

Online seminar – Future global health functions and the role of WHO

Summary report

23rd January 2026

A timely discussion

On 23rd January 2026, *The Partnership for International Politics and Diplomacy for Health* hosted an interactive seminar on future global functions for health and the role of World Health Organization (WHO). The meeting convened more than 70 former fellows, faculty members and institutional partners from the Partnership's Executive Program.

Against the backdrop of an ongoing health financing crisis; persistent questioning of science and multilateralism; unprecedented momentum for reforming the international ecosystem for health; the US withdrawal from the WHO; and the upcoming WHO Executive Board meeting, these discussions carry practical, not just theoretical weight.

Participants engaged in a personal capacity and the discussion was held under Chatham House Rule.

During the session, Anders Nordström provided a framing of global health functions and described key shifts in global health. Amélie Schmitt and Michel Kazatchkine followed this by outlining proposals for how WHO could adapt to and strengthen its position in the current landscape.

Sandro Demaio moderated an exchange of cross-regional perspectives on the desired role of WHO, with contributions from Satoshi Ezoë, Magda Robalo and Peter Piot, followed by an exchange with the participants.

Global health system at a crossroads - Which global functions should be protected?

In his introduction to the seminar, Anders Nordström made the following points:

Although the global health system has contributed to significant health improvements, there is broad agreement that its architecture is no longer fit for purpose. Four paradigm shifts are particularly relevant for the design of a future system:

- 1) *Shifts in the issues affecting people's health*, from infectious to non-communicable diseases, and toward environmental and commercial determinants of health
- 2) *Shifts in power* from global institutions to regional and national levels
- 3) *Shifts in design* from a complex, fragmented and competitive system to a modernized and simplified one, with fewer institutions and clearer mandates
- 4) *Shifts in financing* from an aid-based paradigm to domestic financing and self-sufficiency

While these shifts do not render multilateral cooperation for health obsolete, they necessitate a redefining of scope and terms of such cooperation.

Since the historic drops in official development assistance in 2025, multiple initiatives to reform the global health system have emerged, many of which focus on internal institutional reforms and health financing. Though these efforts are essential, they should be combined with a clarification of what functions are expected from a reformed global system.

Global functions have previously been described across four categories:

- 1) Managing cross-border externalities (responding to global threats)
- 2) Provision of global public goods (norms, standards, knowledge, research)
- 3) Direct country support (resources in-kind or cash)
- 4) Leadership & stewardship (convening, priority setting, consensus building)

In short, the direction points to a future need for functions 1, 2, and 4, while the importance of function 3 is decreasing and is expected to continue to do so.

Implications for WHO

During the seminar, there was broad agreement that WHO should refocus on its core mandate and thus prioritise its convening, normative and standard-setting roles. This was coupled with calls for greater transparency and accountability within the Organization. Participants largely agreed that WHO should narrow its technical work, ensure it does not take over responsibilities that lie with countries' national authorities, and avoid duplication of fieldwork done by other UN agencies and humanitarian actors. While it was stressed that cost-containment and reform are not synonymous, participants argued that a sharper focus on WHO's global comparative advantages would enable it to operate more effectively under a reduced budget.

Having agreed that WHO's work should be grounded in its core normative mandate, scientific expertise and convening power, participants raised questions about the quality of WHO's execution of those functions, ways of financing them, and the efficiency of governance arrangements, including Executive Board meetings and communication between headquarters, regional, and country offices.

It was recognised that WHO reforms cannot be discussed in isolation, and that they should be contextualised within the broader transformations of the UN system and global health ecosystem.

Although the Organization is being considered as a potential host of a system-wide reform process, participants expressed scepticism about WHO taking on this role. Concerns spanned potential conflicts of interest, lack of legitimacy and efficiency, and insufficient inclusivity. In particular, participants doubted that a WHO-initiated process would lead to substantial change and allow for meaningful engagement of non-state actors, including civil society and the private sector. Rather, coalitions of the willing or independent, appointed groups with diverse participation were seen as more productive alternatives.

Regionalisation was repeatedly mentioned, with participants noting that what remains at the global level should be informed by a clear understanding of what can and should be performed by regions and countries. It was also important to ensure complementarity rather than duplication between different layers of governance.

Looking back, the global health system, with WHO in its centre, has delivered substantial health achievements. However, these successes do not justify maintaining the status quo in light of profound geopolitical and epidemiological changes.

This seminar served as a timely initial dialogue signalling that there is emerging agreement around the need to revisit WHO's core mandate, focusing on its convening and norm-setting roles.

The conversation should be advanced by engaging public actors, private sector stakeholders, and civil society, recognising their distinct roles, responsibilities, and perspectives. Informal spaces can help prepare the ground for discussions in formal decision-making fora.

Additional reading

- [Four paradigm shifts to shape an agenda for global health reforms](#) (Nordström A, e Silva MR, Clark H, Minghui R, Piot P, Teo YY)
- [Transforming the Global Health Ecosystem for a Healthier World in 2026](#) (Pate MA, Kaberuka D and Piot P)
- [Global health leap: An urgent call for action](#) (Nishtar S)
- [Functions of a global health system in a new era](#) (Rasanathan K, Cloete K, Gitahi G, Gómez-Dantés O, Saminarsih D, Swaminathan S, Takian A, Røttingen JA)
- [Rethinking the Role of WHO in a Transformed Global Health Order](#) (Kickbusch I, Kazatchkine M and Piot P)