# Rethinking the future of global health: A high-level dialogue

Meeting report, Bangkok

April 2026

# Contents




## Acknowledgements

Thanks to the International Health Policy Program and Thai Government for their kind support of the high-level dialogue.

Thank you to all those who took the time to join us in Bangkok, contributing their rich experience and ideas.

Finally, thanks to the Wellcome team for their work in delivering this event.

# Foreword

A window of opportunity for global health reform has opened.

Political will is building, but it can only take us so far. Without concrete proposals for what reform should look like and how it can be implemented, this political will cannot be translated into action and progress will not be made.

To help shape this thinking, Wellcome convened a high level global meeting in April 2026 in Bangkok. We asked participants to be candid and propositional about the changes they want and how these could be implemented, including the challenges ahead. I am grateful to all who contributed.

Imagining a different global health system is difficult; it requires looking beyond the limits of the current one and believing change is possible. There is no perfect system, but there is a better one. We must keep challenging ourselves to articulate what needs to change and how that change can happen.

This will be uncomfortable at times. Reform will require confronting entrenched power dynamics and vested interests. As initiatives such as the WHO hosted joint process and the Accra Reset get underway, we will need concrete, actionable proposals ready for discussion and decision making.

Without this, fragmentation will deepen, trust will erode further and the political window for reform will narrow – making future change harder, slower and more costly.

The global health community must be bold – including us at Wellcome. We will continue to support the generation of new ideas for a reformed system and engage in processes that drive reform, encourage active leadership from governments and include diverse stakeholders.

It is easy to say that reform is important, that reform is inevitable. It is harder to prove that reform is possible – but that is exactly what we must do.

**John-Arne Røttingen**
CEO, Wellcome

**Image credit:** Wellcome / Nathalie Jamois

# Key takeaways

- Reform must be driven by a clear, shared vision for the future global health ecosystem, and grounded in clarity on functions that starts from an understanding of country needs.
- There is growing convergence on key structural shifts: strengthening country led approaches, reinforcing regional platforms, streamlining global architecture and advancing practical levers such as pooled procurement. Ongoing processes should prioritise the next steps identified in these areas, in order to move from rhetoric to action.
- Agreement on what to reform must be matched by attention to how stakeholders engage: transparency, honesty and continuity are key. As are shared spaces that can address power imbalances and enable open, inclusive and sometimes uncomfortable dialogue.
- Reform will require all actors to embrace iterative learning, flexibility and a high tolerance for ambiguity. No one will get their perfect solution. Alignment will be partial and negotiated, and pragmatic steps should be balanced against more ambitious shifts. To quote a meeting participant: "A good agreement will be one where everyone is slightly grumpy".
- Decisions must now complement dialogue, using existing mechanisms and governance arrangements, and linking technical proposals with political authority. Boards will be critical in overcoming institutional resistance and coordinating across institutions and platforms. A system-wide reform tracking mechanism may help to monitor decisions, measure progress and sustain momentum.
- Reciprocal trust between actors is a binding constraint; without it, even well designed reforms will fail to mobilise, align or deliver.

**Image credit:** Wellcome / Nathalie Jamois

# Introduction

2025

**September**

**Publication of five discussion papers for a reimagined global health architecture.**

**August-November**

**Five regional dialogues on global health reform.**

2026

**March**

**Launch of the global synthesis report bringing together reflections and takeaways from five regional dialogues.**

**April**

**High-Level dialogue on Global Health Architecture in Bangkok.**

A rare opportunity has emerged to rethink global health. Over the past 18 months, geopolitical shifts and declining international funding have intensified long standing weaknesses in an already fragmented system.

Perspectives vary but the overarching message is clear – global health is strained, overly centralised and unable to meet the world's needs. The question now is: can this moment of crisis be seized as an opportunity for meaningful change?

In 2025, Wellcome Trust supported five regional dialogues, which were convened by partner organisations and brought together stakeholders from 114 countries. These dialogues examined the shortcomings of the current global health architecture, identified priorities for reform at global and regional levels, and explored practical pathways for change. The dialogues were also designed to be inclusive and to elevate a broad range of perspectives. Their outcomes were summarised in a Global Synthesis Report, launched in March 2026.

Building on this foundation, in April 2026, Wellcome convened governments, multilaterals and civil society in Bangkok for a high-level dialogue on global health reform. This meeting – held under Chatham House rules and chaired by Wellcome CEO John-Arne Røttingen – brought together representatives from across the world to:

- Provide a space to drive regional momentum and allyship around regional and global reforms
- Build a shared understanding of and, where possible, consensus on what reforms are needed and how they can be implemented
- Identify outstanding questions and issues that need to be addressed

**Image credit:** Wellcome / Nathalie Jamois

Across two days of discussion, participants moved from diagnosing systemic weaknesses to identifying practical reform pathways and near-term actions. These considerations focussed on connecting people and creating space for bold and challenging discussions.

On Day 1, participants reflected on work to date, debated the vision and functions of the global health ecosystem and explored the implications for reform at regional and global levels. Representatives from key existing and emerging processes for catalysing global health ecosystem reform – such as the Accra Reset and the WHO-convened process, among others – also provided a brief overview of their objectives, scope and intended outcomes.

Day 2 discussions sharpened the agenda by confronting uncomfortable realities – including fragmented financing, donor earmarking, power imbalances and institutional inertia – and unpacking how reform could be operationalised in three specific areas: "One Plan, One Budget, One Monitoring and Evaluation (M&E) system"; pooled procurement; and mandate refinement.

This report summarises the key themes and takeaways from the meeting. Its aim is not to add another layer to an already complex reform landscape, but to support clarity and coherence and ensure reform efforts draw on the expertise and experience of stakeholders worldwide. We hope it will inform ongoing reform discussions – including the WHO hosted joint process, Accra Reset, and others – and look forward to working together to turn ambition into action.

[1] Participants were drawn from across the five regions involved in the regional dialogues: Africa, Asia and the Pacific, Europe and North America, Latin America and the Caribbean, and the Middle East and Central Asia.

# Key themes and reflections

## Vision, functions and principles for the global health ecosystem

As a starting point, participants reflected on the foundations of an effective and equitable global health ecosystem – the vision, functions and underpinning principles.

Using the vision and functions set out in the Wellcome Global Synthesis paper as a catalyst for the discussions, participants explored the extent to which there is a common understanding of the scope and ambition of the global health ecosystem, and the key functions needed at each level, teasing out key tensions or trade-offs.

**Image credit:** Wellcome / Nathalie Jamois

### Vision

While further discussion and refinement is needed, participants envisaged a global health ecosystem that:

- Can improve health outcomes and equity, support progress towards universal health coverage and deliver collective value for all in the face of evolving health challenges
- Does so by sustainably supporting the delivery of regional and global public goods, providing responsive international coordination and financing, and – where needed – ensuring effective assistance is aligned with country-led trajectories
- Is a decentralised system, driven by countries and inclusive of all stakeholders, that actively rebalances power asymmetries, is anchored at the regional level and backed by a leaner and more streamlined global architecture

### Functions

The functions of the global health ecosystem were also discussed at length, with particular emphasis on the importance of a bottom-up approach grounded in clarity on the functions countries need, and which of these can be addressed at national level. Regional and global functions should then be identified in areas where supra- or inter- national solutions are required to support countries, with a fluid – rather than binary (regional vs global) – understanding of how functions are weighted across different levels.

It is clear that further discussion is needed to clarify the balance of functions at each level of the global health ecosystem, but some of the reflections shared by participants are captured in the diagram below (see Figure 1). Participants noted that unclear boundaries around where certain functions occur act as a complicating factor in reform discussions – particularly when it comes to streamlining mandates (see Deep dive 3 below).

Figure 1

# Functions of the global health ecosystem

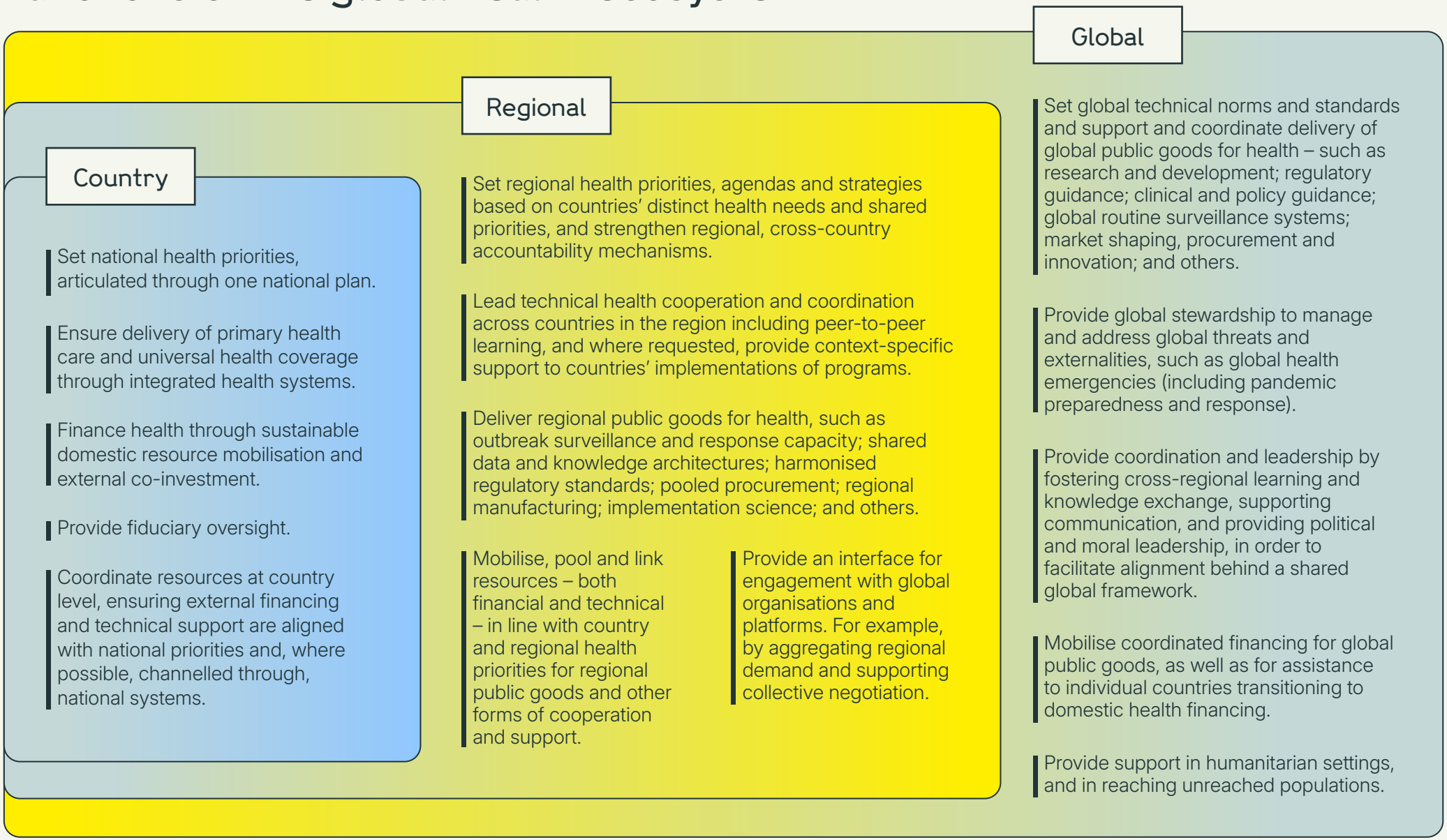

**Image credit:** Wellcome / Nathalie Jamois

### Principles

Across both days, four core principles with which all reform decisions should align were re-affirmed:

- **Country sovereignty and leadership**

Discussions made explicit that sovereignty must mean control over priorities, financing pathways and implementation. Not merely consultation. Countries must move from being grant recipients to system owners.

- **Subsidiarity and functional clarity**

Participants rejected rigid global–regional dichotomies. Instead, functions should sit where they can be performed most effectively, with countries at the centre, regions enabling collective action and global institutions focused on true global public goods.

- **Equity and power redistribution**

Equity was framed not only as outcomes, but as voice, representation and decision-making authority. Discussions explicitly confronted power imbalances in boards, funding mechanisms and agenda setting, identifying them as structural – not incidental – drivers of inequity.

- **Coherence over proliferation**

Participants agreed that complexity has become a risk in itself. Fewer initiatives, clearer mandates and aligned incentives are now essential to sustain impact.

## Reform priorities at global and regional level

Across the five regional dialogues supported by Wellcome, two key themes emerged – the growing role of regional health architecture and the importance of streamlining the ecosystem at global level. Further discussion of these two topics in Bangkok highlighted that, while there is an emerging sense of direction for the future global health ecosystem (as outlined above), even these key areas of reform are contested. An ongoing challenge for reform efforts will be reaching sufficient support on key foundations to allow progress to be made.

### Enabling regional health architecture to take on functions in a way that effectively aligns with country needs

Regional dialogues placed a strong emphasis on the need for the evolution of the global health ecosystem to recognise the critical role of the regional level in embedding flexible, differentiated approaches that can respond to diverse and evolving country realities. Building on this, participants considered the actions needed to effectively devolve and deliver global health functions at regional level. Breakout discussions highlighted that:

- What is meant by regionalisation isn't intuitively clear and needs further unpacking. Regionalisation must be seen as a means, not an end.

- While there is much potential for regional collaboration, we shouldn't see regional structures as a panacea.
- A clear problem statement and clarity of functions across different levels is foundational to these discussions. Regional structures must strengthen, not dilute, national authority.
- It is well-recognised that there is diversity and difference within and between regions and a one-size-fits-all approach won't work. Regions differ widely in capacity and cohesion.
- There needs to be flexible ways for like-minded countries and other stakeholders to work together, including in fit-for-purpose coalitions, that don't require a formal regional hub or platform.

Enabling regional health architecture will require national actors who are prepared to prioritise regional over national interests when needed; regional actors who can work collectively to ensure sub-global initiatives are coordinated and coherent; and global actors who are willing to devolve power, resources and accountability to lower levels of the global health ecosystem.

It should also be seen as a sequential process, in which the first step is to identify incentives for regional collaboration and clarify regional-level functions based on what countries want and need from the supra-national level. Regional level networks and platforms should then be identified and strengthened in line with this, with mechanisms agreed to ensure they are sustainably financed from within the region, with supplemental external support when relevant and of mutual interest.

**Streamlining the global ecosystem to improve coherence and efficiency**

At the global level, streamlining the health ecosystem to improve coherence and efficiency emerged as a critical theme from previous dialogues. This was reiterated in Bangkok, with participants highlighting the need to reduce overlapping mandates, while also ensuring a system fit for both today and tomorrow's health challenges, in particular a growing burden of noncommunicable diseases (NCDs) – including mental health conditions. Breakout discussions highlighted that:

- Aligning through "One Plan, One Budget, One M&E" remains essential, but requires stronger donor willingness and discipline alongside country-level enforcement to move from principle to practice. In particular, there was discussion of the tension between health grant financing earmarked at funder level and country-led priority setting. Multiple participants referenced the ongoing relevance of the Lusaka Agenda (see Deep dive 2), which has not yet been adequately delivered on.
- Consolidation of global health organisations is necessary, including mergers and sunsetting, and should be focused on maximising health impact. Progress depends on agreed criteria, leadership and clear decision pathways.
- The future global health ecosystem must be forward looking, designed not only to address current gaps but to anticipate emerging challenges such as NCDs, climate change, tech and AI.
- Governance reform will be critical, with an emphasis on enabling inclusion and supporting countries to participate in global conversations, including through more equitable representation on governing bodies.

The way forward should be anchored in a clear articulation of functions and mandates across global, regional and national levels, informed by country needs.

**Image credit:** Wellcome / Nathalie Jamois

## Operationalising reform

Recognising the need to further unpack the detail of what reform could look like in practice, and how this should be operationalised, participants focused on mapping out next steps in three areas that had emerged from breakout discussions as particularly important: operationalising pooled procurement; "One Plan, One Budget, One M&E"; and mandate refinement.

### Deep dive 1: Pooled procurement

Scaling up and expanding pooled procurement across products and geographies was identified as a concrete example of a complex topic where the functions required at national, regional and global levels are closely intertwined.

An effective pooled procurement system should serve as a tool to promote equitable access to quality-assured, affordable products. It could also support near-shoring (namely, the transferring of manufacturing operations closer to countries) through technology transfer and local manufacturing.

Crucially, the system must expand and allow for differentiated product approaches across, for example, vaccines; AIDS, TB and malaria products; pandemic related products; and possible new products in areas such as NCDs and digital/AI.

**Priority next steps should include:**

- **Mapping of existing mechanisms, evolving organisational roles, financing and regulatory arrangements at regional and global levels** to assess alignment with country needs. Such mapping should recognise the distinct roles of stakeholders in this space, including not just governments and regional and global multilaterals, but also Global Health Initiatives (GHIs), philanthropy, Multilateral Development Banks (MDBs) and others.
- **Analysis and design of transition trajectories for countries and regions**, which are context-adapted, predictable and responsible. Focus should be on how roles may evolve when countries "graduate" from a low tier price for a health product procured through a global pool (for example, certain vaccines) to a non-concessional one for products already available through current mechanisms.
- **Mapping of additional products** that will need a pooled procurement mechanism over the next 10 years, and identification of product archetypes that will require different mechanisms.
- **Analysis of blockers** (for example, prefinancing requirements, political and administrative obstacles) **and drivers** (for example, trust) of existing pooled procurement mechanisms, and exchange of learning across regions. While there will be no single model that fits all contexts, examples such as Pan American Health Organization's (PAHO) pooled procurement mechanism through the revolving fund can provide valuable lessons.

## Deep dive 2: Operationalising "One Plan, One Budget, One M&E"

"One Plan, One Budget, and One M&E system" are widely recognised as the cornerstones of an effective global health ecosystem – and very much in line with the principle of country sovereignty and leadership. This approach is not new, and was reaffirmed in the Lusaka Agenda in 2023 – and yet the lack of implementation highlights the outstanding need to unlock progress.

**Priority next steps should include:**

- For countries:
  - **Develop a prioritised, costed strategic plan** through an inclusive process (with support from external partners where needed).
  - **Ensure organisational structures and incentives are in place** so there is only one entry point for external partners.
  - **Strengthen data systems** and develop a harmonised monitoring system.
  - **Build development partner trust** in country systems, including public finance management systems, encourage partners to align (for example, through national level donor roundtables), and ensure they are held accountable.
  - **Strengthen linkages between health and finance ministries,** creating clear health financing pathways, and ensuring strong political backing.
- For donors and partners:
  - **Align donor funding behind the plan,** based on where there are gaps in domestic government funding – and see this as the foundation for national health compacts like those committed to by the WB, WHO, the UHC knowledge hub and other funders.
  - **Take responsibility for supporting coordination at country level** by being transparent on priorities, demonstrating mutual accountability and covering some of the coordination costs.
  - **Support GHIs to adhere to the 'One Plan' approach** by incentivising the pooling of resources.
- For GHIs and multilaterals:
  - **Provide an M&E calendar** so countries know what requests are coming and when.
  - **Accelerate improvements in institutional effectiveness and efficiency** to streamline cross cutting processes and functions. This should include analysing funding templates and cycles, and identifying and implementing opportunities for harmonisation (for example, through changes to the back end of reporting systems).
  - **Strengthen Board level alignment** (for example, joint board meetings) between global institutions to improve coherence and strengthen governance.

## Deep dive 3: Mandate refinement (global and regional)

The fragmentation and duplication of mandates is consistently highlighted as one of the key challenges facing global health. Mandate refinement is thus a cross-cutting priority at both regional and global level in order to clarify roles, responsibilities and relationships and identify opportunities to reduce overlap.

**The process of mandate refinement needs to:**

- **Refocus on the ultimate goal: achieving the right to health for all.** We should aim for reforms that go beyond shifting mandates or responsibilities and address a system that currently fails to serve nearly half the world's population when it comes to delivering essential health services.
- **Ensure GHA conversations balance aid and global public goods.** Countries' progress and gradual transition away from aid dependence will enable the global health ecosystem to increasingly focus on shared priorities requiring collective action. This transition will require reorienting roles and responsibilities to ensure adequate focus on provision and stewardship of global public goods.
- **Future-proof the system through proactive, not reactive, reform.** Decisions on mandate refinement should not only respond to today's challenges but anticipate future risks and disruptions. This includes building an ecosystem capable of managing uncertainty and emerging global threats. In particular, it should ensure roles and responsibilities account for cross-cutting externalities, such as climate change and new technologies, and are adaptable over time. This will ensure the system is capable of managing both known and unforeseen pressures on global health.

**Priority next steps should include:**

- **Start from countries' needs and priorities.** Countries should define needs and functions across levels of the health ecosystem, through inclusive, multi-stakeholder consultations. These should be convened and led by governments.
- **Align mandates to agreed needs and functions.** Mandates at global and regional levels should be mapped according to these defined needs and agreed shared functions. Existing processes – for example, the Multilateral Organisation Performance Assessment Network (MOPAN), WHO hosted joint process and UN80 – should be leveraged to generate proposals. Other ways will need to be found to fill gaps (development banks, for example, are currently outside the scope of the MOPAN study).
- **Build the evidence base.** Analyses should be used to understand factors driving status quo (for example, the expansion of initiatives and mandates), and build coalitions for change.
- **Bring proposals to the appropriate decision-making fora.** Proposals should be brought to the right fora for decisions and implementation. Boards and member states will need to be the ultimate decision makers, but they should be informed by inputs from key stakeholders – including civil society organisations (CSO), academia and others.

## Trade-offs, drivers and blockers

There is no perfect solution for reform, and throughout discussions, participants highlighted the trade-offs that will need to be considered. These include:

- **Balancing rapid, short-term fixes with longer-term resilience and transformative change.** In particular, power redistribution will not happen spontaneously; there will need to be a deliberate effort to decolonise across different platforms, which may be at odds with pressure to demonstrate quick wins. Enhancing the regional delivery of key functions will also require finding the right balance between speed and capability, recognising that approaches will differ depending on regional context.
- **Increasing the relevance and adaptability of functions and systems across countries and regions,** while recognising that this may come at the cost of global consistency and comparability.
- **Acknowledging trade-offs between country ownership and donor control.** Given that official development assistance (ODA) remains critical in many countries, approaches must also be realistic in balancing donor requirements, priorities and incentives with country ownership and leadership.
- **Balancing the risks and opportunities of creating new and protecting existing value.** While a key priority is to protect the health gains made to date, and there is a natural tendency toward risk aversion in the face of uncertainty, future-proofing the system is an imperative. Failure to do so risks missing the value-creating potential of expanding our horizons and doing things differently.
- **Ensuring the need to respond to current trends doesn't stop us from challenging them.** In particular, the decline of aid was highlighted as something that should be acknowledged as a choice made by the powerful, rather than accepted as an objective reality.

Participants also discussed the likely drivers and blockers of reform, to consider the extent to which emerging ideas adequately balance ambition and pragmatism (Figure 2). In particular, trust was repeatedly named as the hidden variable; without trust, data sharing, financing alignment and collective action will fail.

Many of the obstacles identified are not confined to global health; for example, the need to address power imbalances in governance is equally central to reform efforts of the UN Security Council, international financial institutions and the World Trade Organisation. Rather than deterring reform, participants encouraged this broader relevance to be seen as an opportunity for the global health community to show leadership.


**Image credit:** Wellcome / Nathalie Jamois

Figure 2

# Blockers and drivers of global health reform

## Drivers

- **Culture and behaviours** which create the space to talk without fear of retaliation.
- **Strong political mandates** (often from finance ministries or cabinets) as a foundation for leadership.
- Global health **champions** at the head of state and government level, matched by the leadership of communities and civil society as guardrails for effective and equitable reform.
- **Coherent, collective action** across governments and stakeholders – rather than parallel or competing reform initiatives.
- **Collaboration** with actors outside of health, with the inclusion and support of Ministries of Finance, banks and International Financial Institutions (IFIs) in particular.
- **Alignment of funding flows** with reform objectives.
- **Technology,** including AI.

## Blockers

- **Power asymmetries** in who speaks and who decides, in particular a lack of equal representation on boards, and a fear of retaliation when countries challenge donor preferences.
- **Political considerations and incentives** that favour the status quo.
- Institutional **self interest and resistance to change,** exacerbated by incentives that foster competition.
- **"Summit-itis":** repeated meetings and dialogues without follow through, and weak enforcement of commitments.
- **Lack of coordination** of decisions across boards and platforms.
- **Lack of imagination** to envisage different futures, and the solutions that may be possible through innovation and technology.

## Pathways for reform

In light of these emerging next steps, participants reflected on the pathways needed in the next 1-2 years to ensure identified actions are taken forward. In particular, they considered what decisions need to be taken where and by whom to realise key reforms. They also grappled with how processes and fora at different levels can be utilised to drive change.

1. **Use existing decision-making processes:** There was a clear commitment to leverage global decision-making fora by embedding reform priorities into WHO, World Bank, G20 and UN processes. In particular, participants highlighted the emerging WHO hosted joint process as a potential channel through which to take forward the mapping of functions and mandates (see Deep dive 3 above), also recognising the work already being done by MOPAN. There was recognition that, ultimately, many decisions will then need to be taken forward through individual boards.
2. **Seek opportunities to bring Ministers of Health and Finance together:** Multilateral development bank fora such as the World Bank Spring and Annual Meetings will be critical, with the potential to bring together a likeminded group of Health and Finance ministers, including established champions, to articulate a clear narrative on the case for health, and secure commitments to increase fiscal space. Additionally, the opportunity for using the G20 Joint Finance and Health Task Force was highlighted. Participants also recognised the potential role of the Accra Reset in setting political direction.
3. **Recognise regional fora as key:** This includes both regionally-owned platforms such as the African Union (AU) and Africa CDC – whose role in supporting accountability around national health compacts and the Lusaka Agenda was highlighted – and the regional offices of global organisations. Effective collaboration among the latter will be critical, especially where regions are supported by multiple offices – such as WHO's SEARO and WPRO offices in Asia and the Pacific.

## Outstanding questions

Discussions in Bangkok indicate that there are a number of critical questions that remain unanswered if we are to finally unlock progress:

- **Vision:** Is an overarching transformative 10-year vision needed to act as a North Star for reform efforts? If so, who should produce this?
- **Coordination:** Is there a need for one central mechanism to drive forward process, decisions, priority actions and initiative, and ensure alignment between decisions being made in different fora? Can the WHO joint process provide this?
- **Tracking:** Is it possible to establish some kind of reform tracking system, so that the implementation and impact of key decisions can be assessed? How could 'staging posts' be used to maintain momentum and give a sense of progress?
- **Funding:** What is needed to ensure reform is funded, not just agreed upon?
- **Sequencing:** What is the appropriate sequencing of next steps? In particular, should high level political direction setting, such as through the Accra Reset, precede institutional reforms?
- **Political and technical alignment:** How can we clearly distinguish between technical and political bottlenecks, while simultaneously ensuring an effective interface between expert-informed technical proposals and mechanisms for political decision making?
- **Scope:** How can we create space for distinct conversations about: 1) global and regional public goods for health and 2) support for countries through development assistance, while also ensuring a coherent way forward for the global health ecosystem as a whole?

It will be vital that ongoing and emerging processes to support reforms of the global health architecture – notably the WHO's joint process and Accra Reset – reflect on these questions, and find a way towards answers that, even if not universally agreed upon, have sufficient support to provide a solid foundation for decision making. In particular, a common understanding of the objectives and expected outcomes of reform, and clear boundaries to the scope of discussion, will be critical.

# Concluding reflections

**Image credit:**
Wellcome / Nathalie Jamois

While making progress on global health reform will be difficult, it is clear that we all share the same goal: better health for all and health equity wherever you live, whatever your means. There is no perfect global health system, but there is a better one.

Participants in Bangkok recognised that consensus on exactly what a better health system looks like is not likely – nor necessarily desirable. We will all have different ways of looking at this and different needs. To quote a meeting participant: "A good agreement will be one where everyone is slightly grumpy".

As a global health community, the temptation to analyse the problem – rather than propose and implement solutions – is deeply embedded. This has been true in times of relative abundance, and remains so now.

In this context, it is not surprising that the high-level dialogue in Bangkok did not converge on a single route forward. Instead, it began to identify clear, realistic steps that others can fold into their own processes, in addition to cultivating the trust, relationships and shared understanding that will be critical to moving forwards together.

Ultimately, political processes and engaged senior decision makers are needed to answer these questions and deliver real change. The reform process needs to be led by governments – with genuine collaboration between the Global South and Global North, and countries and communities most affected by health challenges at its heart.

**We urge others to join Wellcome in taking the questions and reflections set out in this report into every conversation about global health reform in the coming months. This includes global meetings such as the World Health Assembly in Geneva and United Nations General Assembly as well as regional-level platforms.**

**Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, infectious disease, and climate and health.**

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