reform processes and the credibility of its recommendations. We urge this matter’s reconsideration.

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11. Please provide your feedback on the anticipated timeline and phases.

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Given the complexity of the proposed WHA reform outcome; the interdependence of the proposed processes with UN80 and many complementary reform processes across global governance overall; the extraordinary range and number of the stakeholders involved in GHA reform; the cadence, protocols, and process intensity of the various governing boards which will properly review and affirm proposed solution elements, and the prudent build-in the revision cycles to accommodate stakeholder challenges, we assess that the processed timeline is unrealistic, to the point of being unserious.

We urge fundamental reconsideration of the proposed timeline.

12. Please provide your feedback on the resources and risks.



Resources & Risks

<p>Resource implications¹</p> <ul style="list-style-type: none"> • Secretariat • Working Group support • Analytics • Consultations • Support for underrepresented stakeholder groups <p><small>¹ subject to the availability of dedicated resources</small></p>	<p>Risks²</p> <ul style="list-style-type: none"> • insufficient LIC/LMIC capacity to engage • inability of CSOs & affected populations to participate • inability of core GHI Boards to fully engage • pandemic-scale events <p><small>² mitigation measures to be detailed in WHA document</small></p>
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Resources & Risks

We certainly appreciate the listing of *Resource Implications and Risks* as depicted in the slide 18 of the WHO presentation [April 20, 2026]. Indeed, we assess that these listings are only marginally articulated and incomplete at best. Most troubling is the absence of any indication of what the thinking might be in terms mitigation strategies, where responsibility rests to identify and respond to specific risks [both anticipated and not anticipated], and what resources might be available to support responses across the overall initiative, and specific sectors/processes in GHA reform.

We urge fundamental and additional analysis of the current *Resource Implications and Risks* summary and extension of this thinking to add ownership, mitigation strategies, resources required/available, and scenarios which might compromise the timeline proposed in slide 17.

13. Additional comments or inputs to the proposal.

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

Proposed adjustments based on 1st round of consultations

Material for 2nd Consultation

Overview of Proposed Joint Process - updated

20 April 2026

Public Consultation Process based on 20 PowerPoint Slides

We have commented above on the “breakneck” speed at which this initiative is proceeding. This timeline appears to be largely self-imposed: we assess that the WHO EB could have easily accepted this as a multi-year process culminating at WHA81.

Somehow, there was enough time to develop a considered, full-text submission to the WHO EB [[EB158/44](#)] presenting the apparent problem and the proposed action. A matter with the gravity of “reform of the global health architecture and the UN80 initiative” deserved no less.

That said, one implication of the current “velocity” of this initiative is immediately obvious: two global consultation processes based on fourteen and twenty PowerPoint slides respectively.

Somehow, an actual presentation of the slides by a WHO leader or a panel and allowing for Q&A was not able to be accommodated. Somehow, the pace of the initiative did not allow development of a supporting Q&A document, or better, a “full-text version” that enabled a more considered analysis.

This is disappointing and suggests that the GHA reform initiative facilitated by the WHO is proceeding, from its outset, with declining credibility, and that its recommendations and outputs should be examined with great care and healthy skepticism.

APPENDIX: WHO EB158(20) - GHA Reform- Request to WHO DG_06 Feb 2026

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 Administration Committee. Tenth meeting, 6 February 2026 EB158/SR/10

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APPENDIX: WHO EB158(44) - Reform of the global health architecture and the UN80 initiative

Executive Board 158th session

Provisional agenda item 29.1 [EB158/44](#)

22 December 2025

Reform of the global health architecture and the UN80 Initiative

Report by the Director-General

Introduction

1. This report provides an overview of the context for reforming the global health architecture (GHA)¹ and the UN80 Initiative; evolving proposals for GHA reform and the UN80 Initiative; the engagement of WHO in both the UN80 Initiative and GHA discussions; their potential implications for WHO; and considerations for ensuring coherence across these initiatives to better advance the global health agenda.
2. The significant contraction in official development assistance (ODA) since its 2022 peak, particularly in 2025,² combined with escalating pressures on the traditional multilateral order have placed new strains on international organizations both within and outside the United Nations system, countries, global health actors and the global health agenda. These developments are putting at risk recent global health successes, including: since 1990, the nearly 10-year gain in life expectancy globally, and the 60% and 40% reductions in under-5 and maternal mortality respectively; and, since 2000, the estimated 75 million, 25 million and 13 million deaths averted due to vaccine-preventable diseases, HIV and malaria respectively. Additional achievements include the 2005 entry into force of both the WHO Framework Convention on Tobacco Control and the International Health Regulations (2005) and the adoption in 2025 of the WHO Pandemic Agreement.
3. The contraction in ODA and ambition for a more relevant and impactful United Nations system, have led to multiple reform-focused initiatives. At the national level, countries have worked to increase domestic resources for health and better align donor financing with national priorities, in line with the Lusaka Agenda³ and the goals of the newly established Health Works

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.

2 [Cuts in official development assistance: OECD projections for 2025 and the near term](#). Policy brief. Organisation for Economic Co-operation and Development; 2025 (accessed 17 November 2025).

3 [The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process](#) (accessed 17 November 2025).

Leaders Coalition.⁴ Major global health entities and organizations have also launched substantive reforms, including Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNFPA and UNICEF, in addition to WHO. These reforms include rationalizing programmes and structures to fit within new funding realities and focusing available resources where they are most needed. In parallel, both the UN80 Initiative and a number of discussions on the GHA have generated further reform proposals, some with potential implications for **WHO. Together, these efforts have created momentum for rethinking the GHA for greater impact.**

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4. Amid such profound change, ensuring coherence across these interrelated efforts is essential for synergistic action to advance global health and well-being.

WHO and the UN80 Initiative

5. Launched in March 2025 by the United Nations Secretary-General, the UN80 Initiative is a comprehensive reform effort that coincides with the 80th anniversary of the United Nations. It aims to modernize the United Nations system to address contemporary global challenges amid declining resources and increasing geopolitical tensions, making it more agile, efficient and responsive to Member States and global needs.

6. The UN80 Initiative is structured around three workstreams: (1) identifying efficiencies and improvements for cost savings and effectiveness; (2) reviewing mandates to eliminate duplication and enhance impact; and (3) considering structural changes and programme realignment for coherence and impact. United Nations entities were organized into seven thematic clusters to share experience and generate proposals, particularly for workstream 3.

7. WHO actively contributed across all workstreams. Regarding workstreams 1 and 2, which primarily concern the United Nations Secretariat, WHO has shared its experience in operational efficiencies, budget prioritization and reduction and governance reforms on creating, costing and tracking resolutions and decisions. Regarding workstream 3, WHO was a member of the specialized agencies, development and humanitarian thematic clusters, contributing to proposals culminating in the United Nations Secretary-General's report of 18 September 2025, *Shifting paradigms: United to deliver*.

8. The report has potential implications for WHO and global health. First, through the proposed merger of UNFPA and UN-Women, the sunseting of UNAIDS and the delegation of United Nations Secretariat functions to other entities of the United Nations system. Secondly, by expanding the role of specialized agencies at the country level through their inclusion in a new operating model for United Nations country teams, the reformulation of the Resident Coordinator role to more systematically engage them in country planning and policy advice, and the introduction of joint knowledge hubs and an "expertise-on-demand" mechanism. Thirdly, through the "regional reset" to enhance collaboration across United Nations entities at that level and the development of regional integrated platforms to advance cross-cutting issues. Fourthly, by taking forward the humanitarian-related action items, particularly those on integrated supply chains, the development of a collaborative humanitarian diplomacy initiative, and greater localization and streamlined coordination, including for health and nutrition. Fifthly, by implementing a new United Nations system data commons approach, and a joint technology accelerator platform to modernize the IT, digital and AI capacities of United Nations entities. Lastly, through providing or utilizing scaled-up shared services at the global, regional and/or country levels.

4 For more information, see the [Health Works Leaders Coalition webpage](#) (accessed 17 November 2025).

9. On 15 October 2025, the Secretary-General presented his report on workstream 3 to the United Nations General Assembly. On 7 November 2025, following discussion and alignment with the United Nations System Chief Executives Board for Coordination, the Secretary-General released the UN80 Initiative Action Plan, detailing 31 specific Work Packages and 95 Indicative Actions encompassing all three workstreams. Preliminary milestones have been established for assessing the proposed mergers and sunseting of United Nations entities by February 2026 and for submitting final recommendations from the working group on the regional reset and country team reconfiguration by March 2026.

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10. Taken together, the UN80 Initiative proposals could expand WHO's directing and coordinating work on health across the specialized, development and humanitarian domains of the United Nations system.

WHO and reform of the global health architecture

11. While the expansion in the number and diversity of GHA actors⁵ and initiatives in recent decades helped to drive global health successes, it also brought complexity – especially for countries with limited resources – leading to duplication, inefficiencies, divergent priorities and, in some cases, competition. The contraction of ODA in 2025 and strain on the multilateral system have aggravated weaknesses in GHA governance, coordination and financing, increasing fragmentation, service disruptions and risks to global health functions.⁶

12. Alongside the growing pressure on global health actors to refocus and rationalize resources, numerous initiatives,⁷ papers and discussions on GHA reform have emerged, examining issues such as rationalizing the international financing of both global public health goods and development cooperation for health at the country level; advancing country leadership, priorities and self-reliance for national health, in line with the principles of the Lusaka Agenda; strengthening regional coordination and capacities for health, including for health product manufacturing; and establishing meaningful global health governance and coordination across increasingly diverse constituencies. There is strong consensus that reform should be substantive, go beyond cost-saving measures and aim to make the GHA more equitable, inclusive, coordinated and accountable, with sustainable and predictable financing for key global, regional and national functions.

13. In 2025, WHO has focused on providing urgent support for countries most affected by ODA contraction, and implementing its own efficiency, prioritization and alignment exercise. At the same time, the Organization has been taking note of a range of views being expressed on the GHA functions, challenges, and potential solutions, as well as areas of convergence and divergence regarding the potential role of WHO in a more coherent, efficient and impactful GHA.

5 GHA actors include United Nations entities, global health initiatives, product development partnerships, health security organizations, nongovernmental organizations, civil society and community organizations, humanitarian organizations, international financial institutions, donor agencies, philanthropies, academic institutions and the private sector.

6 These include norms and standards, surveillance and preparedness, product innovation and access, and the harmonization of financial cooperation through convening, coordination and, ideally, mutual governance.

7 Ongoing initiatives include the Wellcome Trust regional dialogues on global health reform; the European Commission reflection process on the future of global health; the Gavi Leap radical transformation programme for a new global health architecture; the Accra Reset initiative on reimagining global governance for health and development; and the Health Architecture Reimagined initiative led by civil society organizations.

14. There has been broad support for the normative and standard-setting role of WHO and for its role in coordinating global surveillance and preparedness for infectious hazards and other cross-border health threats. WHO's prioritization of policy advice at the country level is welcome. The convening role of WHO at the global, regional and country levels is seen as vital to its core functions and the GHA. Civil society has appreciated the opportunity to support the work of WHO and participate in its governing bodies meetings. The importance of an inclusive forum for global health collaboration has been highlighted. There is also a recurring emphasis on ensuring that mission-critical functions are assigned to institutions with sufficient capacity to deliver them.

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15. These perspectives can inform the deliberations of Member States as they discuss the future of the GHA, including WHO's vital role and the UN80 Initiative.

Enhancing coherence across interrelated reform processes

16. The evolving proposals under the UN80 Initiative and the diverse perspectives emerging from discussions on GHA reform highlight the need for coherent and consistent outcomes. The Member State-guided WHO efficiency, prioritization and alignment exercise has emphasized WHO's core functions; the UN80 Initiative has underlined WHO's coordination of health actions in the specialized, development and humanitarian domains and the possibility of taking on additional functions; while discussions on GHA reform sometimes propose an even sharper focus for WHO in terms of its core functions.

17. Optimizing the GHA, and WHO's role in this new era, requires a common framework, in terms of the GHA's purpose, major functions, actors and capacities. Such a framework could serve as a basis for guiding priorities, investment and enhanced collaboration modalities. Developing such a framework requires engaging all key constituencies that comprise the GHA, including countries, United Nations entities, global health initiatives, development banks, sovereign donors and philanthropies, product development partnerships, the private sector, civil society and academic institutions. As key actors and sponsors of the GHA, Member States have a central role in championing and helping to shape its reform.

18. To facilitate deliberations on the future of the GHA, and in the context of UN80, WHO proposes to host an overarching, joint process that brings together current GHA reform discussions, and UN80 proposals with potential implications for global health, and complements them as needed with additional evidence gathering, research and consultation, to develop a common framework for the GHA. Such a joint process would build on lessons learned from similar WHO-hosted inter-agency processes, such as the Access to COVID-19 Tools Accelerator (ACT-A) during the pandemic. The process would be transparent, inclusive, and evidence based and generate common products that could be considered by all relevant entities. Initiating such a process in the first half of 2026 would help to align with the timelines of the UN80 Initiative and time-bound consultations on GHA reform.⁸ Member States would be further consulted on the design of the process, and thereafter kept informed on and engaged in the UN80 Initiative and the GHA consensus-building process through briefings and official updates, including through governing body processes as appropriate.

⁸ See, for example, the [Wellcome Trust-led initiative on rethinking the future of global health](#) webpage (accessed 17 November 2025).

Action by the Executive Board

19. The Board is invited to note the report and provide guidance on the following points:

- how to design a joint process, hosted by WHO, that brings together and complements current GHA and UN80 discussions to facilitate convergence and consensus-building;⁹ and
- how best to engage the full range of global health actors, including other global health entities, regional organizations, development banks, philanthropies, civil society and academic institutions.

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