Stakeholder Perspectives on Reforming the Global Health Architecture

GHHG survey | July – August 2026

Parameters Hub - Survey

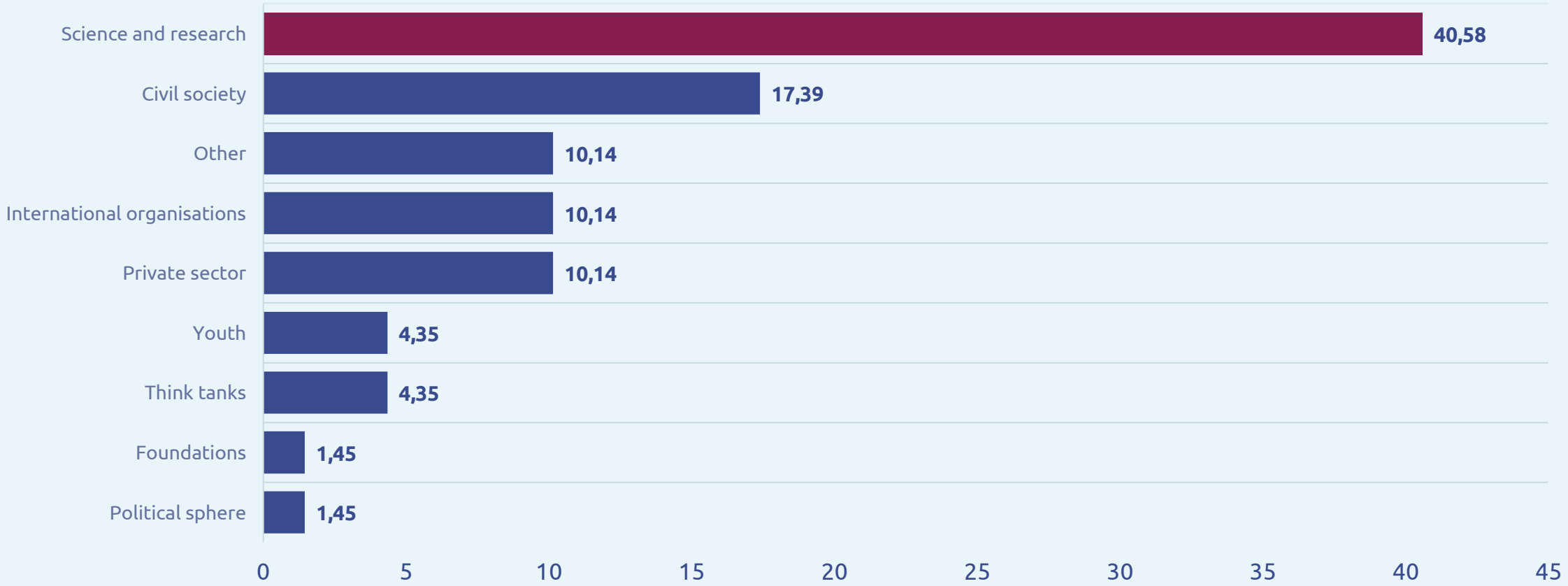
- Survey period: 16 July – 18 August 2026
- Participants: n= 69
- Background and rationale: Following WHA79's decision to launch a WHO-hosted Joint Process on the reform of the global health architecture, the survey captures the German Global Health Community's perspectives on the added value, roles and mandates of key actors to inform the German Federal Ministry of Health's engagement.

Reading note:

- Answers by the same participant cannot be related to this person across questions. Thus, the questions were only analysed within their own context.
- Frequencies shown represent how many respondents raised a topic per question.
- If applicable, multi-coding was possible.

Stakeholder distribution

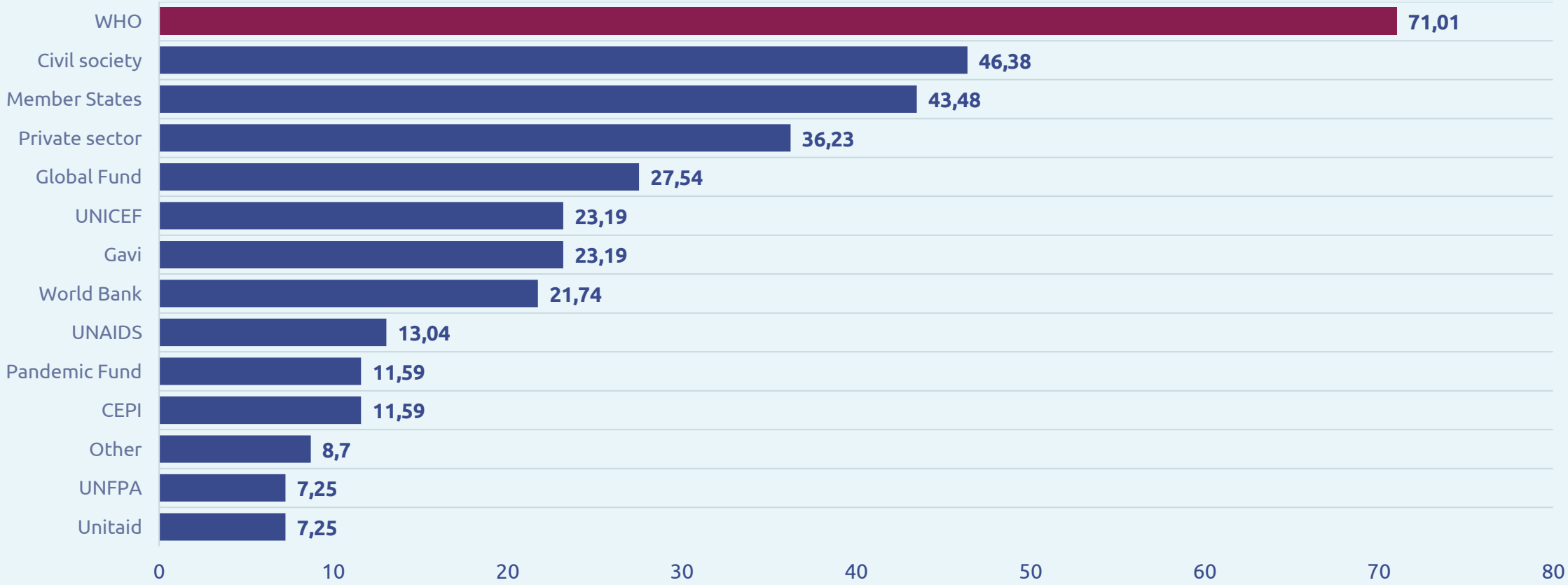
Question 1: Which stakeholder group do you belong to?
(n=69; single choice; percentage)



Other: management; public sector (1x general; 2x National Public Health Institute); across international organisations, civil society, private sector, foundations, and political sphere; across government and private sector;

Knowledge about GHA actors

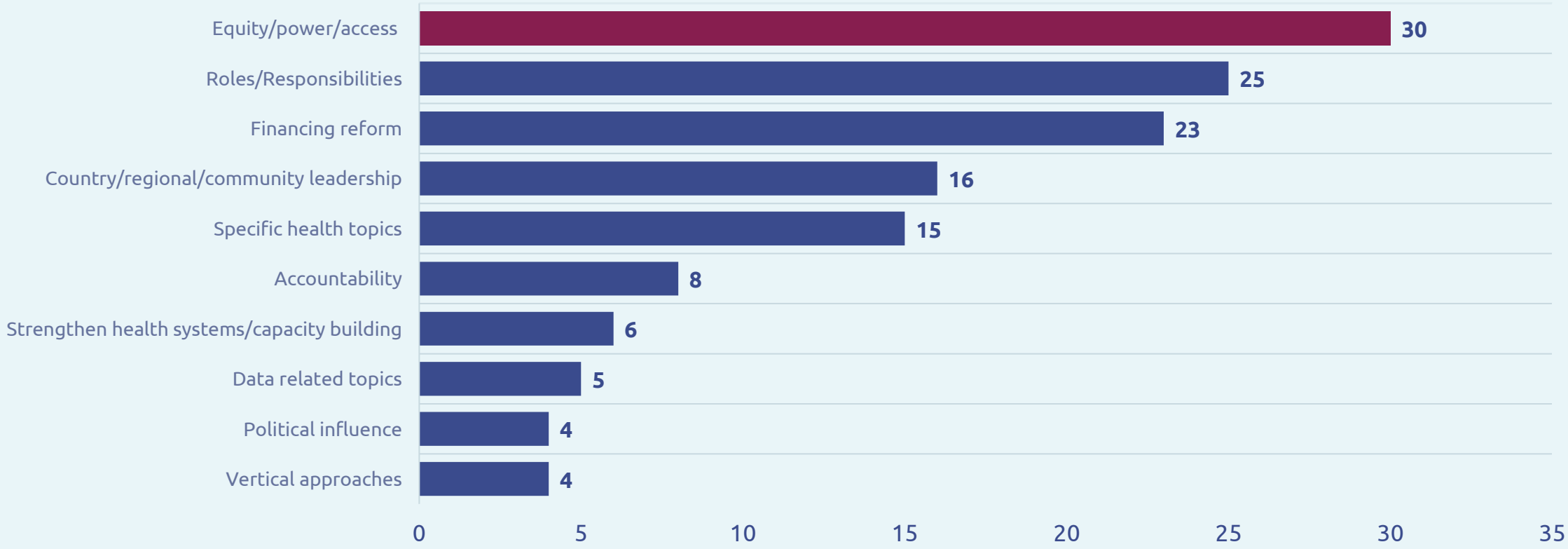
Question 2: On which actors of the global health architecture can you provide an informed assessment?
(multiple choice; percentage of total respondents naming this actor)



Other: IAEA; media sector; government; academic sector; Independent and community-based health practitioners, integrative health professionals, traditional and indigenous knowledge holders and people with lived experience

Central aims of the GHA reform

Question 3: In your opinion, which central aims should the reform of the global health architecture pursue? If applicable, which central challenges need to be overcome? (n = 66; open question)



Note: Singular mentions and categories below 4 mentions are not visualised.

Central aims of the GHA reform

Exemplary quotes	
Equity/power/access	"Should address current power distribution between Global North and Global South, prioritising more equal distribution of power and resources."; "Transparent global health policy based on democratic, participatory decision-making processes that adequately take into account the social—and particularly the commercial—determinants of health, and remain independent of economic power dynamics." (translated); "[…]unequal decision-making power between donors and recipient countries […]"; "should aim to create a more coherent, equitable, country-led and accountable system […]"
Roles/Responsibilities	"It should strengthen the WHO's leadership and coordination role, reduce duplication between organizations […]"; "Coordination among international organizations, government agencies, civil society and private sector to reduce duplication of efforts and improve collective action."
Financing reform	"less short-term financing" (translated); "Central challenge: to enable a stable funding system that ideally is robust against changing political leaders, parties and national agendas. Stable, long-term funding that focuses on long-term goals instead of short-lived initiatives."; "Key challenges include fragmentation, dependence on donors, power and knowledge imbalances rooted in the colonial past, and a lack of resources on the part of both countries and global institutions." (translated)
Country/regional/community leadership	"To increase equity in terms of increased country leadership […]"; "regionalization and localization = as local as possible, as global as necessary"; "Ensuring national ownership and responsibility for national health systems, empowerment of regional governance bodies […]"; "to create a more country-led system that supports national priorities" (translated)
Specific health topics	"The advent of AI in health […]"; "preparedness for pandemics, climate-related health threats, antimicrobial resistance, and the growing burden of non-communicable diseases and mental health."
Accountability	"Successful reform therefore requires the political will of all stakeholders […] to strengthen accountability towards countries and affected populations." (translated); "Primary challenges include a transparent and accountable framework for framing substantive priorities and aligning resources […]"

Note: Singular mentions and categories below 4 mentions are not visualised.

Central aims of the GHA reform

Exemplary quotes	
Data related topics	"reform should address […] the lack of verified, standardized, and consolidated data."; "Free access to data and evidence-based guidelines." (translated)
Strengthen health systems/capacity building	"[…] strengthen health systems in low- and middle-income countries […]"; "[…] ensuring overcoming capacity challenges in regional and national HS governance […]"
Political influence	"There are a lot of paradigms and practices that obey to political interests than the actual objective of fostering health. This must be overcome."; "One central difficulty is the variance in political decisions depending on political majorities."
Vertical approaches	"Key challenges that need to be overcome include […] vertical programming that can weaken integrated health systems"; "The global health architecture continues to be heavily shaped by the priorities of major donors and vertical initiatives, often causing national strategies and the sustainable strengthening of health systems to take a back seat." (translated)

Note: Singular mentions and categories below 4 mentions are not visualised.

Added value per GHA actor

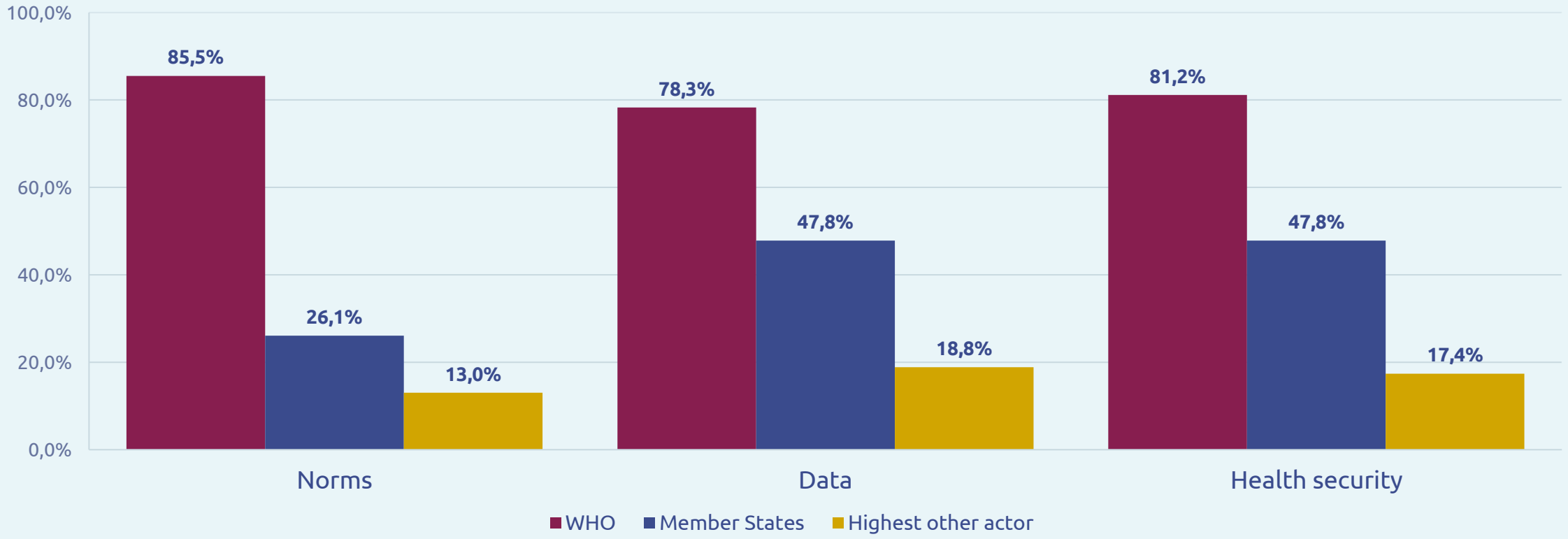
Question 4: In your opinion, which actors are especially suited for contributing to the following functions – also in differentiation to other actors? (3 choices*; percentage of respondents choosing this actor as especially suited for the particular function)

Actor	Norms	Data	Health Security	R&D / access	Health systems	Humanitarian
WHO	**86%**	**78%**	**81%**	**26%**	**48%**	**58%**
Gavi	7%	7%	6%	17%	7%	10%
CEPI	9%	7%	7%	**30%**	10%	12%
Unitaid	1%	1%	3%	16%	10%	3%
Global Fund	3%	4%	4%	19%	**26%**	16%
Pandemic Fund	3%	9%	17%	1%	16%	**26%**
World Bank	3%	19%	6%	10%	**35%**	13%
Member States	**26%**	**48%**	**48%**	**38%**	**57%**	**43%**
UNAIDS	12%	9%	3%	4%	9%	10%
UNFPA	4%	6%	1%	6%	6%	9%
UNICEF	9%	4%	6%	4%	16%	22%
Civil society	13%	12%	13%	14%	19%	**36%**
Private sector	9%	4%	7%	**38%**	19%	17%

Note: * 10 participants experienced technical issues and could only select one actor per function; caution when interpreting the data is advised

WHO leads in norms, data & health security

Question 4 - continued



Note: 10 participants experienced technical issues and could only select one actor per function; caution when interpreting the data is advised

Elaborating on Question 4

Question 5: Optional: If you chose multiple actors of the global health architecture for one mandate, please explain your decision and concrete differentiations to other actors (n = 33*; open question; multi-coded mentions)

- Norms: The WHO should lead global norm-setting and technical guidance (7x); Other mentioned actors: Member States, UNAIDS, "different actors" (each 1x)
- Data & knowledge: Member States should provide/strengthen the data infrastructure or collect this data (4x) while the WHO should harmonize this data (4x); *Other mentioned actors: World Bank, Civil Society, UNAIDS, UNFPA (each 1x)*
- Health Security: The Member States should lead (national) surveillance/detection (2x) while the WHO coordinate cross-border risk assessment (2x) and the Pandemic Fund finances critical capacity gaps (2x); *Other mentioned actors: Private Sector, Civil Society (each 1x)*
- R&D; Access: CEPI should do R&D (3x) and the private sector development and manufacturing (2x) while Unitaid address affordable access (2x); *Other mentioned actors: Universities, Gavi (each 1x)*

Note: Singular mentions are not mentioned in detail; *several answers could not be included into the analysis as the context of the preceding answer is missing (technical limitations)

Elaborating on Question 4

Question 5 - continued

- Development cooperation: Member States should take on the lead (3x) but should rely on partners (1x). (Local) Civil Society should be included (2x) while the World Bank supports long-term financing and institutional reform (2x). Two respondents mentioned that it was a task for a broad range of actors (2x); Other mentioned actors: Global Fund, Civil Society Organisations form other countries (each 1x)
- Emergencies: The WHO should take on a coordinating role (4x) while the leadership/responsibility lies with Member States (2x) while supporting WHO efforts (1x). UNICEF provides operational capacities (3x). Civil society enables (trusted) local response (2x); Other mentioned actors: Multiple actors in coordination; Traditional/Indigenous/Integrative health practitioners (each 1x)

⇒ Under this question, many additional points were raised beyond the 6 functions and actors described in question 4. A majority of those are individual insights.

Note: Singular mentions are not mentioned in detail.

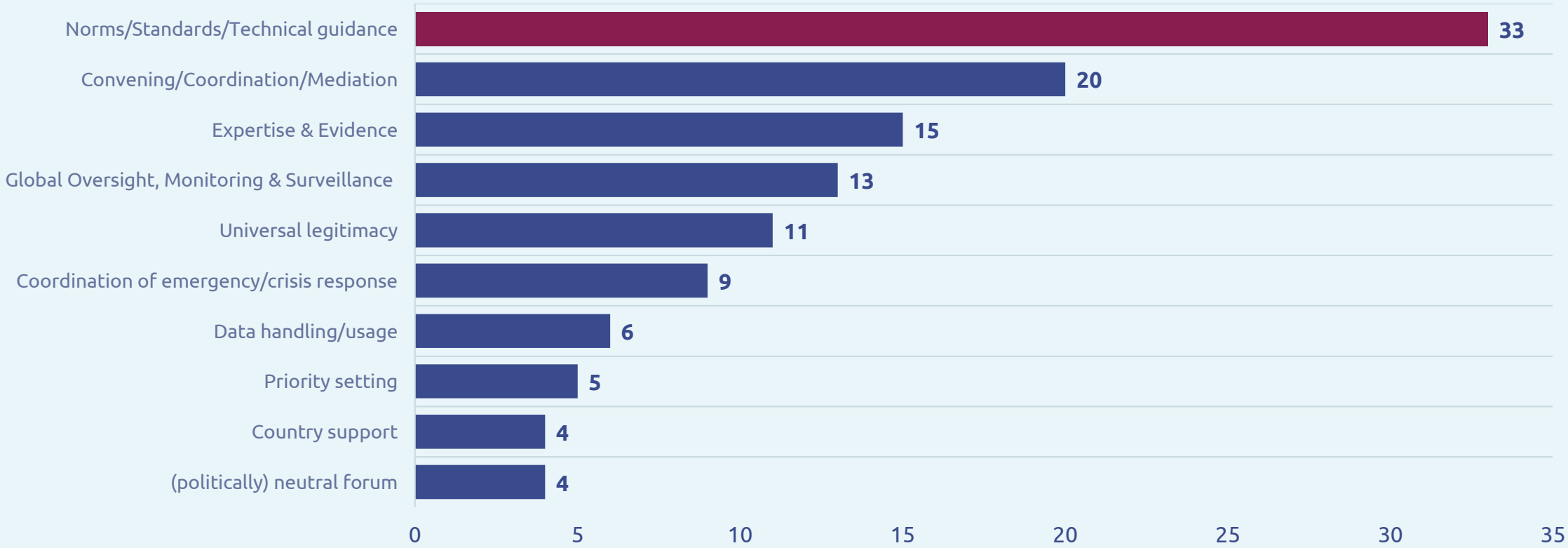
Elaborating on Question 4

Exemplary quotes	
Norms	"WHO's distinctive role is global norm-setting, comparable standards, convening and cross-border coordination […]"; "WHO should lead global norm-setting and technical guidance, while Member States provide legitimacy and adapt and implement standards nationally."
Data & Knowledge	"Member States should own and strengthen national data systems, while WHO should harmonize standards and consolidate comparable global evidence."; "data to be collected by states, internationally coordinated and harmonized (if necessary) by WHO"
Health Security	"Member States operate national surveillance systems, WHO coordinates internationally under the IHR, and the Pandemic Fund finances critical preparedness gaps";
R&D; Access	"CEPI focuses on R&D, Gavi on vaccine financing and scale-up, and Unitaid on improving affordability and access to health products."; "For health products, CEPI should de-risk research and development, the private sector should develop and manufacture products, and Unitaid should address market barriers and affordable access."
Development cooperation	"For development cooperation and health systems strengthening, the member states are the primary responsible bodies but their ability to so this is highly reliant on development partnerships."; "Development cooperation and health system strengthening, Member States + World Bank + Global Fund: Member States should lead national priorities, the World Bank supports system financing and reform, and the Global Fund strengthens key system capacities through grant financing."
Emergencies	"In humanitarian crises, Member States retain responsibility, WHO coordinates, UNICEF offers operational reach, and civil society enables trusted local action."; ") health crisis response to be coordinated by WHO, supported by MS and implemented by CSO"

Note: Singular mentions are not mentioned in detail; *several answers could not be included into the analysis as the context of the preceding answer is missing (technical limitations)

WHO’s added value

Question 6: Optional: What is the added value of the WHO regarding its mandate in comparison with other actors of the global health architecture? (…) (n = 64; open question; multi-coded mentions)



Note: Singular mentions and categories below 4 mentions are not visualised.

WHO’s added value

Exemplary quotes	
Norms/Standards/Technical guidance	“The comparative added value of the World Health Organization (WHO) lies in its universal legitimacy as a UN specialized agency.” (translated); “Norms and guidelines are core business of the WHO.”
Convening/Coordination/Mediation	“WHO’s added value: Unique global legitimacy to set norms and standards, convene Member States, coordinate under the IHR […]”; “The added value of WHO that a neutral body is needed to mediate between different national and regional organisations.”
Expertise & Evidence	“WHO's unique value lies in its […] independent technical expertise”; “WHO provides impartial technical advice based on scientific evidence rather than funding or commercial interests.”; “decades of experience in health diplomacy”
Global oversight, Monitoring & Surveillance	“WHO added value is the global and comprehensive perspective along the healthcare landscape.”; “It has an important role in global disease surveillance […]”; “WHO should monitor global health threats”; “robust surveillance”
Universal legitimacy	“WHO’s principal added value is its universal legitimacy”; “Who’s mandate is universal”
Coordination of emergency/crisis response	“WHO should also have the final say in communicating on pandemics or epidemics.”; “The comparative added value of the World Health Organization (WHO) lies in its global coordination function during health crises.”

Note: Singular mentions and categories below 4 mentions are not visualised.

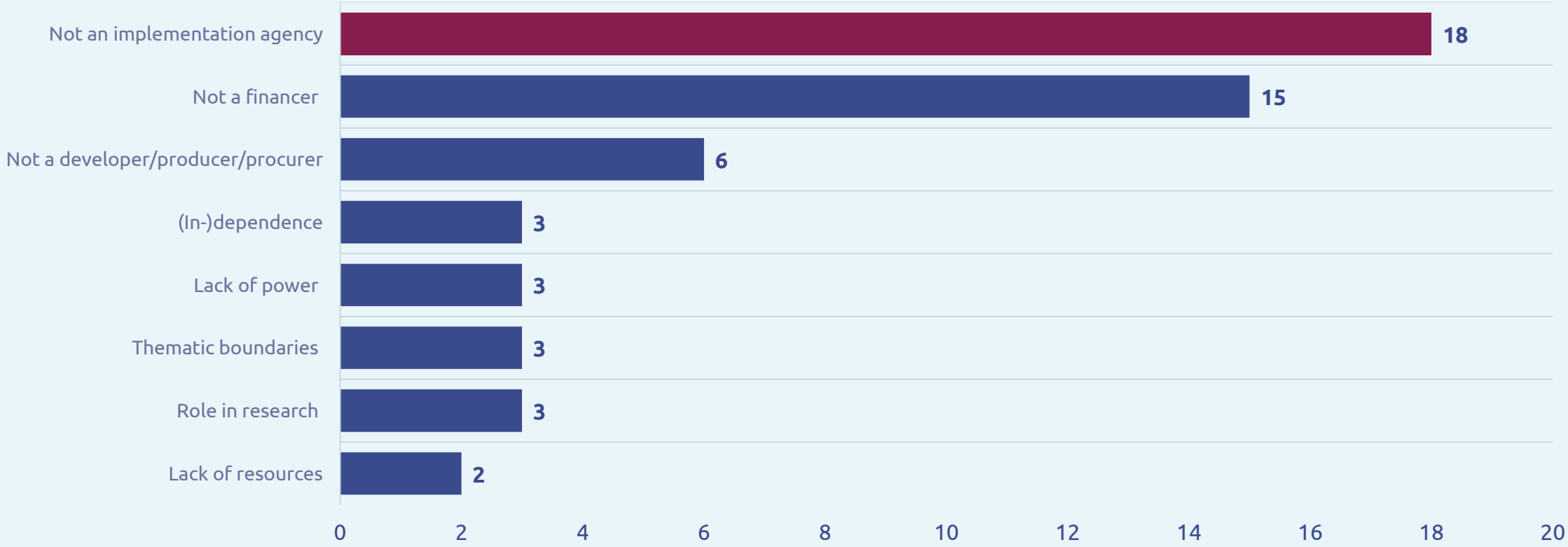
WHO’s added value

Exemplary quotes	
Data handling/usage	“The WHO should embody a truly global, all-encompassing character, supporting people everywhere in the world through information and free access to data on health and disease.” (translated); “It should lead on […] comparable data […]”; ““honest broker" of health data” (translated)
Priority setting	“[…] global priority setting based on evidence”; “It can bring governments and other global health actors together around common priorities.”; “international focus setting for programmes” (translated)
Country support	“Its omparative added value lies in supporting the Member States” (translated); “It is not an implementing agency - but can support member states in this work by providing respective scientific and practical guidance.”
(politically) neutral forum	“Politisch neutrale Plattform zur Koordinierung zwischen Staaten und relevanten Gesundheitsakteuren.“; “WHO should act as central hub of the global health arcitecture and point of reference and communication for other actors.“

Note: Singular mentions and categories below 4 mentions are not visualised.

WHO’s boundaries

Question 6: (…) Which boundaries do you currently see between the WHO and the other actors? Where should boundaries be drawn to create clear distinctions between the WHO’s mandate compared to other actors? (n = 35*; open-question; multi-coded mentions)



Note: * of the total 64 answers for question 6, only 35 also contained information pertaining to boundaries

WHO's boundaries

Exemplary quotes	
Not an implementation agency	"It should focus on functions that require global legitimacy, technical neutrality and coordination rather than competing with specialized financing or implementation organizations."; "Current boundary problem: WHO increasingly overlaps with financing, implementation and delivery functions where actors such as the World Bank, Global Fund, Gavi, UNICEF or Pandemic Fund may be better placed. Where boundaries should be drawn: WHO should focus on norms, standards, surveillance, global coordination, technical assistance and accountability, while financing institutions finance and operational agencies implement and deliver."; "WHO should primarily focus on its normative, technical and coordinating role, rather than becoming a major funding or implementing agency."
Not a financer	
Not a developer/producer/ procurer	"WHO should likewise not develop technology products in-house, not the best use of scarce resources and crunched timelines."; "Product development, market launch, and procurement should primarily be carried out through specialized partnerships and organizations; the WHO should set quality standards and regulatory guidelines."
(In-)dependence	"Since the WHO is funded by various actors, it is able to incorporate the diverse perspectives and areas of interest of these individual stakeholders. However, this also presents a disadvantage, as the WHO's independence can suffer as a result." (translated); "WHO must remain independent of disproportionate donor or commercial influence. Norm-setting, financing, procurement and implementation should not be concentrated in the same actor."
Lack of power	"Due to its federal structure, the WHO has limited authority to act within member countries." (translated); "Furthermore, the WHO completely lacks judicial and legislative state authority." (translated)

Note: * of the total 64 answers for question 6 only 35 also contained information pertaining to boundaries

WHO’s boundaries

Exemplary quotes	
Thematic boundaries	“Separation of duties regarding medications, etc., to avoid conflicts of interest; UNICEF’s strong humanitarian mandate and extensive experience in emergency operations, as well as advocacy for their funding.”; “Clear boundaries are needed for immunization (EPI and GAVI), for HIV/AIDS ((UN-AIDS), Malaria (Global Fund), Epidemics (Pandemic Fund) […]” (translated)
Role in research	“Added value: expert knowledge; Limit: research” (translated); “. For research, there has to be separation of duties to avoid conflict of interest so this should be conducted and evaluated by independent bodies…”
Lack of resources	“Limits exist regarding its economic capacity for action” (translated); “[…] a lack of resources […] hinders the realization of the human right to health.“ (translated)

Note: * of the total 64 answers for question 6 only 35 also contained information pertaining to boundaries

Comparative advantages

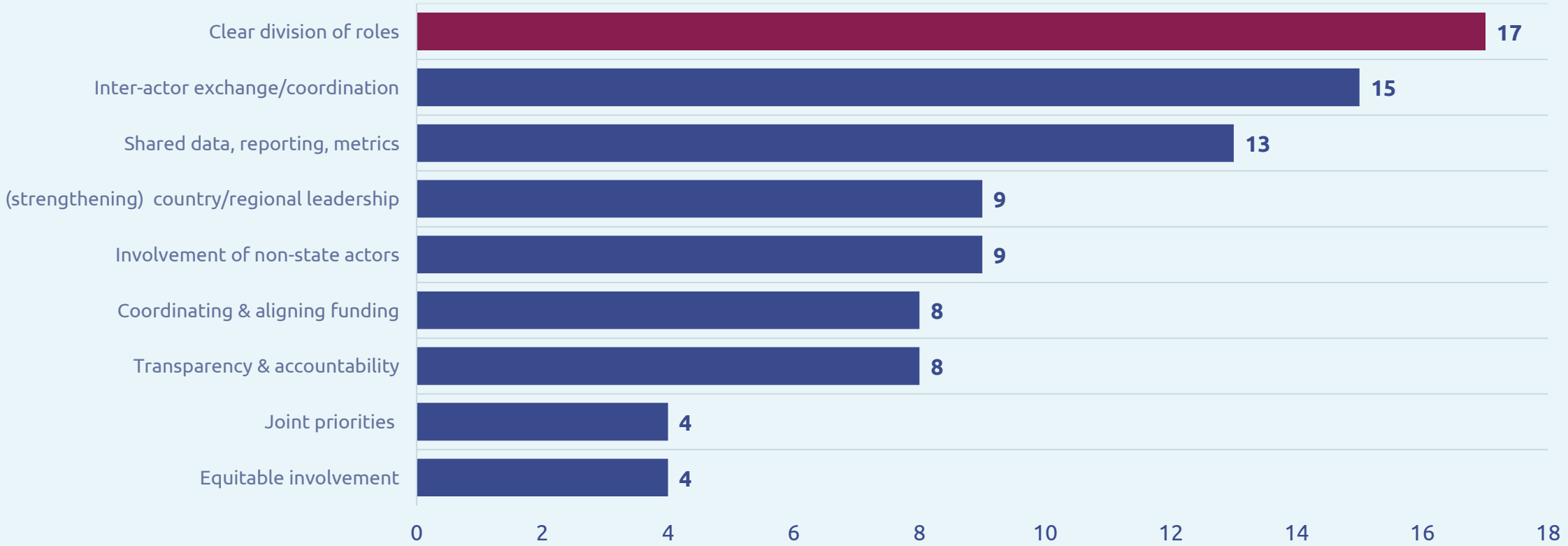
Question 7: What is the added value of GHA actor X in their mandate compared with other actors of the global health architecture? Which boundaries do you currently see between the actor X and the other actors? Where should boundaries be drawn to create a clear distinctions between the X's mandate compared to other actors?
(n = 58*; open question; multi-coded mentions; number of mentions of specific GHA actor as actor X)

- WHO (15x*): norms, convening, global evidence synthesis and emergency coordination
- Member States (8x) and NPHIs (2x): political legitimacy, contextual knowledge and implementation leadership
- World Bank (6x): financing role, closeness to political actors, specialized expertise
- Global Fund (7x) and Pandemic Fund (1x): specialized financing capacity (large-scale, longer-term), strong PPPs, country-level coordination
- UNICEF (5x), Gavi (6x), UNAIDS (3x), UNFPA (1x): country presence, implementation capacity and focused expertise
- Civil Society (6x): proximity, lived experience and accountability
- Academia (3x) and Private Sector (3x): evidence and innovation
- Individual insights: the assessment that there is excessive duplication or no clear added value in specialised actors were mentioned by one respondent each

Note: * Out of the 15 answers 9 contained more information besides the referral to previous answers

Coordination measures

Question 8: Optional: In your opinion, which measures could especially help improve the coordination between actors of the global health architecture? (n = 48; open question; multi-coded mentions)



Note: Singular mentions and categories below 4 mentions are not visualised.

Coordination measures

Exemplary quotes	
Clear division of roles	„Developing the architecture together and agreeing on mandates to continue with and what to drop."; "Establish clearer division of responsibilities between organizations"; "Clear division of roles: Define mandates and comparative advantages to reduce duplication and competition."
Inter-actor exchange/coordination	„Continued dialogue, exchange of ideas based on experiences especially in the health system"; "clear and regular communication structures between these actors (reporting, regular meetings)"; "Creation of an exchange and communication platform for all stakeholders; establishment of international coordination offices." (translated)
Shared data, reporting, metrics	„Improve sharing of health data and evidence while protecting privacy."; "Joint monitoring and evaluation mechanisms to review the division of labour." (translated); "Develop shared monitoring and accountability frameworks"; "*Use one shared results framework, interoperable data standards and joint review mechanisms. * Align funding, reporting and evaluation cycles to reduce administrative burdens and parallel systems"
(Strengthening) country/regional leadership	"Strengthening regional and national organisations with a clear translational profile and action capabilities."; "Country-led coordination: Align partners around one national strategy, priorities and monitoring framework."
Involvement of non-state actors	„Strengthening civil society" (translated); „Systematic engagement of civil society and communities: Affected population groups and civil society organizations should be involved in governance and coordination processes on a sustained basis and with genuine opportunities to help shape them." (translated); "Give civil society and affected communities a formal role in priority-setting and accountability."
Coordinating & aligning funding	„Reduce duplication of programmes and funding mechanisms."; "Improving global health coordination requires, above all, strong WHO leadership, clear divisions of responsibility, and binding funding structures." (translated)

Note: Singular mentions and categories below 4 mentions are not visualised.

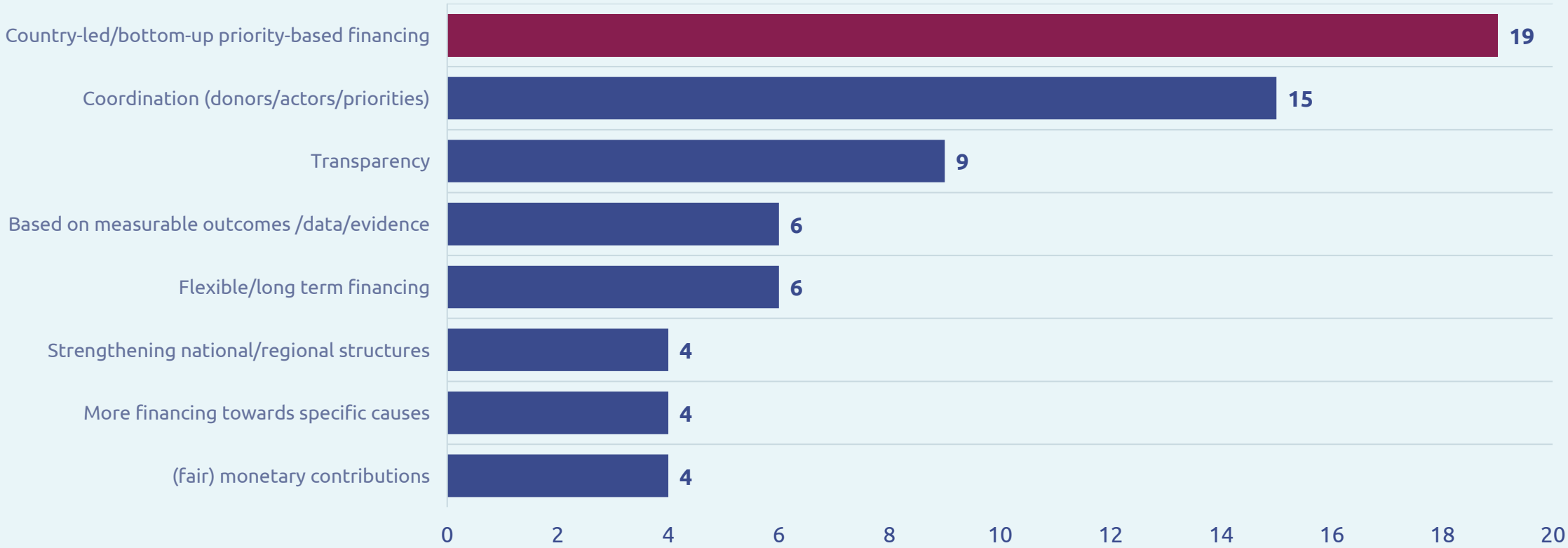
Coordination measures

Exemplary quotes	
Transparency & accountability	„Create a transparent registry of financial commitments, activities and results."; "Disclosure of all sectional interests and, above all, the interests and contracts of the private sector." (translated); "Holding global actors accountable for their actions - countries should do this far better than they do now and involve civil society, academia and private sector to play a role in enhancing accountability."
Joint priorities	„Develop common global health priorities and measurable objectives."; "it is trivial but taking away the political interests of individual states and acting in the joint interest of commonly identified health priorities at GLOBAL SCALE"
Equitable involvement	„better representation of the Global South in international organizations (including in terms of personnel)" (translated; "include civil society, affected communities and Indigenous representatives through direct, adequately funded participation—not merely consultation"; "Equity in the representation of member states and that will improve contributions of the member states"

Note: Singular mentions and categories below 4 mentions are not visualised.

Financing should follow country-led priorities

Question 9: Optional: In your opinion, which measures could particularly contribute to better aligning global health financing with national, regional, and global priorities? (n = 42; open question; multi-coded mentions)



Note: Singular mentions and categories below 4 mentions are not visualised.

Financing should follow country-led priorities

Exemplary quotes	
Country-led/bottom-up priority-based financing	„Country-led financing: Align external funding with national health strategies, budgets and NAPHS rather than donor-specific priorities.”; “there the question is more whether the global priorities do indeed reflect priorities of everyone, i.e. whether they are indeed global; to better align regionally and nationally, funders need to listen more, and not just to governments or regional organisations”; “countries own initiatives and local agency”
Coordination (donors/actors/priorities)	„Need to improve coordination among funding organizations to reduce duplication, streamline reporting requirements, and maximize the impact of available resources.”; “Standardization—for example, in line with WHO guidelines—can help coordinate various stakeholders. However, it is also important that individual stakeholders—particularly donors—support these standards.” (translated)
Transparency	„Funding should […] include transparent accountability mechanisms.”; “Improve transparency in funding decisions.”
Based on measurable outcomes /data/evidence	„Global health financing should be based on […] reliable and comparable data, and clearly measurable outcomes.”; “Improve data collection at the national, regional and global level so that decision making on health financing will be evidenced based.”
Strengthening national/regional structures	„Financing should be focused on regional and national public health organisations to enable them to build the translational pipelines from their academic/knowledge base towards public health action.”; “Better alignment of global health financing can especially be achieved through the strengthening of regional structures […]” (translated)

Note: Singular mentions and categories below 4 mentions are not visualised.

Financing should follow country-led priorities

Exemplary quotes	
Flexible/long term financing	„Shift toward pooled, flexible, multi-year financing rather than earmarked project-based funding"; "Long-term, predictable, and flexible funding should be preferred over short-term, fragmented project funding." (translated)
More financing towards specific causes	„Investments in primary health care and resilient health systems should be given greater consideration." (translated); "More resources should be directed toward prevention, primary healthcare, pandemic preparedness and health-system strengthening."
(fair) monitary contributions	„significant increase in contributions from public bodies, particularly nation-states and other UN organizations." (translated); „More binding commitments from donor countries (e.g., Germany)" (translated)

Note: Singular mentions and categories below 4 mentions are not visualised.

Stakeholder involvement in the reform process

Question 10: How should your stakeholder group be more involved in the reform process? (n = 62; open question)

- Inclusion of the stakeholder groups‘ expertise (16x)
- (Formalized) meaningful and continuous inclusion in the reform process from the beginning (13x)
- Regular dialogues/exchanges on the reform process (11x)
- Transparency in process especially regarding expertise/input considerations (8x)
- Inclusion of evidence to inform the reform process (8x)
- Have diverse representation within the process (countries, communities) (6x)
- Provide the stakeholders with advisory roles (2x), a voice and say in the process (2x) or financial support (3x)
- Broaden the reach of surveys like this (2x)

Stakeholder involvement in the reform process

Exemplary quotes	
Expertise	"By given the opportunity to contribute their expertise in various sectors"; "International organizations possess a global overview and country-specific knowledge—both are important for the reform process." (translated); "To avoid the misallocation of resources, it makes sense to adopt an approach that is as specific as possible for the various regions being addressed; my stakeholder group can contribute this knowledge and experience." (translated)
Meaningful inclusion	" Involve technical and public health experts from the outset, not only at the validation stage."; "Definitely need to have civil society/affected communities have seats (2) in the reform process (a seat at the table rather than just in the room)"; "Include youth representatives in decision-making processes."
Exchanges/dialogues	"Through surveys like this one and direct conversations with selected personnel from member states' health ministries / national public health institutes."; "Strengthening their participation through regular dialogue, transparent engagement mechanisms, and representation in relevant governance platforms would help ensure that reforms are more inclusive, responsive, and accountable."; "Continued dialogue, exchange of ideas based on experiences especially in the health system";
Transparency	"The reform process should be transparent, with feedback provided on how stakeholder recommendations were considered."; "Transparent and continuous mechanisms for participation, feedback and accountability should be established."
Evidence	"contributing to provide evidence for setting priorities and elaborating guidance papers on the basis of scientific evidence, helping interpreting the evidence for those who have to translate it into practices"; "Strengthening evidence-based decision-making in global health, with clear consideration of scientific findings." (translated); "Universities must collaborate and generate evidence." (translated)
Diverse participation	"Participation should reflect geographic, disciplinary and career-stage diversity, with stronger representation from low- and middle-income countries."; "Independent and community-based practitioners, affected communities, and traditional and Indigenous knowledge holders should have formal, independently funded roles in setting agendas, decisions, implementation and evaluation—not just consultation. They offer solutions central institutions may miss."

Recommendations to the German Federal Government

Question 11: Optional: Which recommendations or suggestions do you have for the German Federal Government regarding the WHO-hosted Joint GHA reform process? (n = 31; open question)

The German Federal Government should …

- … actively participate in the GHA reform process, e.g. both politically and financially (11x)
- … promote a reform process with meaningful inclusion of diverse voices (e.g. LMICs, different stakeholders like civil society or private sector) (12x)
- … support the WHO , especially ensuring its continued financing (8x)
- … advocate for a clear distribution of responsibilities and role distinctions (5x) and a reform of financing mechanisms (6x)
- … back the reform with transparency (4x) and process monitoring/evaluation (4x)

Additional individual voices and minority views (2 mentions or less) are not included here.

Recommendations to the German Federal Government

Exemplary quotes	
Active participation	"Actively support the WHO-hosted Joint Process politically and financially, as it offers an important opportunity to bring together existing reform initiatives and reduce fragmentation in the global health architecture." (translated); "Clear strategies regarding funding of Joint- GHA reform process and monitoring of key achievements."
Promote diverse participation	"Systematically engage civil society, particularly organizations and community representatives from low- and middle-income countries (LMICs). Participation should go beyond consultations and enable genuine co-creation." (translated); "Involve non state actors. Without this the process is lost and will not generate any results."
WHO support	"As the WHO's largest current donor, Germany should provide stronger support—for example, by increasing voluntary contributions, deploying personnel, fostering links with civil society and the scientific community in Germany" (translated); "Support a stronger and more effective WHO coordinating role while avoiding unnecessary duplication with other global health institutions."; "Ensure political and financial support for the WHO ensuring independency of WHO"
Clear roles	"support the GHA reform towards a clear distribution of responsibilities and tasks avoiding parallel structures and systems at global, regional and countries levels."; "Call to clearly articulate the role of GHIs and vis a vis each other and in relation to member states, plus responsibilities to member states and civil society bodies."
Financing reform	"Advocate for sustainable and predictable financing for global health."; "Promote predictable and flexible core financing for WHO, while encouraging specialised institutions to concentrate on their comparative advantages. […] Support country-led financing compacts and transparent tracking of funding, responsibilities and results."
Transparency	"More transparency and communication from the Federal Government on their activities [in this reform process]" (translated); "Promote greater transparency, accountability and coordination among global health organizations."
Process monitoring/evaluation	"Include an independent evaluation mechanism to assess whether the reform reduces duplication and improves equity, efficiency and country ownership."; "For every project every activity there is a dire need for close and regular monitoring and evaluation and baseline line surveys to precede all initiatives"

Implications for Joint-GHA reform

(short summary of findings)

- Role clarity:
    - WHO's normative, technical and convening role should be preserved.
    - Financing, procurement and development as well as implementation should not be a WHO priority but should fall to other GHA actors.
- Countries should take a central role in this reform *(leadership, country-led priorities)*
- Transparency, accountability should be key in this process
- Equitable participation, access and power balance within this reform process should be principal
- Use regular coordination platforms and a common data, monitoring and reporting architecture.
- Align financing to national and regional strategies through more flexible, pooled and predictable funding.
- Institutionalise meaningful participation, including civil society, communities, science and responsible private-sector expertise.